

**GET UP  
SPEAK  
OUT** for youth rights

# ANNUAL REPORT 2019

GET UP SPEAK OUT  
PROGRAMME

1 JUNE 2020 / PROJECT NR 28432



Ministry of Foreign Affairs

**aidsfonds**

**CHOICE** FOR YOUTH & SEXUALITY



**IPPF**

**Rutgers**

**Simavi**



# CONTENTS

<b>LIST OF ABBREVIATIONS</b>	<b>4</b>
<b>SUMMARY</b>	<b>5</b>
<b>INTRODUCTION</b>	<b>8</b>
<b>1 CONTEXT ANALYSIS: GUSO IN TIMES OF GROWING OPPOSITION</b>	<b>10</b>
<b>2 PROGRAMMATIC RESULTS 2019</b>	<b>17</b>
2.1 Overall GUSO programme performance – outputs	17
2.2 Outcome 1 Strengthened and sustainable alliances	21
2.3 Outcome 2 Empowered young people voice their rights	23
2.4 Outcome 3 Increased use of SHRH information and education	25
2.5 Outcome 4 Increased use of youth-friendly SRHR services	28
2.6 Outcome 5 Improved socio-cultural, political and legal environment	29
2.7 Flex Fund Project - Uganda	35
2.8 GEAS-GUSO Project - Malawi	36
2.9 Financial results	39
<b>3 GUSO'S CORE PRINCIPLES</b>	<b>42</b>
3.1 Rights-based Approach	42
3.2 Inclusiveness	43
3.3 Gender Transformative Approach	44
3.4 Sustainability	49
<b>4 REFLECTION ON THE THEORY OF CHANGE</b>	<b>52</b>
<b>5 LESSONS LEARNED</b>	<b>53</b>
<b>6 ENDING GUSO RESPONSIBLY</b>	<b>56</b>

# 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
EP	Essential Packages
FGD	Focus group discussion(s)
GTA	Gender transformative approach
GUSO	Get Up Speak Out (NL/UK consortium programme)
HIV	Human Immunodeficiency Virus
IATI	International Aid Transparency Initiative
IPPF	International Planned Parenthood Federation
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
LSBE	Life skills-based education
LTO	Long-term objective
M&E	Monitoring and evaluation
MoE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MYP	Meaningful youth participation
NGO	Non-governmental organisation
NL/UK	Netherlands/United Kingdom
NPC	National Programme Coordinator
NSC/NGB	National Steering Committee / National Governing Board
OR	Operational research
PIASCY	The Presidential Initiative on AIDS Strategy for Communication to Youth (Government guidelines in Uganda)
PME(L)	Planning, monitoring, evaluation (and learning)
PPA	Pakistan Parwan Alliance
RBA	Rights-based approach
RHRN	Right Here Right Now
SGBV	Sexual and gender-based violence
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually-transmitted infection
ToC	Theory of change
ToR	Terms of reference
ToT	Training of trainers
UFBR	Unite for Body Rights (SRHR alliance programme 2011-2015, MFS II)
UNFPA	United Nations Population Fund
UPR	Universal Periodic Review
VCT	Voluntary counselling and testing
VHT	Village Health Team
WSWM	World Starts With Me (CSE curriculum)
YAB	Youth Advisory Body
YAC	Youth Advisory Committee
YAP	Youth/adult partnership
YCC	Youth Country Coordinator
YF	Youth-friendly
YFS	Youth-friendly services
(Y)PLHIV	(Young) People Living with HIV

# SUMMARY

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

## **Inclusive and joint writing process**

In this 2019 annual report, we proudly present the efforts of all GUSO partners, showing the scope, reach and strength of the GUSO programme. The writing of this report has been an inclusive, insightful and rewarding process: inclusive, since all countries and all consortium partners actively contributed to this report, which helped us to better understand the complexity of reporting and to hear the real stories behind the numbers; insightful and rewarding, since it showed amazing progress in the fourth year of GUSO.

## **Adverse effects Covid-19 on SRHR**

At the time of consolidating this report, the Covid-19 epidemic is causing a devastating impact globally. All GUSO countries have been in lockdown since the end of March/early April 2020, awaiting the impact of Covid-19 on their societies. The 2019 results have not been impacted, but the work in 2020 will be severely hampered. The restrictive measures in place have an adverse effect on the SRHR of young people. Alliance partners aim to continue and adjust their implementation work in these difficult circumstances.

## **Multi-component Approach**

The multi-component (systems) approach (MCA) is adopted as an overarching principle in GUSO's theory of change reaching for sustainable change. More specifically, the partners have 'found' each other on the basis of complementarity and the ability to jointly cover all aspects of the approach in one programme. It is operationalised towards SRHR in the seven countries, linking the provision of 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). This report shows that the year 2019 has been a remarkable implementation year, showing the reach of the MCA with almost all 5 year target met. Country alliances have become stronger, meaningful youth participation (MYP) is further mainstreamed throughout the programme and in partner organisations. Despite strong opposition, almost 6,000 (peer) educators were trained reaching 170,000 young people with comprehensive sexuality education in 2019. Social Accountability created on-going dialog between youth and service providers improving the responsiveness of service providers towards youth.

## **Outcome 1 Strengthened and sustainable alliances**

2019 was a milestone year for the alliances. Country alliances were successful in strengthening and sustaining the impact of their work, as shown by the end-line measurement and reflection workshops that took place in six GUSO countries. Joint activities were a critical component to supporting alliances 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. Such as showcasing GUSO's results during international conferences (Women Deliver, ICPD+25, ICASA) has led to increased visibility and may create opportunities for diversifying funding. A tailor-made resource mobilisation trajectory was developed for NPCs with a follow up of webinars to support financial resilience of the alliances. A successful annual Coordinators' Week was organised together with the SRHR Alliance in Ghana and took place in Accra and Tamale in September 2019, a mixture of linking and learning, in vivid interactive meetings and inspiring site visits.

## **Outcome 2 Empowered young people voice their rights**



Looking at the four strategies chosen (capacity building of young people; youth/adult partnerships; networking and youth movement building; and youth involvement in advocacy), it can be concluded that mainstreaming MYP has continued to progress in all GUSO countries in 2019. Following Uganda, many other GUSO countries (Ghana, Kenya, Malawi, Ethiopia, Pakistan) formed a Youth Advisory Body/Committee. This has promoted the participation of young people from partner organisations in the planning, implementation and monitoring of youth-led collaborations resulting in a strengthened Alliance, with more recognition, visibility and relevance. Youth-led advocacy has become a stronger component of the programme, capable of bringing about important outcomes. Compared to the previous years, the strategy of youth-led collaborations proceeded at full speed, and examples of young people joining forces to improve youth SRHR can be found in all countries. By 2019, over 800 youth collaborations have been established.

### **Outcome 3 Increased use of SRHR information and education**

In 2019, several countries experienced strong opposition towards comprehensive sexuality education (CSE) from different conservative groups who were able to influence the government and the general public. Indonesia and Ghana were particularly affected by these backlashes on CSE through (online) opposition, while other countries, including Pakistan, continued to be challenged by a very hostile environment. Despite these challenges, most countries are ahead or on track with their activities with over 17,000 educators trained since the start of the programme and almost 550,000 young people reached with SRHR education, both in and out of school. All alliances 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, by inviting health workers to CSE sessions and at outreaches. However, quality of CSE is still challenged by social norms and in many contexts it is very difficult to provide comprehensive education and information due to political and normative dynamics. Sensitive topics like sexual reproductive rights, sexual diversity, safe abortion, contraception and pleasure are hotly debated. To mitigate this, information was also provided in out-of-school settings and in online spaces where it is much easier to address sensitive issues.

### **Outcome 4 Increased use of youth-friendly services**

In its fourth year, the GUSO programme has both propelled and witnessed an increased use of youth-friendly SRH services, totalling 1.5 million services provided in 2019. This results partly from effective links with SRHR information and education, a strengthened network of providers and also from interventions to increase the capacity of service providers (over 2,000 trained in 2019), peer providers and health institutions to deliver youth-friendly services. Involving young people in these referral and feedback processes ensures access to services that fulfil their needs. In Uganda, the Flexibility Fund Project ended successfully, with over 900 peer providers who have improved community access to integrated SRHR/HIV services. Moreover, these young peer providers were economically empowered by the project and will continue to serve their communities beyond GUSO. In 2019, GUSO partners also had to mitigate risks such as availability of commodities, circulation of substandard condoms (Uganda), and the consequences of 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.

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

Almost 100 million people were reached by campaigns and (social) media under the GUSO programme so far. At the end of 2019, over 29,000 people, including parents, religious/community leaders and teachers, were structurally involved in the implementation of the programme, with a view to increasing acceptance and support for young people's SRHR. The focus in 2019 lay on the continuation of implementing joint advocacy strategies. Even though the higher advocacy goals have not been reached yet, we can see through outcome harvesting in Uganda, Malawi, Kenya, Ghana, Indonesia that some significant intermediate outcomes have been reached. The year 2019 marks an increasingly vocal opposition, with online attacks on the alliance in Indonesia, and resistance from religious leaders towards the National Sexuality Education Framework in Uganda. Another observation in 2019 is that the alliances continued to create stronger relations with important stakeholders and aligned with other programmes such as RHRN and PITCH, which will not only help in their advocacy activities in the last year of the GUSO programme, but most probably also in their work beyond GUSO.

*In 2019 the NL/UK consortium members collaborated in the technical expertise they provided on crosscutting themes within the GUSO programme. CHOICE focused on sustainability of youth-led organisations through (organisational) capacity strengthening, as well as on further integrating MYP throughout the programme. Aidsfonds continued to invest in Young People Living with HIV Leadership, by capacity building and providing a platform at conferences. Moreover, these youth-led organisations were linked to the Connector Week, where CHOICE had invited all GUSO youth-led organisations to be engaged in all topics that are relevant for them, as well as in problem solving for the challenges they all face together. Trainers Lab was successfully launched at the Women Deliver Conference. Moreover, a partnership has been established between Trainers Lab and Sharenet International, with the objective to transfer the ownership of the platform to Sharenet so that it can continue to exist after 2020. Dance4Life updated their peer-led curriculum Journey4Life and focused on developing a refresher training for peer facilitators. Dance4Life also started with a research on the impact of social emotional learning on sexual health in Indonesia and started developing an online platform called Academy4Life for further development of their young Master Trainers. Simavi trained alliances in using menstrual health as an entry point for CSE and Simavi and IPPF continued to support partners in youth-led social accountability. To continue improving the capacity to tackle abortion stigma, IPPF updated the online course, Abortion Matters. A priority area for Rutgers in GUSO was advancing the integration of a gender transformative approach (GTA) in SRHR programming. The whole-school approach (WSA) for sexuality education was monitored, and operational research (OR) in Uganda gave important insights in the challenges and best practices of the WSA. Through outcome harvesting facilitated by PMEL advisors and advocacy officers in Uganda, Malawi, Ghana, Kenya and Indonesia we can see that some significant outcomes have been reached. Moreover, the facilitator's guide on dealing with opposition was presented during Women Deliver; and Rutgers organised learning meetings around this topic and materials around value-based messaging and framing were developed.*

*The Consortium Country Focal Points continued to provide support to the National Programme Coordinators (NPCs) on a needs basis. To make sure that GUSO budget is used optimally, a Joint Central Fund has been developed to redirect unspent funds. Examples are additional sensitisation meetings on SGVB in Malawi, scale up of a television series in Uganda and upscaling parents' interventions in Kenya. Central OR tracks were conducted in 2019 on MYP/Youth-Led-Collaborations (in Malawi & Uganda), Dealing with Opposition (Ethiopia, Indonesia & Uganda), GTA in youth-friendly services (Kenya), and sex-positive/pleasure approaches in CSE (Ghana & Kenya). Findings are being disseminated via reports, webinars as well as other channels.*

### **Good programme progress despite challenging environments**

*In conclusion, impressive results were realised in 2019 and GUSO programme implementation is well on track with almost all five-year targets met. Promising results are presented, despite the fact that the programme countries face (growing) opposition in various ways. With the Global Gag Rule in place and recently the Covid-19 pandemic limiting the space for SRHR and hampering the work of civil society organisations, it becomes even more imperative to continue investments in the SRHR sector after 2020. Moving into the final year of GUSO, the sustainability of the progress made to date must be a priority. Programme focus will shift partly to ensure buy-in from local communities to maintain social accountability processes and to ensure activities continue beyond the end of the GUSO programme. This will be done through further lobbying and advocacy for priority and budgets, and continued capacity building and support.*

# INTRODUCTION

*This report presents the results of the 2019 Get Up Speak Out (GUSO) programme. 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:*

***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 towards the long-term objective. These interrelated outcomes are:*

- Strengthened and sustainable in-country SRHR alliances.*
- Empowered young people voice their rights.*
- Increased use of SRHR information and education.*
- Increased use of youth-friendly SRH services.*
- 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. At the time of consolidating this report, the Covid-19 epidemic has worldwide devastating impact. All GUSO countries have been in lockdown since the end of March/early April 2020, awaiting the impact of Covid-19 on their societies. Alliance partners aim to continue and adjust their implementation work in these difficult circumstances, but the work in 2020 will be severely hampered.*

*The writing of this 2019 GUSO Annual Report was an inclusive and rewarding process. Inclusive, since all countries and all consortium partners actively contributed to this report, in line with the previous years. The process started with in-country "writeshops" in February 2020, with all the implementing partners present to discuss their 2019 progress reports with their country alliance partners. This workshop added value to the process and quality of writing, serving 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 Coordinators (NPC) and the Youth Country Coordinators (YCC), with (distant) support from the NL/UK PMEL Advisor. In Kenya, Malawi, Ghana and Pakistan, outcome harvesting was added to the writeshop, to assess the progress of the GUSO Advocacy Strategy for GUSO's end-line evaluation. In Uganda, Ethiopia and Indonesia, outcome harvesting is postponed due to the Covid-19 pandemic. The aim is to conduct outcome harvesting later this year. The Country Reports were finalised by 15th March 2020, just before Covid-19 restrictions were put in place. The writeshop that was organised on 25th March for NL/UK PMEL Advisors, programme officers and technical advisors took place online due to Covid-19. After this meeting, chapters were finalised with a synthesis on progress of the various outcome areas and GUSO principles. Both the in-country and the NL/UK writeshops provided better understanding of the programme progress in-country and per outcome area. Moreover, they helped us to see 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, the synthesis chapters and progress reported by NL/UK consortium members.*

*Moreover, it was a rewarding and exciting process as it showed that huge progress was made in all GUSO countries in 2019 and that there is a wealth of information and programme impact to account for to our donor, but also to share and disseminate beyond our own stakeholders. The year 2019 was the penultimate implementation year of the programme with great output results and good progress towards the long-term outcomes.*



**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 2019. Chapter 2 describes the 2019 programmatic results, including a financial progress paragraph. First, an overview of all output results of the overall programme is presented. Since the targets were set for 2019, the outputs are presented for the same period. Secondly, the progress is presented per outcome area, including an overview of the achievements of the Flexibility Fund Project in Uganda that was finished in August 2019 and the GEAS-GUSO project that was started in Malawi in July 2019. Chapter 3 covers progress on the principles of the GUSO programme. Chapter 4 reflects on the multi-component approach as an overarching strategy within the theory of change. Chapter 5 summarises the challenges and lessons learned and, finally, Chapter 6 presents the process of concluding GUSO. Country paragraphs are included in Annexes 1-7, Annexe 8 presents results from the Flexibility Fund in Uganda and in Annexe 9 gives an inventory from IPPF on the impact of the Global Gag Rule. Financial results are set out in paragraph 2.9 and in Annexe I-II (currently being audited, will be shared 1 July 2020) and Annexe IIIA-IIIB. Throughout the report, five photo stories are included to illustrate the positive impact of GUSO on young people's lives.*

**IATI**

*In this report, partner organisations are not mentioned by name, only in the annexe is the composition of the alliance described. Please note that this report or parts of this report can only be uploaded in IATI when not mentioning partner organisations by name. This is part of the IATI exclusion policy of consortium members.*

# 1 CONTEXT ANALYSIS: 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 contexts in which GUSO is being implemented vary by country. Most countries face restricting conditions, of different kinds, that have challenged the implementation of the GUSO programme in 2019. Moreover, the Covid-19 pandemic will severely impact the countries we work in. In 2020, sexual and reproductive health and rights will be affected by societal responses to the pandemic, such as local or national lockdowns that force health services to shut down, as well as the consequences of physical distancing, travel restrictions and economic slowdowns. This chapter is focused on 2019, when the Covid-19 epidemic had still not reached the African continent, and therefore its implications are not included in this context analysis.

*In Ethiopia, the GUSO programme is implemented by the country's SRHR alliance in three sub-cities of Addis Ababa. The political transition that started early 2018, continued to have positive impact on society. In February 2019, the revised Civil Societies Proclamation was adopted by the House of People's Representatives of Ethiopia. This proclamation allows civil society organisations to work on their interest area of human rights, resulting in a conducive working environment for the GUSO programme and other local and international NGOs. The alliance is now allowed to work legally on advocacy and the rights-based approach without any restrictions. In 2019, a training on advocacy was organised by the alliance; SRHR information and education manuals were revised and now include the rights-based approach. Moreover, the alliance now advocates for the provision of quality youth-friendly services and pushes decision makers to take action.*

*Another major change is the positive response of the Ministry of Education to integrate CSE in the new National School Curriculum that is under revision. A team of NGOs working and advocating on SRHR was established under the lead of UNESCO and UNFPA to provide technical assistance to the Ministry of Education in the process of CSE integration. All Ethiopian alliance partners are a member of this working group.*

*In May 2019, a new law became effective restricting the sale and advertisement of alcohol (the minimum age is raised from 18 to 21 years). This is intended to contribute positively towards the health of Ethiopian youth. Lastly, in order to overcome youth unemployment, the Addis Ababa city administration has allocated a 2 billion birr loan to create jobs for 700,000 of the city's unemployed youth (the Addis Revolving Fund). The city administration has also been delivering awareness-raising training for the city's youth on Business and Entrepreneurship Skills for Youth*

*In Ghana, the country's SRHR alliance for young people is implementing the GUSO programme in three regions (Northern, North-Eastern and the Upper East Region). The political situation in Ghana has been peaceful in 2019. Ghana continued to be progressive in terms of its policy environment for young people's SRHR, until September 2019 when CSE suffered major and unexpected setbacks following a loud public outcry from sections of the Ghanaian population. As a consequence, the alliance members implementing sex education had to slow down all CSE-related activities. The sudden emergence of strong and well-coordinated opposition, using various (social) media platforms to express strong sentiments against the introduction of CSE in Ghana has hit our environment hard. The main basis of the opposition is about perceptions that the introduction of CSE is a subtle effort to endorse LGBTQI communities and/or activity in Ghana against the laws and moral values of the country, and also introduce children prematurely to sex. This made a great impact on the alliance and like-minded CSOs, who are now seeking more caution on how to proceed with CSE-related activities. To ensure we avert any acts of violence and abuse towards any of our teams, the GH Alliance Steering Committee*

directed all partners to evaluate the effects of the situation on their activities and field teams. Where necessary, team members were asked to slow down CSE-related activities and re-strategise until the situation returns to normal. Efforts are currently ongoing to continue provision of SRHR information and education to young people.

*In Indonesia*, the Aliansi Satu Visi (ASV) implements the GUSO programme in five districts across the country: Lampung, Jakarta, Semarang, Bali and Kupang. The year of 2019 was a politically-charged year for Indonesia, the presidential and parliamentary elections affected a lot of major policies, such as the attempt to passing the Penal Code (RKUHP) that potentially criminalises uncertified educators providing information about contraception and abortion. Despite the strong movement against the passing of RKUHP, the new parliament will continue to discuss the bill under the 2020-2025 National Legislation Programme. Furthermore, the passing of the bill on the elimination of sexual violence - RUU-PKS - was postponed because of a strong movement against it by the Islamic conservative alliance. During this time, ASV received an online attack from the conservative group, Family Love Alliance, forcing the alliance and its members to be low profile in campaigning for SRHR online, shutting its social media and website.

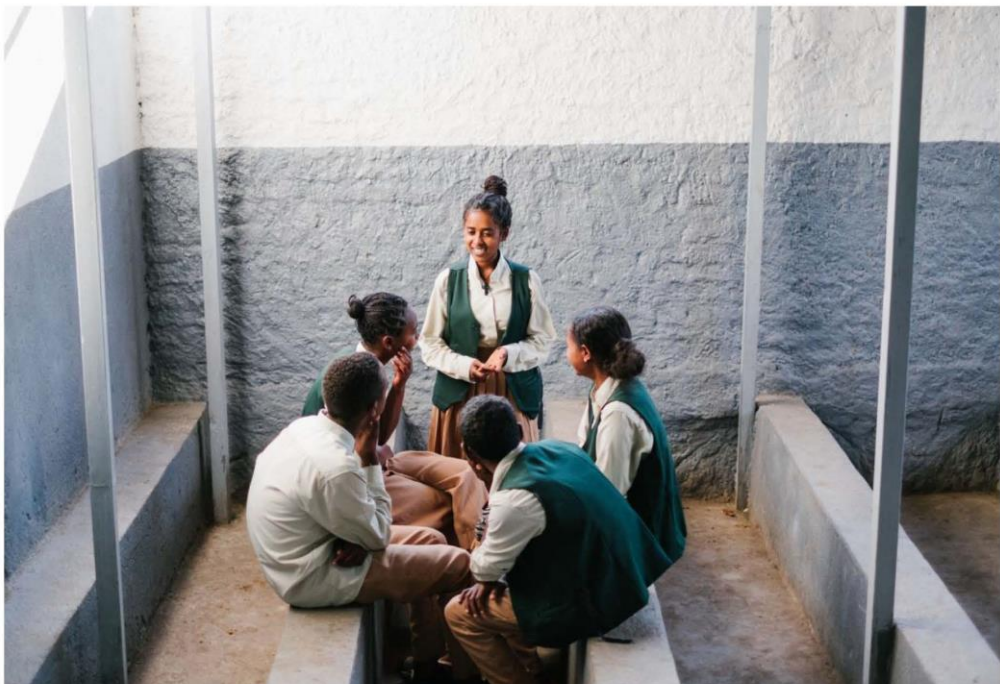
After the election period and the inauguration of the new president and members of the national parliament in October 2019, the political situation became more conducive for SRHR. The Ministry of Health and Ministry of Education and Culture, with support from UNFPA Indonesia, expressed the will to pilot the new CSE modules in five cities. The experience from GUSO contributed to the module development, implementation methods, and training of trainers. In 2019, MoEC also piloted a CSE module for teachers of students with intellectual disabilities, also developed with ASV members, in two GUSO implementing areas. The National Population and Family Planning Board is developing the CSE module for peer-to-peer approach, a process to which GUSO also contributed its experience. GUSO implementing organisations have been involved in the piloting of Integrated Adolescents Community Health Posts, conducted in Denpasar and Semarang; ASV assisted the MoH to develop the monitoring tools for the SRHR component. At the time of writing (March 2020), members of the House of Representatives have proposed a “Family Resilience Law”, criticised by many as contrary to human rights values and perpetuating gender injustice. The bill would further shrink access to SRH information and services for adolescents and young people and potentially criminalise LGBTQI people or practices. This bill will be the focus of the ASV Alliance’s advocacy work in 2020, alongside RKUHP and RUU-PKS. There were no local elections in Indonesia in 2019, resulting in a stable implementation. Jakarta, as the political centre, was the exception, where the turnover of several strategic stakeholders meant that implementing organisations had to reintroduce the programme to make sure commitment was continued. In Semarang, the city government has agreed to scale up CSE to an additional 19 junior high schools (regular and faith-based). Meanwhile, in Bali, alliance partners are in discussion with the City Office to scale up CSE to 12 schools in 2021. Additionally, alliance partners in Bali are also assisting the districts of Jembrana and Tabanan in adopting GUSO models, providing comprehensive SRHR information and services for young people.

## ETHIOPIA: FANTANESH



Fantanesh (18) is a youth leader and advocate on Comprehensive Sexuality Education, or *Mahareb* as it's referred to in Amharic, in targeted schools in Addis Ababa. After taking the course herself two years ago, she quickly fell into the role of organising and encouraging adolescents to not only learn about their sexuality, but to engage in decisions being made about it through a global programme and initiative Get Up Speak Out.





*"Young girls, including me, in Ethiopia are subjected to different forms of violence and harmful traditional practices. I believe that learning about my sexuality, our sexuality, allows us to ask and demand our rights and say 'NO' for the things we see wrong."*

Read Fantanesh's full story here: [rutgers.stories.media/fantaneshs-story-ethiopia](https://rutgers.stories.media/fantaneshs-story-ethiopia)



*In Kenya, the GUSO programme is implemented by the country's SRHR alliance in six counties: Bungoma, Homa Bay, Kakamega, Kisumu, Nairobi and Siaya. There has been an increase in awareness of youth and adolescent SRH needs, especially seen through the current Universal Health Coverage (UHC) momentum. The UHC pilot counties included Kisumu: success from the pilot brought forward commitments to improve health facilities' infrastructure, develop roads for easy access to health facilities, increase budgetary allocation for reproductive health commodities and supplies in Kisumu and also in Siaya Counties, and support development of SRHR multisectoral strategies and policies such as the Siaya SRHR/HIV action plan and Kisumu SRHR strategy. These documents give clear guidance for actualising the implementation of existing SRHR policies.*

*Two alliance partners, together with other stakeholders and the PITCH programme, successfully petitioned the government in 2019 to reinstate dolutegravir (DTG) as the first-choice drug for women of reproductive age living with HIV. Another positive development was the reinstatement of PAC (post-abortion care) guidelines. SRHR stakeholders including alliance partners, challenged the withdrawal of the PAC guidelines (developed in 2012, withdrawn in 2013) and in 2019 the guidelines were reinstated. The reinstatement will allow providers to offer safe abortion care when the health or life of a woman is in danger, in cases of emergency and for survivors of sexual violence. Moreover, SRHR stakeholders including GUSO partners participated in the Technical Working Group (TWG) for the review of the National School Health Policy. At the TWG, GUSO partners presented the goals and objective of outcome area 3 which were in line with the objectives of the policy, providing information on HIV/AIDS, menstrual hygiene, mental health and life skills.*

*Kenya was the host of the Nairobi Summit on ICPD@25 themed 'Accelerating the Promise', held from 12th-14th November 2019. The president of Kenya committed to eliminate Female Genital Mutilation (FGM) by 2022 and eradicate all forms of gender-based violence and harmful practices. Moreover, the president ensured that all citizens attain the highest possible standard of health through the elimination of preventable maternal and neonatal mortality, mother-to-child transmission of HIV, teenage pregnancies and new adolescent and youth HIV infections by 2030. The same commitments were made during the Women Deliver conference in Vancouver Canada in June 2019. A state-formed task force recommended the government should include a new gender identity in the census forms and the third gender was recognised nationally by court ruling. This led to the inclusion of intersex as an indicator beyond male and female by Kenya bureau of statistics during the 2019 National Census and has reinforced the space for engagement of diversity in sex orientation debates. The Reproductive Health Care Bill 2019 was presented again to the senate on 20th November 2019. The objective of this bill is to provide a framework for the protection and advancement of reproductive health and rights for all.*

*Unfortunately, on 24th May 2019 the Kenyan high court upheld laws criminalising homosexual acts between consenting adults, a step backward in the progress Kenya has made toward equality in recent years. Articles 162 and 165 of the penal code violate the rights to equality, non-discrimination, human dignity, security, privacy, and health, all of which are protected under Kenya's constitution.*

*Moreover, opposition against SRHR issues rose in 2019, especially from organised conservative groups, e.g. CitizenGo, Sozo Church of God, concerned parents. These groups opposed the registration of the alliance, and also ran billboard campaigns giving inaccurate information on abortion. Together with other stakeholders, GUSO partners petitioned Nairobi County to remove the billboards that were giving misinformation on abortion, contrary to the law.*

*In Malawi, the GUSO programme is implemented by the SRHR alliance in the districts of Chikwawa and Mangochi. The political climate in 2019 was filled with uncertainty in Malawi. Tripartite elections ushered in new members of parliament and a president. The elections results were challenged with post-electoral mass actions that turned violent sporadically from June 2019 to January 2020, when the constitutional court nullified the presidential elections. For the GUSO Advocacy Strategy, the alliance and partners started engaging the new MPs, orienting them on the "Termination of Pregnancy Bill" for their support. Political instability affects economic and social activities at community and national level. The alliance postponed several community activities that collided with demonstrations.*

Chikwawa district was affected by floods which displaced people in the GUSO impact areas and some activities were delayed. On the other hand, there were no major changes in the SRHR working environment. The Ministry of Health in 2019 mandated the YFHS TWG to lead the revision of the National YFHS strategy that expires in 2020 and the alliance is a member of this national YFHS TWG. Further, the country embarked on reviewing its outdated National Population Policy, launched in 2013. The review process has also given an opportunity to young people from across the country to make recommendations. In addition, the government of Malawi through the Ministry of Health and Population (MoHP) indicated that it will take into consideration the shocking population growth rate and harness the current demographic dividend in which 47% of the total population comprises young people who are below the age of 18.

In **Pakistan**, 2019 remained challenging for local and international organisations. Government restrictions on SRHR programming in Pakistan in 2018 caused major changes to the project structure with serious implications for the future of SRHR and the GUSO programme and the roles of different alliance partners. Rutgers Pakistan Office was forced to close at the end of 2018. This resulted in major changes in the Pakistan alliance structure, with Rahnuma FPAP (IPPF MA) now being the organisation hosting the project. The alliance renewed its commitment to continue collaborating and working together in a reduced composition; it is now formed of three partners who implement the programme in Punjab, Sindh and Baluchistan Provinces. Moreover, in 2020 implementation will also be done in Khyber Pakhtun Khaw Province in a response to the request from KPK government for the inclusion of LSBE/SRHR in the province's academic curriculum. The government restriction resulted in unexpected changes to the GUSO programme which caused delay in starting the implementation of the 2019 workplan. Despite these challenges, there were positive developments in 2019, such as the Supreme Court decision in favour of family planning and life skills-based education, which resulted in the request from KPK government to the alliance mentioned above. In Punjab, the Population Welfare Department and Social Welfare Department submitted a summary for approval of raising the marriage age for girls to 18 to the Punjab Assembly. Furthermore, the Punjab Population Welfare department is working to make the premarital counselling following the new training manual mandatory for all couples before marriage. The GUSO alliance was represented in the technical committee working on this manual. The manual draft is in the process of approval. Once approved, all Population Welfare Department Psychologists will be trained on this manual and they will start to provide the premarital counselling across the whole province. Moreover, alliance partners provided technical guidance on the draft Punjab bill for reproductive health rights. Once finalised, the Punjab Health Department will share the bill for discussion in the Punjab Assembly. It is expected that the bill, which is a first step in provincial level Reproductive Health policy, will be shared in a couple of months after due process. The Khyber Pakhtunkhwa provincial government recently issued a health department notification directing all government hospitals to allocate separate wards and beds for transgender persons. This notification has been put into immediate effect by all government hospitals. This is an improvement, since transgender persons were discriminated against by service providers.

In **Uganda**, the GUSO programme is being implemented by its SRHR alliance in four districts in the Busoga Region (Jinja, Mayuge, Iganga and Bugiri). The political situation in Uganda has slightly improved in 2019. Although CSE is still prohibited by the government, there has been increased continuous engagement with main oppositions like religious and political leaders as well as parents about the National Sexuality Education Framework (NSEF). In January 2019, the Ministry of Education supported the National Curriculum Development Council in developing an age-appropriate NSEF curriculum to aid the implementation of sexuality education in schools, bridging the information gap. Alliance partners are represented in the council's technical team.

There seems to have been a positive change in political will during the last months of 2019. The Ugandan parliament prioritised school health issues, passing a resolution on ending teenage pregnancy and child marriages, while during the ICPD the President committed to operationalise the NSEF and promote universal access to all methods of family planning and reduce the unmet need for family planning from 28% to 10% by 2020.

*During the Y+ Summit 2019, the Minister of Health committed to lobby for the operationalisation of the AIDS Trust Fund (ATF) by the Ministry of Finance, Planning and Economic Development; her commitment aligned with the conversations happening at the Uganda AIDS Commission (UAC) on the need for domestic resource mobilisation. Since then, the National Aids Trust Fund Multi-sectoral Task Force has been established to fast track operationalisation of ATF regulations, with partners representing the alliance on the committee. In addition, our partners have also engaged with Uganda National Teachers' Union (UNATU) to ensure that they support the passing of the School Health Policy, hopefully by the end of 2020.*

*In 2019, the Ministry of Health rolled out a Youth and Adolescent Peer Supporters model, a national programme that seeks to provide psychosocial support to young people living with HIV and improve the accessibility and quality of SRH services. A youth-led alliance partner was selected to pilot the programme within selected districts in Uganda, an indicator that the Ministry recognises the role youth-led organisations can play as a coordinating network for YPLHIV in Uganda. The MoH and Uganda AIDS Commission rolled out the Acceleration of HIV Prevention road map to prevent new HIV infections by 2030, including scale up of comprehensive SRHR/HIV programmes for adolescents in and out of school. In a bid to mainstream HIV interventions in line ministries, departments and agencies, UAC in partnership with alliance partners and other likeminded organisations rolled out HIV Mainstreaming Guidelines that monitor HIV-related interventions across departments and agencies. The MoE embarked on reviving the technical working groups to guide and monitor HIV-related interventions in schools, while the ministry of Local Government has revived the AIDS coordination structures (DACs and SACs) in some districts. Also at the district level, the local government of Mayuge reached out with a written letter requesting the alliance to work closely with it on a child protection ordinance.*

*Despite the improved political will, there is still resistance from a few religious and cultural leaders who have openly expressed opposition to sexuality education in schools, particularly primary schools. For example, during the 2019 Martyrs Day celebrations, Ugandan Anglican Bishop Stanley Ntagali commented that the campaign for sexuality education in schools is a ploy to introduce homosexuality to school children. This is one of the reasons the MoE together with several other actors are apparently prioritising sensitisation and awareness creation of the population on the National Sexuality Education Framework.*

*There was also news about substandard condoms in circulation in Uganda. This affected trust in condom use as a measure of preventing unwanted pregnancies, HIV and other STIs among the young people. This came as a result of the National Medical Store (NMS) making a public announcement about batch numbers of Life Guard condoms which were being withdrawn from the public market, hospitals and clinics, after finding out that they were not safe.*

## 2 PROGRAMMATIC RESULTS 2019

Reporting and reflection on 2019 provide insight into the status of GUSO programme implementation. In short, 2019 has been a very successful implementation year. Great work was done last year. In this chapter, results are presented on output and outcome levels for all the five outcome areas.

### 2.1 Overall GUSO programme performance – outputs

The overall progress of the GUSO programme is presented in Table 1, totalling all of the 2019 targets and results of the seven GUSO countries. The cumulative results 2016-2019 are also included. 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 2019 achievements with the 2019 target (on track is defined as within a 20% range of the target set). The year 2019 has been a remarkable implementation year, bringing the learning of previous years into practice. The programme is ahead of schedule for most of the indicators. In total, 450 youth collaborations were reported in 2019, indicating that initiating youth collaborations is at full speed after some setbacks in the first years of the programme. With respect to SRHR education, 5,847 educators have been trained in 2019 resulting in the impressive number of over 17,000 educators trained so far. Around 130,000 young people have been reached with comprehensive SRHR education in school or in out of school settings in 2019, reaching almost 550,000 over the four years that GUSO has been implemented.

Table 1 Overall programme performance<sup>2</sup>

	OUTPUT INDICATOR	TOTAL TARGETS 2019	TOTAL REALISED 2019	AHEAD/ON TRACK/BEHIND	CUMULATIVE REALISED	5-YEAR TARGETS AT INCEPTION	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	439	1.528	Ahead	3.747	1.285	
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%	44%	Ahead	44%	37%	RESULT AREA objective A
2a2.	% of young adults (aged 25-30) representation in the partner organisations' structures and decision making processes	*	21%	*	21%	*	RESULT AREA objective A
2b.	Number of collaborations among young people from different alliance related organisations/ networks that represent the youth constituency	159	450	Ahead	839	537	RESULT AREA objective A
OUTCOME AREA 3							
Increased utilisation of comprehensive SRHR information and education by all people							
3a.	Number of educators trained	2914	5.847	Ahead	17.203	10.610	RESULT AREA objective B
3b1.	Number of young people reached with (comprehensive) SRHR education	92.290	130.038	Ahead	548.702	4.356.077	RESULT AREA objective B
3b2.	Number of young people reached with (comprehensive) SRHR information	353.540	1.449.048	Ahead	2.486.576		RESULT AREA objective B
OUTCOME AREA 4							
Increased utilisation of high-quality SRH services that respond to the needs and rights of by all young people							
4a.	Number of service providers who have been trained in YFS	1.168	2.089	Ahead	5.679	3.061	RESULT AREA objective C
4b.1	Number of direct SRH services provided to young people	411.072	785.328	Ahead	3.023.667	542.199	RESULT AREA objective C
4b.2	Number of indirect SRH services provided to young people	*	833.232	*	3.137.478		RESULT AREA 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.	12.032.677	34.002.235	Ahead	99.420.137	19.431.250	RESULT AREA objective B
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	6.894	9.064	Ahead	29.100	23.529	RESULT AREA objective B

\*indicator 2a2 and 4b2 are only for monitoring purposes, no targets are set

<sup>2</sup> 5 year targets were set at the start of the programme and were not revised since. As communicated before, these targets are not realistic anymore since programme context has changed in many countries and initial target setting was too cautious because of underachievement in the previous programmes (ASK/UFBR). At the time of 5 year target setting, a different definition was used for 3b. Campaigns were included in the target 3b, including 3.0 million for Indonesia, resulting in an unrealistic 5-year target.

Around 2,000 service providers have been trained last year. Almost 1.5 million young people were reached with SRH services in 2019, adding up to around 6 million in total to date. In the seven GUSO countries, more than 9,000 people have been structurally involved in the programme at community level since last year, and more than 34 million people were reached last year with (social) media campaigns and awareness raising activities, reaching far more than the targets set. Overall, almost 100 million people have been reached by GUSO campaigns and awareness raising activities over the last four years, reaching almost ten times the five-year target that was set at the start of the programme. As communicated in previous reports, this huge overachievement shows again that it is very difficult to set meaningful targets, especially for five years and in particular at the start of a programme. The fact that the overachievement of the 2019 targets is less than the previous year does show that target setting was more realistic for 2019. It should also be noted that some of the indicators, such as 5a, reflect a mixture of various activities such as local sensitisation meetings and big national online campaigns and thus are therefore more difficult indicators to set meaningful targets for. Moreover, this overall progress table should be interpreted with caution. Since targets have been set at country level, it is difficult to present meaningful "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 with 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 of 2018 showed promising progress and we hope to be able to measure impact in the upcoming end-of-programme evaluation in 2020.

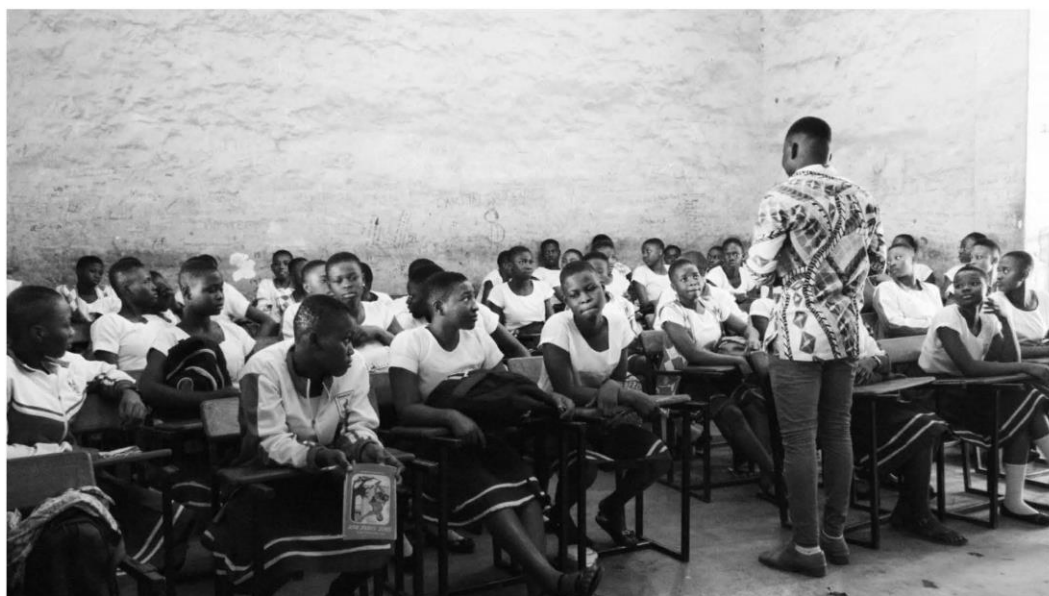
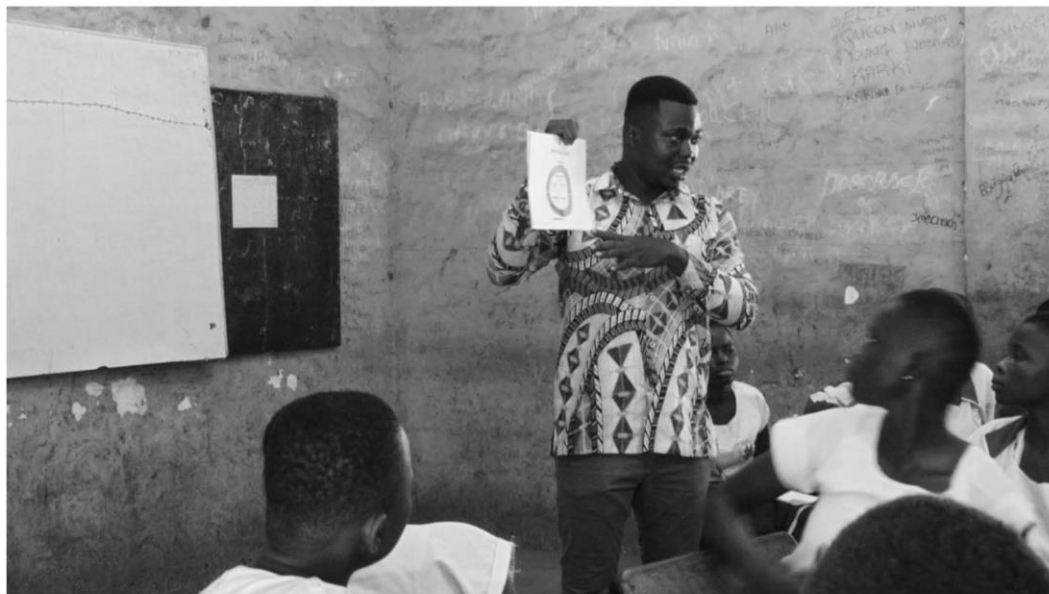
Table 2 presents the overall picture for programme performance by country. This table shows whether the programme is ahead/on track/behind per outcome area by comparing the actual achievements from 2019 with the 2019 target. The country reports show that a lot of progress is made in 2019 (see also Country Annexes), resulting in an overachievement of most of the targets. The achievements versus targets are more in line for the output indicators 3a and 4a, numbers of educators and service providers trained. This means that it is easier to set meaningful targets and plan accordingly for direct activities of the partners. It is more difficult to estimate the number of end-beneficiaries that partners will reach with their work on SRHR Information (3b2), Education (3b1), service provision (4b) and awareness raising campaigns (5a).

**Table 2 Programme progress per country**

	OUTPUT INDICATOR	ETH	GHA	IND	KEN	MAL	PAK	UGA
<b>OUTCOME AREA 1</b>								
Strong and sustainable alliances								
1a.	Number of people from the alliance (related) organisations that have received training from the country alliance	Ahead	Ahead	Ahead	On Track	Ahead	Ahead	Ahead
<b>OUTCOME AREA 2</b>								
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	Ahead	Ahead	Ahead
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
<b>OUTCOME AREA 3</b>								
Increased utilisation of comprehensive SRHR information and education by								
3a.	Number of educators trained	On track	On track	Ahead	Ahead	Ahead	On track	Ahead
3b1.	Number of young people reached with (comprehensive) SRHR education	Ahead	Ahead	Ahead	Ahead	Ahead	On track	Ahead
3b2.	Number of young people reached with (comprehensive) SRHR information	On track	Ahead	Ahead	Ahead	Ahead	On track	Ahead
<b>OUTCOME AREA 4</b>								
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	On track	Ahead	Ahead
4b.1	Number of direct SRH services provided to young people	Ahead	Ahead	Ahead	Ahead	On Track	On Track	Ahead
<b>OUTCOME AREA 5</b>								
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	On track	Ahead
5b.	Number of people structurally involved in the implementation of the programme at community level (for example young people groups, CBOs, peer educators)	Ahead	Ahead	Ahead	On Track	Ahead	On track	On Track



## GHANA: MAXWELL



Maxwell grew up in a small village in Ghana's Upper-East Region. The attitude and perception of most people there towards sexuality education, contraceptives and family planning was very hostile. In complete contrast, Maxwell is now an avid promoter of sexual and reproductive health. He works for PPAG as a peer educator, providing SRHR information and services.

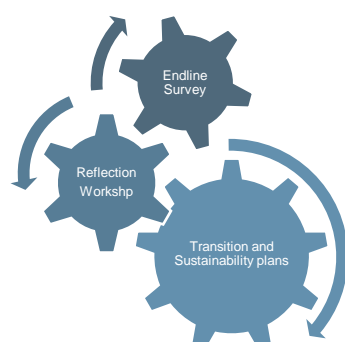


*"I feel so satisfied and proud of myself, looking back at the hundreds of young people who now have the right SRHR information and education to make informed decisions about their sexuality."*

Read Maxwell's full story here: [rutgers.stories.media/maxwells-story-ghana](https://rutgers.stories.media/maxwells-story-ghana)

## 2.2 Outcome 1 Strengthened and sustainable alliances

2019 was a milestone year for the alliances. Country alliances were quite successful in strengthening and sustaining the impact of their work. Under Outcome 1, the target set at output level concerns the number of people that have received training from the country alliances. To date, all seven countries are ahead on implementation in terms of their set targets at output level (see Table 2 and Country Annexes for more information). Following the baseline of 2017, the end-line measurement for Outcome 1 took place in 2019, to assess the sustainability and strength of the alliances.



This process consisted of an online survey completed by stakeholders involved with the SRHR alliance in any specific country and concluded with reflection workshops during which the results of the end line survey were discussed. The results of the end-line will be included in the programme end-evaluation report.

In six of the GUSO countries reflection workshops took place to discuss and validate the end line survey, and reflect upon the Alliance action plans and priorities. These workshops resulted in renewed priorities (Table 3) and the development of a country-specific transition and sustainability plan, articulating the alliance ambition post GUSO and guiding the alliance work going forward.

**Table 3 Top 3 Priorities for sustainable alliances.**

<i>Ethiopia</i>	<i>Ghana</i>	<i>Indonesia</i>	<i>Kenya</i>	<i>Malawi</i>	<i>Pakistan</i>	<i>Uganda</i>
Financial Sustainability	Financial Sustainability	Financial Sustainability	Financial Sustainability	Financial Sustainability	Financial Sustainability	Financial Sustainability
Visibility and Favourable reputation	Visibility and Favourable reputation	Visibility and Favourable reputation	Visibility and Favourable reputation	Visibility and Favourable reputation	Balanced Interest	Visibility and Favourable reputation
Ability to Develop Allies and Partnerships	Shared Ambition Open Culture	Ability to Develop Allies and Partnerships	Capable Organisation Ability to Develop Allies and Partnerships	Capable Organization	Shared Ambition	Capable Organisation Shared Ambition

**Financial sustainability** came out again as a common priority across six country alliances during the reflection workshops. In 2019 alliances made considerable efforts to diversify their funding sources. In Uganda, five project proposals were submitted in 2019. In Malawi, the SRHR alliance submitted three proposals to the United Nation Trust Fund, HIVOS and Norwegian Church Aid. The alliance also implemented a Health Systems Advocacy project in partnership with AMREF Health Africa Malawi office. In Kenya, the alliance prioritised diversifying the funding portfolio. In 2019, the Kenyan alliance was a recipient of a HIVOS one-year grant to provide SRHR information, services and capacity building in advocacy to the refugee population in Nairobi County. In Indonesia, member organisations have paid membership fees since 2017 and contributions from their consultancy on behalf of the alliance. Furthermore, ASV submitted five proposals and one was accepted (Voice programme for IPPA Central Java). Despite all these efforts, there is still much to be done by alliances to realise financial sustainability. Working towards it, six alliances developed resource mobilisation plans which will continue to guide their fundraising activities in the 2020 period and post-GUSO.

Simultaneously, all alliances took the chance to **increase their visibility and reputation** by attracting policy makers, policy influencers and practitioners to increase awareness of and public engagement in their work. At international and regional levels, alliances were successful in showcasing their work and increasing their visibility. In 2019, this was done through participation, side meetings, presentation of their work and networking with potential strategic partners during the Women Deliver conference in Canada, ICPD-25 in Kenya and the International Conference on AIDS and STIs in Africa (ICASA) in



Rwanda. Alliances also worked to improve their visibility and profile at national level by running joint campaigns or putting young people at the front of the messaging.

Through visibility related initiatives, alliances developed a more favourable reputation with stakeholders. For example, the Kenyan alliance continued to co-convene the National CSE caucus with CSA, facilitating the growth from eight to 14 CSOs. Moreover, the caucus voted for the alliance as the co-convenor of ICPD +25 Nairobi Summit thematic area two "Getting to Zero: Essential SRHR package of interventions and UHC". In Ethiopia, members participated in learning exchange visits as well as exchanging tools, guides, and ideas. In addition, they established a partnership with the government advisory committee in 2018 that has positively contributed to promoting the programme and creating a supportive environment to address the SRHR problems of young people. However, the visibility sometimes comes with negative effects. In Indonesia, the alliance was threatened by the Family Love Alliance (AILA) which put out the alliance's information as part of their propaganda on LGBTQI and abortion. This resulted in the alliance website and social media being shut down to protect the alliance and its member organisations. The alliance is working on the assessment which would guide the development of Communication Strategy and Strategic Plan 2021-2025. The result of this assessment will also feed into a rebranding strategy for the alliance.

All alliances continued to work on **strengthening their capacity** in regard to SRHR. In Pakistan, a training on the Gender Transformative Approach (GTA) resulted in members of the Alliance adopting the GTA at organisational level. In Uganda, alliance members actively participated in training related to menstrual health, integrated SRHR/HIV, advocacy, MYP and GTA, and youth-led M&E. This has resulted in improved capacity of the technical team and young people conducting community dialogues and learning group sessions. This training also contributed towards making alliance members better advocates of SRHR in communities. In Ghana we see young people capacitated to play an active role in the alliance, while the formation of the Youth Advisory Body (YAB) has promoted MYP within the alliance. The members of YAB have supported the YCC to coordinate and facilitate the participation of young people from partner organisations in planning, implementation and monitoring of youth-led collaborations resulting in a strengthened alliance, with more recognition, visibility and relevance.

During the reflection workshops, country alliances also reflected on their individual strengths and capacities and how to link that to the alliance post-GUSO. In six countries, members continued to support the alliance in various ways including knowledge, physical, products, networks, information, people and contacts. In Uganda the alliance decided to capacitate the secretariat under a more independent structure.

### **Alignment with other programmes and develop partnerships**

A recommendation from the Midterm Evaluation in 2018 was to enhance in-country partnerships with the embassies (EKN) and beyond. In 2019, networking and developing partnerships continued to be an important sustainability strategy to increase visibility and to create more impact. In Ethiopia, alliance members are working towards sustainable change by the involvement in different technical working groups set up by the government. Moreover, they are in close contact with the EKN. In Ghana, alliance partners continued to collaborate with government bodies such as Ghana Health Service and Ghana Education Service to enhance a supportive environment for young people's SRHR. In Indonesia, the ASV has further strengthened their capacity to mainstream SRHR in other networks/programmes, governmental and non-governmental organisations as well as communities, by increasing alignment with other programmes and networks. In Kenya, alliance members also participate in various governmental technical working groups and they align their advocacy work with other programmes such as PITCH and RHRN. To strengthen sustainability of SRHR programming, Kenyan alliance members created partnerships with local organisations. The SRHR Alliance of Malawi works in partnership with the More Than Brides Alliance and the Yes I Do Alliance. Moreover, they work in close collaboration with the government bodies such as the Reproductive Health Directorate. And for the GEAS project, a research partnership was established with the College of Medicine, Rutgers and the John Hopkins University. In Pakistan, the partners work in close collaboration with the RHRN Platform and are present in governmental technical working committees on the inclusion of LSBE in the

curriculum. In Uganda, alignment takes place on various levels with programmes such as PITCH and RHRN, in close contact with the EKN. Moreover, the SRHR Alliance members in Uganda work closely with other CSOs, the MoH and UNFPA on reproductive health issues. Moreover, various partnerships are established to join efforts in the HIV/AIDS response.

### 2.3 Outcome 2 Empowered young people voice their rights

In 2019, GUSO supported young people in increasingly voicing their rights; being represented in decision-making structures both at the organisational and alliance level, and encouraged collaborations across organisations. These activities and values were also supported by all partners across regions.

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 the GUSO proposal, MYP was understood in three ways: (1) as a structural engagement of young people and youth-led organisations in the country alliances and alliance programme; (2) all GUSO partner organisations structurally engaging young people in all layers of decision making; and (3) working with young people as key agents for change in governance, comprehensive sexuality education (CSE), service delivery, advocacy and research.

In addition to being a core principle, MYP is also one of the main strategies identified for Outcome 2: “Young people increasingly voicing their rights”. 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 is **youth-led collaborations**, with the aim to help young people come together to effectively advocate for SRHR. One important consideration is that each GUSO country developed a country-specific programme, including a country-specific ToC, which may have adapted the strategies outlined above to fit the local context better.

Looking at the output indicators, at organisational level, target 2A1 (under-25s' representation) was surpassed all countries and showed real progress compared to last year showing that the MYP agenda is becoming increasingly visible within the alliances (see Table 2). After renaming and gaining more clarity on the youth-led collaborations (YLC) strategy under OA2 in 2018, alliances were able to better plan and integrate YLC for 2019. All countries, with the exception of Pakistan, are ahead on output indicator 2b, with the numbers ranging between 8 (Ethiopia) and 172 (Indonesia) collaborations this year.

Over the past year, the MYP is enhanced at various levels. In Ghana, the formation of the Youth Advisory Body (YAB) has promoted the participation of young people from partner organisations in planning and implementation and monitoring of youth-led collaborations resulting in a strengthened alliance, with more recognition, visibility and relevance. For the first time, the YAB undertook youth-led monitoring activity where they had the opportunity to interact with young people at the programme level, following which they shared the report on their recommendations and concerns. Another example is from Malawi, where youth network committees were restructured to accommodate youths aged 18-25 in leadership positions, thereby making it easier for all young people to contribute and participate in decision-making processes. In Ethiopia, partners undertook capacity building training on MYP for 50 out-of-school young people with an objective to capacitate young people to meaningfully engage within their community, organisations, and youth association structures. Participants, who were peer educators, thus acquired skills which led to further recruiting out-of-school young people in peer education, monitoring of visits and discussions on the implementation of the programme, and their meaningful engagement in the planning, execution, and monitoring of CSE facilitation. Furthermore, a partner in Uganda used a peer-to-peer mentorship strategy through which youth champions for YPLHIV that sit on the Board of Directors stay on for an extra six months to allow them



time to mentor and prepare the newly selected members to further improve on their efficiency and representation.

Overall, the alliances have also made advances to engage young people in more diverse roles and to ensure inclusivity in programming and activities by engaging young people living with disabilities, young sex workers, young people living with HIV, and young LGBTQI as staff, volunteers, youth peers, and youth peer providers. Partners also operate in hard-to-reach and rural communities to ensure that groups of disadvantaged young people are involved. All this ensures a diverse group of young people are engaged, contributing to the higher levels of young people actively participating in the programme.

**Youth-adult partnerships (YAPs)** have been selected as a priority area for GUSO in 2019. The 2018 mid-term review showed that more efforts were needed in this area. The alliances and their members have taken this focus and showed some good practice in this area in 2019. In Pakistan, one young person from each alliance member is a voting member on the national governing board, facilitating youth/adult partnership on the highest level of the alliance.

In Ghana, a collaborative and youth-led project was set up by young people from the alliance and a youth movement to encourage adaptation of youth/adult partnerships. With theatre and drama performances they sought to sensitise young people and adults in the GUSO programme on the importance of youth/adult partnerships. This additional activity was funded through a seed grant managed by CHOICE for innovative ideas on YAP.



Picture shows a drama performance on YAP in Ghana

Young people and adults in Indonesia had the opportunity to work together in the Youth Academy platform. The Youth Academy is a space to critically reflect on the ambition towards youth empowerment. One of the lessons is that youth empowerment and movement building is not only a concern for the youth organisations, but a mutual responsibility that can benefit both sides from strong youth/adult collaboration. Thanks to this space, the GUSO implementing partners have committed to more youth/adult partnerships within their own organisations. Mentorship and coaching are an important aspects for youth/adult partnerships within the Kenyan alliance and have been experienced very positively. Young people from the member organisations and youth movements have been appointed to roles and receive support and review from adults as their mentors, strengthening their capacity, skills and SRHR expertise. Organisations have seen that the young people's input in programming has had a very positive effect.

Many activities have taken place under the **capacity strengthening strategy** in the past year. Partners in Indonesia have made efforts to ensure young people have adequate capacity and are meaningfully involved in strategic roles. This was done through training and mentorship focusing on overall programme management, MYP sensitisation and budget management. In Kenya, internship programmes by partners continue to empower and build capacities of young people on different skills such as budget advocacy and have created short-term job opportunities for the youth advocates in different counties. In Pakistan, different youth capacity strengthening activities were organised, such as workshops and training on Meaningful Youth Participation and the Gender Transformative Approach. In Uganda, capacity building training and mentorship sessions were held for 4,356 young people living with HIV in areas of youth-led advocacy, leadership, sexual and reproductive health and advocacy. Moreover, strengthening of HIV support groups for young people led to improved adherence and viral load suppression as well as greater self-awareness and self-worth among young people living with HIV from getting to meet and interact with their peers.

In 2019, **youth-led advocacy** became a stronger component of the programme, capable of bringing about important outcomes [see also Outcome 5]. In 2019, the trend started in 2018 continued, with

more young people working together in very different ways to improve youth SRHR. Their collaborations were facilitated and encouraged by the alliances. The **youth-led collaborations** were also further integrated into the GUSO programme as an important and meaningful structure for change. In Ethiopia, a mapping exercise of other youth organisations and movements was conducted. The organisations, groups and associations all have distinct expertise and bring new opportunities to strengthen the youth voice, especially in light of new programming. The alliance in Ghana has been working on connecting existing youth CSOs, movements and networks with each other. Fifty youth CSOs have been assembled and continue, via an online platform, to share information, have discussions and plan and implement advocacy activities. Young people from the different districts came together to work on district advocacy plans for YFS, to think about the development, implementation and monitoring of activities. In Malawi, the alliance established a youth advisory council (YAC) inspired by Uganda. The six young people on this council connect the youth movements in the communities with the YCC, who share their voices at the alliance level. The YAC monitors and mentors the youth movements, fostering their collaboration and supporting them with the implementation of the work plans in their communities. To further enhance understanding of how alliances apply the strategy of youth-led-collaborations (YLCs) within the GUSO programme, operational research was conducted in Malawi and Uganda. It showed that both countries have come up with effective YLCs: in Uganda a Youth Advisory Committee consisting of youth representatives of each partner organisation represents young people on the National Steering Committee and they have their own action plan to fully ingrain MYP into the programme; in Malawi the alliance began capacitating youth clubs (government structures at village level) so that youth club members could become better and more effective advocates for youth SRHR issues. Through YLCs it seems that the GUSO programme has been able to reach more young people and gain a higher coverage of information and services provided. Young people have been better able to refer peers and jointly identify SRHR gaps and advocate about them. In the process, they have strengthened their social skills. For instance, they lobbied successfully for a youth-friendly health services corner and were able to report cases of GBV to the police.

Next to its roles as an advocate and a capacity builder, CHOICE also actively aims to connect youth networks and youth-led organisations. For this, CHOICE organised the Connector Week in Entebbe, Uganda, a linking and learning event, organised with the purpose of sharing best practices, jointly discussing challenges and strengthening capacity and knowledge on organisational issues and advocacy processes so as to enhance national and international level advocacy, particularly on youth-oriented SRHR issues.



Young people from youth (led) organisations in GUSO, YID, PITCH and REA in the CHOICE Connector Week

In 2019, data was collected for the end-line reporting of Outcome 2. The YCCs took a leading role in the end-line, being responsible for coordinating a survey, conducting focus group discussions (FGDs) and report writing. In the first half of 2019, the online survey that was conducted at baseline was repeated. A total of 247 respondents, young people actively involved in the GUSO programme, most of them peer educators or youth advocates, were reached through the survey. After that, in June 2019, the YCCs were trained on qualitative research methods, using the Rutgers Explore toolkit. Afterwards, they further trained two to three other young people in their countries to be their co-researchers. This way, the research has been entirely youth led and young people have strengthened their research skills. Preliminary conclusions are that young people feel that they are involved meaningfully to a high extent in GUSO, but there continues to be room for improvement, for example on working in true youth/adult partnerships.

## 2.4 Outcome 3 Increased use of SHRH information and education

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

1. Capacity development to provide quality SRHR information and education.
2. Provision of quality SRHR information and education to young people.
3. Strengthening of referral systems between SRHR information and services.

All countries trained young people as peer educators; most also trained teachers to deliver sessions in schools. In Ghana and Indonesia, healthcare service providers were also trained to deliver education sessions to young people. In Malawi, peer educators in prisons and police officers were trained and in Indonesia religious leaders received training. Partners in the alliances provided training based on training examples and guidelines from Rutgers, Dance4Life and IPPF, while adapting these to the country context and/or adding specific sessions about SRHR or on different engaging techniques, for example, social media. Moreover, alliances focused on including training modules or sessions on the role educators can play in the referral of young people to services and to engage communities in order to create a more supportive environment. Several alliances reported higher retention of previously trained educators.

At output level, all country alliances report being on track or ahead regarding the trained educators (3a, see Table 2), as many partners managed to improve efficiency during implementation, despite experiencing opposition to CSE and SRHR in general. Most countries trained hundreds of educators, with Ethiopia training 94 and Kenya reaching the highest number of 2,750. Overall, 5,843 educators were trained in 2019. In many cases, training sessions were provided as refresher opportunities to support educators in their skills development, integrating the foundation training already provided in previous years. Most organisations also recruited new educators.

The alliances succeeded in delivering CSE to young people both in and out of school. In all countries the interest of students in their CSE curriculums is very high, as the approaches used are mainly participatory and engaging at different levels. The targets for the number of young people reached with CSE were overachieved in all countries, involving the overall number of about 130,000 young people, with Uganda contributing the most, with more than 42,000. These results were possible thanks to the high motivation of the alliances’ members and trained educators, as well as through the expansion into new schools, where most of the activities take place.

The different alliances have used several strategies to ensure **comprehensive** information and education in their interventions. Partners implement internationally accepted curriculums which are contextualised and adapted to fit the country context. In some countries they use government-approved curriculums. Due to restrictions and the social context, sensitive topics sometimes have to be omitted from the programme. In Pakistan, for example, sexuality, anatomy and pleasure had to be taken out and in Ethiopia the topic of sexuality is omitted. Nevertheless, partners also act quickly when countries become more progressive as can be seen in Ethiopia, where the CSO law was changed. This made it possible to work on human rights again. The curriculum was adapted to accommodate human rights and the GTA approach. The country alliances are smartly navigating the challenging contexts they work in. They use culturally accepted language in their messaging, or they try to cover sensitive topics when discussing broader issues. Ghana, for example, tries to include the topic of sexual orientation when sexual rights are being discussed. However, many topics like abortion, sexual and gender diversity and sexual pleasure remain sensitive and are either not addressed, because of the local legislation, or are covered indirectly in more informal sessions. These sessions allow educators, who still feel reluctant or uncomfortable, to tackle them more easily. In Kenya and Indonesia, for example sensitive topics were integrated into less sensitive ones, i.e. abortion into teenage pregnancy, sexual diversity into bullying. Alliances tackle this challenge also by including peer educators, by giving educators more training on sensitive topics and including value clarifications. Moreover, they have made sure to develop materials that add to the manuals used in the schools, and they collaborate with health centres, where students can get information on contraceptives and condoms when this is restricted in the school context. Out-of-school contexts are usually less restrictive and therefore it is easier to provide comprehensive information.

The implementation of CSE is **monitored** in several ways in both in and outside school settings. This monitoring is used to improve the implementation and support facilitators in their lessons. Regular follow-up is done by visits to the schools and youth centres as well as phone calls. In Ethiopia, for example, facilitators are supported with regular classroom observations in which checklists are used to assess their skills, knowledge and attitudes during facilitation. Feedback is given to the facilitator afterwards and the input is being used to improve the (refresher) training. Reporting formats are in place that are filled out by facilitators and peer educators to collect data, observe progress and to identify challenges. Nevertheless, it is difficult to make sure all the checklists are filled in and analysed. Therefore, in Indonesia an online monitoring tool was introduced to make the monitoring easier. Moreover, anonymous feedback mechanisms are in place in several countries. Partners in Uganda and Malawi work through dynamic accountability mechanisms, where district leaders, alumni and health workers are included in the monitoring and evaluation system, ensuring critical feedback and sustainability, and all countries have been including young people in their monitoring. In Uganda, social accountability remained a very effective monitoring strategy, using community score cards.

SRHR information activities are often combined with education sessions, integrating the main intervention in multiple ways: educators usually act as counsellors and are supported with pictorial and online materials that they can refer to and share with the young people. Furthermore, participants in the education session are engaged to influence their peers through individual discussion and sharing access to online and printed IEC material. Sometimes, counselling and individual talks are organised during large gatherings and events in relation to the education sessions. The country alliances reached over 1,449,000 people with SRHR information, exceeding their targets. Again, Uganda contributed the highest number (1,181,895) since they used many online channels. Partners used a combination of strategies to reach young people with information. Many (online) media were used, like SMS services, WhatsApp, and online platforms (like Sobat ASK in Indonesia or She+ in Ghana). Also, outreaches and use of printed materials were largely used to support individual or small groups counselling. Counselling activities contribute to referral to healthcare facilities and services. In Uganda, an alliance partner developed, translated, printed and disseminated materials with basic legal SRHR information to young people and other stakeholders, including the Access to Justice chart, pocket-sized handbooks on health and human rights, gender-based violence, as well as HIV and human rights. This information was widely used by the young people as reference material during sensitisation sessions among their peers, enabling them to advocate for improved service delivery and access to relevant information on SRH services including addressing SGBV in the district. In all countries, alliances have worked together or established youth clubs and youth centres in order to make it easy for young people to access SRHR information.

Supported by Rutgers, the whole-school approach (WSA) is the main strategy in Kenya, Uganda, Ethiopia, Pakistan and Indonesia for ensuring the sustainability of SRHR information and education delivery in schools. One of the main goals is to create ownership within schools considering sexuality education. Advisory and sustainability committees are established in the schools including representatives like school principals, CSE teachers, PTA members, education and health officials. In this way it is more likely these schools will continue with CSE after GUSO. In Kenya they made sure the CSE lessons were included in the timetable and that they will be monitored like any other topic in the school. Also, in Uganda, timetabling is used as a sustainability strategy and to reach more students with sexuality education. The WSA also ensures that relevant community members are included in the CSE processes in the school. Parents have become involved and more support and engagement from the community can be seen in all five countries.

### **Cooperation with youth platforms and cascading training**

In Ghana, Ethiopia, Malawi and Kenya, youth group members and young people who belong to community-based organisations are trained to facilitate the delivery of CSE and SRHR information to peers in and out of school. They are also trained to cascade SRHR information to other young people. By empowering young people with SRHR information they have ensured that a continuous flow of information goes to other community members and peers. Peer groups in Kenya are linked with existing private sector and government programmes for economic empowerment, supporting the dissemination of SRHR education and information.



*Cascading training is another strategy to ensure sustainability. In Ghana, new teachers can be part of the lessons of established CSE teachers, so that they are able to take over lessons too.*

*The 'GTA and Comprehensive Sexuality Education' module of the Rutgers GTA toolkit was piloted and launched. CSE is five times more likely to be successful in preventing unintended pregnancy and STIs when it pays explicit attention to the topics of gender and power. Moreover, Dance4Life developed an online Academy to further strengthen the skills of the pool of young master trainers in the Journey4Life curriculum (J4L). Online modules and a coaching experience were tested. Dance4Life also started a randomised control trial on the impact of social emotional learning on sexual health in Indonesia. Young data collectors were trained, and baseline data was collected for the intervention and control schools.*

## 2.5 Outcome 4 Increased use of youth-friendly SRHR services

*Service delivery is a main pillar of the theory of change. It 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. In its fourth year, the GUSO programme has both propelled and witnessed an increase in use of youth-friendly SRH services. This results partly from effective service links with SRHR information and education, a strengthened network of providers, and also from interventions to increase the capacity of service providers, peer providers and health institutions in youth-friendly service provision. Involving young people in these referral and feedback processes ensures access to services that fulfil their needs.*

*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, provided to over 2,000 professionals in 2019, is intended for service providers, public and private practitioners, managers, peer educators and peer providers and is aimed at building their technical/medical capacities as well as improving attitudes towards young people. In Uganda, the Community Health Entrepreneurs received training to provide the injectable contraceptive DMPA-SC. In Ethiopia, peer coaching among service providers helped to improve youth-friendliness; Uganda used health workers' quarterly mentorship for the same purpose. IPPF is developing guidelines for peer coaching based on the experience in Ethiopia.*

*With regards to service delivery, various channels have been 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 can be done through service-providing organisations that are part of the GUSO programme (785,328 direct services in 2019), or through their public or private partners (833,232 indirect services in 2019). Additionally, some partners provide online services and/or run hotlines where counselling and advice on nearby referral services are provided. To make sure that clinic services meet the project's quality standards, regular assessments are necessary. These assessments can be conducted externally, e.g. by a GUSO consortium member, or internally, e.g. by managers, service providers and young people.*

*Social accountability mechanisms provide an opportunity to create a dialogue between young people, service providers and community members. Various tools support the implementation of these strategies. The Essential Packages Manual provides detailed guidelines for the service package by delivery channel and offers advice on quality of care and accessibility of services. Service quality can be reviewed through self-assessment tools including the Provide tool (IPPF), and our Social Accountability Manual (Simavi).*

*Over 1.5 million services were provided in 2019, in public and private facilities, mobile clinics, during special events like International Women's Day, and at community level by peer providers and community health workers, with improved coordination among providers. In Indonesia and Uganda, services were provided in schools. In Uganda, the alliance conducted home-based outreach for Young*



*People with Disabilities or HIV, through Integrated Trained Counsellors. Comprehensive abortion care (including pre- and post-abortion counselling, medical and surgical abortion and treatment for incomplete abortion) was provided by our partners where possible, or partners referred young people for appropriate abortion services, despite global political shifts.*

*In Malawi, a toll-free hotline was created for people experiencing SGBV and young people continued to hold service providers accountable through score cards and continued training. Referrals in all countries are rising and being strengthened based on the ongoing relationships with the clinics. There is higher demand via CSE, SRHR information and community awareness, resulting in increased youth visits to clinics.*

*Expanding the Social Accountability pilot done in 2018, GUSO has created ongoing dialogue between youth and service providers, improving the responsiveness of service providers towards youth. Young people contributed to performance monitoring through exit interviews or other client feedback mechanisms (score cards used in Malawi, Ghana, Ethiopia, Kenya, Uganda).*

*In Ghana, Uganda and Kenya there are various face-to-face feedback sessions with the directors, staff and youth at the clinics to discuss barriers to access for youth. In Ghana, youth volunteers are also doing periodic quality checks to make sure that changes are being implemented. In Indonesia, they are following up with the self-assessment checklist with mystery clients and feedback sessions. These activities continue to strengthen the relationship between our partners and the clinics, which create stronger referrals and higher quality for the young service users. IPPF and Simavi have supported the alliances in social accountability.*

*To continue improving the capacity to tackle abortion stigma, IPPF updated the online course Abortion Matters, based on users' feedback. The new version includes many more resources and case studies, including guidance on abortion in humanitarian settings; trans-inclusive abortion services; and disability inclusion in abortion and contraceptive care. In addition, IPPF made an inventory of the impact of the Global Gag Rule on the work of their member association (Mas) (see Annexe 9). The impact is devastating. The Africa region bore the greatest burden of the loss, approaching USD40 million since 2017, with many projects either closing prematurely, not starting up or even closing just after start-up.*

## **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 it is essential to have 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. At the start of the programme, we have set out two strategies to work towards such an environment:*

*(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 level, and in some cases at national level.*

*(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) will increasingly accept and support young people's SRHR. Reaching out to large numbers of people through campaigns and (social) media is part of this strategy of awareness raising. With both strategies we intend to increase acceptance and support for young people's SRHR, while in the meantime ensuring meaningful youth participation so that the programme responds to their needs and realities.*

## MALAWI: JENIPHER



It was a fellow school mate who convinced Jenipher, 19 at the time, to have unprotected sex. He would marry her, he promised. Yet, when she was in the third month of the resulting pregnancy, he denied all involvement and left Jenipher to deal with the situation herself. A traditional healer, in a remote location, seemed to offer an easy escape. On what happened next, she says: "I needed to help others, so they don't go through what I went through."



*"I was afraid of revealing my story to a doctor. But with the help of a peer educator, I was assisted well. It made me happy, because I realised that I have rights like everyone else even though I chose to abort my pregnancy."*

Read Jenipher's full story here: [rutgers.stories.media/jeniphers-story-malawi](https://rutgers.stories.media/jeniphers-story-malawi)



### **Evidence-based advocacy**

*In relation to the first strategy we see that alliances have used a variety of approaches to reach their goals. In 2019, all seven country alliances continued to work together with (local) government on CSE, services or SRHR in general, for instance through technical working groups or committees (see also information in Chapter 1's context analysis). They were often invited as experts to advise on CSE curriculum development and implementation or to input on adolescent SRHR policies. For example, the Ugandan alliance has been called upon by the different government agencies (Ministry of Health, Ministry of Education, Uganda AIDS Commission) to input or give opinion on several policy processes on SRHR. In 2019, the Kenyan alliance invested in budget advocacy towards local (county) government, resulting in several increased county budgets regarding health (especially reproductive, maternal, neonatal, child and adolescent health) and towards the stipends of community health volunteers.*

*In some cases, very different approaches were necessary, for instance in Indonesia where a new penal code was about to pass in September 2019, containing articles restricting CSE delivery and unfavourable towards SRHR and civil society in general. The alliance joined the bigger movement of #ReformasiDikorupsi which was formed to respond to the democratic conditions in Indonesia being threatened by several draft bills, not only the penal code, but also the corruption, land and employment laws. In collaboration with this bigger movement, the Indonesian alliance joined protests and organised press conferences, media briefings and public discussions to stop the passing of these bills. It was the first time since 1998 that a diverse group of organisations, e.g. SRHR, anti-corruption, environment activists and students, had united as an opposition towards the government and organised mass action. In the end, the bills were not passed in 2019, but are still high on the government's priority list for 2020.*

*The efforts of the alliances have led to some concrete outcomes in the fourth year of the GUSO programme. Some examples include:*

- In Indonesia, the city government of Semarang has agreed to scale up the CSE curriculum Setara to an additional 19 junior high schools (both regular and faith based); currently, IPPA Bali is in discussion with the City Office to scale up Setara to 12 schools in 2021.*
- In Kenya, through collaboration with county government, several plans and strategies were adopted, including the multi-sectorial ASRH/HIV Youth Action plan in Siaya County, the County Comprehensive & Integrated Sexual Reproductive Health Strategy in Kisumu County and the Homabay Community Health Services Act 2019.*
- In Pakistan, the Population Welfare Department of the Khyber Pakhtunkhwa province agreed to include life skills-based education (LSBE) in the school curriculum, using the LSBE booklet which was developed by GUSO implementing partner Rahnuma FPAP.*
- In the Bugiri district in Uganda the local government designated space as a model youth corner, including staff and supplies such as testing kits for HIV and STIs to enable provision of services to young people.*
- In Ghana, a headteacher of Samini Presby Junior High school requested parents, in an engagement with the Parent Teacher Association, to allow young people to access YFS at Samini Clinic.*

*In 2019, we also saw some specific opportunities arising that may enable advocacy work of some alliances in the future. In Ethiopia a new CSO Law was adopted in the beginning of 2019, legitimising CSOs receiving funding from external sources to conduct advocacy. Previously, the alliance worked with government in the GUSO advisory committees or in government Technical Working Groups, but the new law now allows for other types of advocacy. As a reaction, the alliance invested in increasing advocacy skills to be able to utilise different strategies to reach changed and implemented policies and laws. Another opportunity emerged in Pakistan, where the Supreme Court decided in favour of life skills-based education in schools. Provincial governments have already started to work on LSBE in light of the court's decision. An advocacy workshop planned in 2020 will help the GUSO alliance to identify an action plan to respond to this opportunity.*

*Another challenge shared by several alliances is the turnover of members of parliament and other policy and decision makers. In Jakarta, several strategic stakeholders left their positions and*



implementing organisations had to reintroduce the programme and make sure the commitments continued. After elections in Malawi, a new president and members of parliament (MPs) were elected, however, the constitutional court nullified the presidential elections and the country has been in a state of political unrest since then. Nevertheless, the Malawi alliance and partners started engaging the new MPs, orienting them on the Termination of Pregnancy Bill for their support.

Another main challenge to the advocacy work of alliances are the continuing forces of opposition trying to prevent any progressive changes from happening. For instance:

- The alliance in Ghana experienced a sudden emergence of strong and well-coordinated opposition against Comprehensive Sexuality Education in 2019. Support for rejecting CSE was fuelled by arguments that CSE is a subtle effort to endorse LGBTQI in Ghana, against the laws and moral values of the country, and also to introduce children prematurely to sex. As a response, the alliance has been engaging in conferences and community dialogues to break down these misconceptions. Although on a small scale, these engagements have helped to retain the trust and confidence on many of the community and traditional leaders.
- The Indonesian alliance also experienced a backlash at the beginning of 2019. The alliance received an online attack from a conservative group, the Family Love Alliance, forcing the alliance and its members to be low profile in campaigning for SRHR online, shutting its social media and website. Working together with allies outside the alliance proved to be an effective approach to debunk myths that were spread about the alliance and their work.
- The Kenyan alliance again saw a rise in opposition from conservative groups, e.g. CitizenGo and Sozo Church of God. There was opposition from these groups regarding the registration of the alliance and they launched a billboard campaign giving inaccurate information on abortion. Together with other stakeholders, GUSO partners successfully petitioned Nairobi County to remove the billboards that were giving misinformation on abortion, contrary to the law.

Alliance partners are taking several measures to forestall opposition to their work. Collaboration with government and other CSOs, sensitising relevant stakeholders and sending out strong SRHR messages are among these strategies. For instance, alliance members in Ethiopia actively engaged in different technical working groups which has developed a good working relationship with different government ministries, which in turn prevents backlash coming from the government side. In Indonesia the alliance, together with Kitasama (the Indonesian Right Here Right Now platform) organised a Strategic Meeting at the Embassy of the Kingdom of the Netherlands. In this meeting, several organisations which run programmes funded by Dutch MoFA (PITCH, Bridging the Gap, PRIDE, Yes I Do, Prevention+) shared their advocacy plans, strategised on preventing opposition and explored collaboration.

### **Awareness-raising campaigns and (youth-led) community awareness activities**

In relation to the second strategy alliances have used a wide variety of (online and offline) approaches to increase awareness around SRHR and specifically to increase support and action in relation to young people's SRHR. With respect to output indicators 5a, many more people (over 34 million) were reached by campaigns and (social) media than anticipated at the time of target setting (see Tables 1 and 2). For instance, at the time of target setting it was not known that campaigning would be allowed in Ethiopia in 2019. 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.

All alliances use creative methods to attract people's attention, like art exhibitions, videos and theatre shows. For instance, in Malawi, the alliance worked with the Theatre for Development group which popularised the Termination of Pregnancy Bill. The alliance also produced a video on this bill, sharing it on International Safe Abortion Day, calling for MPs, community leaders and public to support the passing of the bill. Furthermore, almost all alliances have used dialogues as a way to sensitise groups of people on SRHR and for their buy-in in alliance activities. Often these dialogues include a broad

range of stakeholders, like young people, parents, faith leaders, community elders and representatives of (local) government.

The progress under 5b shows that more and more people at community level are structurally involved in the programme implementation, a promising development with a view to sustainability. This includes the investment of alliances in identification, sensitisation and training of champions to deliver SRHR messages. Looking for the right messengers is a key strategy in creating support for SRHR. Messengers can be celebrities, as in Indonesia where dance4life Indonesia recruited Asmara Abigail, an Indonesia talented young actress, as ambassador. She has been involved in dance4life Indonesia's offline and online campaign promoting SRHR core messages. In other cases, messengers are influential community leaders, as in Uganda where the alliance identified a group of people that are respected in society, understand the SRHR issues and are willing to convey positive messages to stakeholders and the general public. This also has been instrumental in countering activities opposing SRHR. Alliances also work with journalists and media houses to ensure correct information on SRHR is shared. For instance, in Kenya, alliance partners identified and trained media personnel on the effective and accurate reporting of SRHR issues. This led to the publication of 47 human interest stories in local dailies and the profiling of the GUSO project in key SRHR thematic areas. Alliance partners were also part of interactive talk shows on national television as panellists on different tv stations and vernacular radio stations

### **Role of young people in Outcome 5**

For policies and laws to be effective they need to respond to young people's lived realities. Also, for relevant stakeholders to be supportive of young people's SRHR it often helps if young people share their personal stories on the challenges that they face and/or have overcome. Therefore, it is important that young people speak out about their needs and lives. Most importantly, young people have the right to have a say in decisions that affect their lives, and therefore, in 2019 GUSO has continued to invest in meaningful youth participation in our advocacy and awareness raising efforts. The capacity of young people has been strengthened in the areas of social accountability, lobbying and advocacy, public speaking, campaigning and research. Alliances have also facilitated space for young people to sit at the table with decision makers and/or conduct youth consultations.

Examples include:

- In Kenya, youth advocates spearheaded the process of developing the Nairobi County SRHR Framework 2019-2021 to inform the introduction of a budget line for family planning; youth advocates working with alliance partners took the lead as consultants and analysed Fiscal Strategy Papers for 2019/2020, proposed budget estimates for Kisumu, Siaya and Homabay Counties and documented key gaps.
- In Malawi, youth club members attended a National Youth Conference on Population and Development where they had the opportunity to review the National Population Policy to identify gaps and come up with recommendations that they wanted to be incorporated into the final document.
- Also in Malawi, young people in Mangochi organised social accountability sessions with health services providers to discuss the bottlenecks affecting equitable access to SRH services.
- In Uganda, youth used social accountability as a strategy to achieve change: follow-up engagements held with the health facilities indicated progressive improvements through structural developments, identifying improved referral systems and an upgrade of health centres that improved access to SRH services, especially for key populations in Naluwerere township, including commercial sex workers.
- Indonesian alliance members conducted public speaking training for 16 young people from diverse backgrounds, focusing on media engagement on SRHR issues.

Moreover, during the ICASA conference in December 2019, all GUSO youth-led partners pitched their main successes, exchanged best practices on HIV/SRHR integration and advocacy in a joint GUSO and PITCH partner meeting, linking different MoFA-funded partnerships.

## 2.7 Flex Fund Project - Uganda

The Dutch MoFA awarded the flexibility fund project 'Integrated SRHR/HIV community service delivery' to the GUSO alliance in 2017. The project, starting with a launch in March 2018 and ending in August 2019, aimed to establish a network of community health entrepreneurs offering young people the SRHR and HIV information and services they want, and at the same time empower the entrepreneurial peers to generate an income.

In total, from the pool of peer providers from all the GUSO Uganda alliance partners, 961 peers were reached during the initial 2018 training. This was followed by a refresher training in 2019, reaching 915 peers. In both sets of training, a standard training manual was developed for all the peers with support from Aidsfonds and Rutgers. Evaluation of the refresher indicated improved SRHR/HIV knowledge and attitudes among the peers. The introduction of Sayana press tremendously improved the contraceptive targets due to increased demand in the community.

The referrals did not initially have a target, which meant the partners had to set their own targets for complete referrals. Each partner surpassed the target they set. This was partly attributed to the refresher in referrals that the partners gave to the peers, thus improving the result. It is important to note that the CHEs made more referrals in the course of the project life, however a number were not completed due to issues like stock-outs of required drugs for treatment at the health facilities, and as such were not captured for reporting purposes.

Regarding the number of videos watched, we could not harvest the actual data from our partner Healthy Entrepreneurs as they had challenges retrieving data from their IT partner in India during the project. For that matter, it was not possible to collect user data from the tablets on the number of videos and flows watched. However, the CHEs continue to use the health information app and view the videos. In the meantime, phone research was conducted to enable an estimate of the number of videos watched. About 60 CHEs were called and based on their input it was estimated that eight videos are watched per week hence an average of 124,800 videos shown by about 300 of the best performing CHEs. Given that videos are often watched by more than one person at once, e.g. during group sessions, the reach of the CHEs in their communities is certainly beyond this number.

**Table 4 Achievements against the targets – GUSO Flex Fund Project Uganda**

Output Indicator(s)	Target	Total realised during project period (1/3/18 - 31/8/19)	Realised after the project (data up to 15/1/2020)
Number of peers trained in SRHR-HIV (with the original Flex grant)	950	Training in 2018 - 961 Peers  Refresher in 2019 - 915 Peers	
Number of peers/VHTs trained to become a CHE (with the original Flex grant)	750	840 750 peers and 90 VHTs	N/A
Number of peers/VHTs trained to become a CHE (with the top-up from GUSO main)	120	120 (20 peers and 100 VHTs)	N/A
Number of CHEs attending cluster meetings	750	960	927
Number of inactive CHEs	0	410 (All peers, remaining active CHEs are 360 and 190 VHTs)	410
Number of CHEs trained to administer Sayana Press	300	300	N/A
Number of condoms distributed by the CHEs	1.3 million	1,104,781	324,432
Number of Sayana Press provided by CHEs		30,050	824
Number of other contraceptives provided by CHEs (pill, mini-pill, emergency pill)		4,610	1,516
Number of videos watched on SRHR	84,000	62,400	33,600
Number of health videos watched (not SRHR)	97,000	62,400	67,200
Average monthly income of CHE	\$5.50	\$6.70	\$7.28
Number of completed referrals made by CHEs		27,338	

The following results were the main achievements of the GUSO Flex Fund Project:

### 1. Improved community access to SRHR/HIV services.

Being the overall goal of the project, Community Health Entrepreneurs (CHEs) have greatly contributed to overcoming the distance between users and the services. Long distances to facilities remain an impeding factor to access to and utilisation of SRHR/HIV services. Thus, the project has significantly extended services such as Sayana Press, especially to the young people who were previously denied the services by health facilities because they were not married. Furthermore, there has been reduced congestion of the already constrained facilities.

*"These CHEs are such a resource to us. In addition to helping out at the health centre as they come to record their referrals, their work also helps in decongesting the health facility because they address minor complications - including Sayana Press - in the community which reduces the number of people that would have flooded us. Please train more to cater for the demand since you trained only a few." (In charge, Bugiri Municipal H/C III)*

## **2. Economic Employment of young people.**

CHEs have reported an improvement in their financial status. Their monthly income rose to an average of \$7.28 per month, a 32% increase. This was confirmed by the qualitative operational research conducted during the project, which showed the peers had been able to diversify their income-generation activities and were able to drop less profitable activities. As a result, a number of them have been able to make purchases of land and/or livestock, embark on constructing houses, return to school, or set up other investments like merchandise shops. Most have attributed these achievements to the profits earned from the project which have further improved their welfare.

## **3. Improved status and dignity accorded to young people living with HIV.**

Young people living with HIV were among those trained to become CHEs, thus contributing to community health education. This ultimately presented young people living with HIV as important members of society, thus breaking the stigma around them. Furthermore, it provided an opportunity to integrate HIV issues into SRHR programming. Initially, under the main GUSO programme, emphasis was on SRHR alone, leaving HIV issues to other SRHR alliance partners. However, the GUSO Flex Fund Project placed focus on the integration of the two and thus HIV also gained attention from all the partners, something which is bound to continue beyond the project life.

The project has contributed to changing attitudes of people about key SRHR issues, such as family planning and gender equality in the communities. The CHEs have created conversations that drive change in communities.

*"I have four children, and my husband and I were planning to have more. I felt my body was unable, but I did not know how to tell him. Maybe I would lose my marriage. But one day CHE Kasadha came to our home to sell some products. At first my husband was sceptical, but liked the whole idea of products including family planning. We realised that there are products that can help us have small and manageable family."*

## **2.8 GEAS-GUSO Project - Malawi**

Part of the Rutgers implementation budget that could no longer be spent in Pakistan was reallocated to a GEAS-GUSO project in Malawi. The Malawi GEAS project started in July 2019 and will continue until December 2020. It is focused on very young adolescents (10-14 years), so that the roots of gender inequality can be addressed among boys and girls. This project adds a school-based element to the GUSO programme in Malawi. The project entails three work packages: (1) a school-based intervention focused on gender equality and the prevention of SGVB in Chikwawa and Blantyre, (2) evidence-based advocacy aligned with the GUSO advocacy strategy and (3) a GEAS survey of young adolescents in Blantyre, to evaluate the school-based intervention and to provide input for the evidence-based advocacy. In 2019, ethical consent was acquired for the GEAS survey. Moreover, the alliance implementing partner has successfully reached out to 3,013 parents with SGVB sensitisation meetings in Blantyre and Chikwawa. Moreover, they trained service providers, police officers and teachers on GVB management and referrals, and mother groups and PTAs were trained on adolescent SRHR and GVB.



## UGANDA: ASSINAH



24-year-old Assinah lives with her mother and daughter in Uganda's Bugiri District. Information on sexual and reproductive health is scarce in this area, and the numbers of unintended pregnancies and STIs are high. In 2014, only 38.5% of young women and men aged 15-24 could accurately identify ways to prevent HIV transmission. A further 30.4% of young women and girls reported an unmet need for contraception. As a 'Healthy Entrepreneur', Assinah takes it on herself to teach her peers in a fun and educational way.



*"A lady told me how she became pregnant, when contraceptives were out of stock at the health centre. Now she buys injectable contraceptives from me, as she is not ready for another pregnancy."*

Read Assinah's full story here [rutgers.stories.media/assinahs-story-uganda](https://rutgers.stories.media/assinahs-story-uganda)

## 2.9 Financial results<sup>3</sup>

The total available budget subsidized by the Ministry of Foreign Affairs was 13,439 k EUR in 2019. The total reported expenditure amounted to 10,904 kEUR. The cumulative budget 2016 – 2019 amounts to 36,576 kEUR, whereas the cumulative actuals amount to 32,775 kEUR. This leaves 10% (in 2018: 6%) unspent, amounting 3,800 kEUR. The slightly higher unspent comes mainly from in-country spending and is, among others, due to the slower restart of the implementation in Pakistan.

### **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 report on the consolidated actual expenditure of partners and consortium members per outcome in annex III.

### **2.9.1 Financial Report Consortium Members (Annexe I-II)**

#### **NL/UK consortium member budget 2019**

Total project implementation budget excluding joint PMEL/OR work was 2,560 kEUR (2018: 3,215 kEUR), of which 2,941 kEUR (2018: 3,663 kEUR) was spent in 2019. The cumulative budget to end of 2019 amounted to 12,204 kEUR, of which 12,283 kEUR was spent, which is 101%. The consortium members managed to catch up with their unspent amounts from prior years. Additionally, some country supporting initiatives and other expenses on NL/UK side were agreed upon through the Joint Central Fund (see below for further explanation).

#### **Country budgets 2019**

For 2019, every country had designed a country plan which was appraised and approved in the summer 2018 for a budget period for the years 2019 and 2020. The total country budget including joint PMEL/OR amount to 10,879 kEUR, of which 7,949 kEUR was spent. This results in an underspent of 27%, which is due to the following reasons:

- In general, PMEL budget was straight-lined over 5 years, instead of reflecting big expenses such as the end evaluation in the respective years.
- The biggest part of underspending is located in Pakistan. Given the changes in the Pakistani NGO environment, implementation is only starting again.
- In line with the programme guidelines, starting from 2019, a 30% of the total annual budget goes to the countries. This means that in addition to catching up on prior years' unspent amount, partners had a higher budget available.

#### **Pakistan budget 2019**

Since the Rutgers field office closed in 2018 and activities have been frozen for the remaining part of the year, Rutgers worked together with IPPF on supporting the Pakistani SRHR Alliance on restarting their implementation.

The following initiatives were funded by unspent amounts from the Pakistan budget:

- Top-up flex fund: Partners in Uganda received additional budgets to continue activities from the Flexibility Fund
- GEAS Malawi: Together with CAVWOC and College of Medicine Malawi, and with the support from Promundo and John Hopkins University, there was the possibility to conduct the Global Early Adolescence Study in Malawi, which researches the impacts of CSE on young people.

---

<sup>3</sup> Disclaimer: The figures below are based on the latest available draft. Due to a delay in the annual audit process, the audited figures are not finalized.



However, together with the team of IPPF, Rutgers continues to support the alliance in Pakistan. We are very pleased to see implementation work starting up again in 2019.

### Other unspent balances

As mentioned above, in 2019 the countries received 70% of the annual budget, instead of 60% in prior years. Even though 2019 was a very productive year for partners and country alliances, it was not able to absorb the unspent balances from prior years as well as the increased 2019 budget fully. As decided early March 2019, unspent balances in countries are to be transferred to a Joint Central Fund, which allows to redirect unspent amounts to partners with additional capacity for spending. During the year 2019, procedures for the Joint Central Fund (JCF) were concretized and the first initiatives were received and paid out.

In the meanwhile, we also agreed on cutting all unspent balances at the end of 2019, meaning that no more funds can be carried into 2020. The financial working group, composed by the controllers of each consortium member, is currently determining the final amount of the Joint Central Fund.

During the last quarter of 2019, the consortium team received the first applications of countries for spending the JCF. Applications over 20k EUR have to be approved by the PT. The biggest expenses in the JCF during the year 2019 were the participation at the Women Deliver Conference in Toronto, as well as a training on financial resilience for the NPCs.

### Preliminary expected expenditures per outcome in the GUSO programme 2019

As in prior years, an audit for this report is not feasible. In order to provide more information on the actual spending in the countries, the Financial Working Group has developed a partner report database which contains the information per partner based on the actual reported expenditure per outcome. This information is not yet completely approved according to the applicable procedures for all partners and therefore strictly preliminary for 2019. An initial review of the information was done by the 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 kEUR**

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	1.502	1.240	2.160	1.109	1.450	1.197	872	9.529
Country/outcome proportions Actuals*	913	668	1.513	755	867	497	354	5.568
Difference	-589	-571	-647	-354	-583	-700	-518	-3.962
Outcome proportion assumptions GUSO	15%	20%	30%	20%	15%			
Country/outcome proportions Budget	20%	17%	29%	15%	19%			
Country/outcome proportions Actuals*	19%	14%	32%	16%	18%			

\*Unaudited preliminary actuals based on partner reports



Table 5 Summary expenses on outcome in the countries in %

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	1.502	1.240	2.160	1.109	1.450	1.197	872	9.529
Country/outcome proportions Actuals*	913	668	1.520	755	867	497	354	5.574
Difference	-589	-571	-640	-354	-583	-700	-518	-3.955
Outcome proportion assumptions GUSO	15%	20%	30%	20%	15%			
Country/outcome proportions Budget	20%	17%	29%	15%	19%			
Country/outcome proportions Actuals*	19%	14%	32%	16%	18%			
	<b>Uganda</b>	<b>Kenya</b>	<b>Indonesia</b>	<b>Malawi</b>	<b>Pakistan</b>	<b>Ethiopia</b>	<b>Ghana</b>	
Outcome 1 budget %	12%	9%	14%	18%	13%	25%	14%	
Outcome 1 actuals %	28%	7%	14%	16%	10%	26%	13%	
Outcome 2 budget %	10%	23%	14%	18%	13%	14%	15%	
Outcome 2 actuals %	10%	27%	17%	22%	6%	18%	19%	
Outcome 3 budget %	36%	32%	42%	23%	46%	27%	29%	
Outcome 3 actuals %	27%	33%	31%	22%	52%	26%	27%	
Outcome 4 budget %	16%	21%	13%	22%	12%	18%	18%	
Outcome 4 actuals %	12%	20%	13%	20%	11%	18%	21%	
Outcome 5 budget %	26%	16%	16%	18%	15%	16%	23%	
Outcome 5 actuals %	22%	13%	25%	21%	20%	12%	21%	

\*Unaudited preliminary actuals based on partner reports

## 2.9.2 Accounted for expenditure (Annexe IIIA-IIIB)

Will be shared 1 July 2020

### 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 [included in Chapter 2 under Outcome 2]

#### 3.1 Rights-based Approach

*In GUSO we are adopting a 'rights-based approach' which means committing to raising awareness of rights holders and duty bearers on young people's sexual and reproductive rights, our commitment to defend and advance those rights, and the role of the rights-based approach. The principles underpinning this rights-based approach are non-discrimination, participation, equality and accountability. These principles are also reflected in the other GUSO principles in this annual report. By applying the rights-based approach, we ensure that within GUSO we all have the same level of understanding about how human rights treaties and conventions apply to sexuality and to sexual and reproductive health, and that our aim is to remove barriers (including rights holders, structures, individual competencies, etc.) that prevent young people from realising their rights.*

*The GUSO programme aims to capacitate staff of partner organisations on a variety of topics, including the rights-based approach and on applying and promoting a positive approach to young people's sexuality. Capacity strengthening 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 2019, the capacity of our partners and country alliances to implement a right-based approach and to address youth SRHR and sensitive issues in a rights- and evidence-based manner was further strengthened. Several capacity strengthening (refresher) training sessions to alliances and implementing partners were conducted and facilitated by NL/UK partners and/or human rights organisations within country alliances. This training had a focus on value clarifications to ensure a common understanding of human rights and the sexual and reproductive health and rights of young people, e.g. in Kenya, through capacity strengthening sessions, the alliance partners conducted regular value clarification and attitude transformation (VCAT) training to volunteers enabling them to reflect on their values and attitudes on SRHR issues facing young people. The training helped volunteers to support, accept and advocate for young people's SRHR. In Indonesia similar training resulted in the development of a position paper on SRHR adopted and internalised by alliance member organisations. Central to this position paper is the rights-based approach and inclusiveness towards marginalised groups.*

*The rights-based approach is central to all activities supporting our multicomponent approach. Although country alliances continue to work towards an environment of non-discrimination and enhanced participation in which young people are able to choose services, the issue of the rights of young people is contested in some communities and therefore seen as an affront to the authority of community leadership. To create a more enabling environment, several activities like awareness-raising campaigns were held in 2019. Young people and communities in Ghana were sensitised on their entitlement to rights. Members of the Ghana alliance that work at community level devoted time to dispelling misconceptions on SRHR issues. Demonstrating the relationship between young people as rights holders who are entitled to the right to high quality (sexual and reproductive) healthcare has led to empowered young people claiming their rights and has increased the ability and accountability of community leaders and institutions who are responsible for respecting, protecting and fulfilling rights.*

*In all countries, access to and utilisation of comprehensive sexuality education is the right of all young people. This is reflected in CSE materials developed under the GUSO programme. For example, a training guide used by peer educators in Uganda is based on core rights-based principles like a*

positive view of sexuality, non-discrimination, participation, equality, and accountability. Another essential element to encourage a positive environment where young people feel comfortable to discuss sexuality and their needs related to sexual health and wellbeing are youth-friendly services. In Malawi, alliance partners organised orientation sessions and training on the rights-based approach combined with the (youth-friendly) health service delivery training. As a result, healthcare workers in Mangochi and Chikwawa are providing SRH services and information to young people regardless of their age, marital status, HIV status or sexual orientation.

### 3.2 Inclusiveness

The GUSO programme aims to be inclusive to different kinds of young people and to treat them all equally and fairly. To do so, alliance partners recognise and consider intersectionality of young people in their organisations, policies and activities. This year, the Malawi alliance adopted an inclusiveness policy and in Pakistan an alliance partner has developed a strategy to ensure inclusiveness. Ethiopian alliance partners deliberately shared vacancies with organisations that represent young people with disabilities and networks of people living with HIV. These and other deliberate efforts were made towards reaching out and including a diversity of young people. Below we provide an overview of efforts to include specific groups of people: young LGBTQI people, young people living with HIV, young people with disabilities and young sex workers.

#### LGBTQI people

It remains challenging to address the rights of all young people and particular those who are LGBTQI, but GUSO continues to make efforts to do so. That this is not without risks was demonstrated in Indonesia. There, the SRHR alliance had to shut down their website and social media after receiving threats because of their awareness raising activities on LGBTQI issues.

Multiple training sessions and discussions within the GUSO programme about value clarification and addressing LGBTQI rights have enhanced the programme's capacity to understand, respect and address LGBTQI issues. While some GUSO implementers were previously not comfortable addressing LGBTQI rights, now awareness is being raised by them in their communities. LGBTQI persons have been given leading roles in GUSO implementation. For example, in Pakistan, four transgender persons, of whom two were young people, were trained as peer educators or service providers during this reporting period.

#### Young people living with HIV

With multiple GUSO implementing partners actively including young people living with HIV (YPLHIV) in their organisational structures, significant progress has been made with regards to the inclusion of this group. In Uganda the Network of Young People Living with HIV was actively supported by other Ugandan alliance partners on empowering YPLHIV during the Y+ summit and Y+ beauty pageant. In Malawi, alliance partners implemented an adapted version of Uganda's Y+ beauty pageant model after linking and learning from the Uganda partner. Although the Malawi beauty pageant focused on selecting an SRHR champion, serious efforts were made to include YPLHIV. This resulted in Margret (picture), a young girl living with HIV, winning the pageant and becoming GUSO District Ambassador.



"The selection made me feel over the moon because being a young person living with HIV I thought I couldn't make it," Margret said. "I am very proud of myself now: the thought that I save many young lives through my voluntary work is a very handsome reward. My life now has a purpose and its impact is visible."

With support from northern consortium members, young people, including those living with HIV, were supported to attend conferences like ICASA, Women Deliver and the HIV and Adolescence Workshop. They participated through panel sessions, poster and oral presentations about topics such as safe

spaces for YPLHIV and reducing stigma for better health of YPLHIV. Through their participation they were able to learn and make connections with other YPLHIV. In this way, these conferences not only provided a platform to share and learn best practices but were also empowering for YPLHIV themselves.

### **Young people living with disabilities**

We see an increase in activities of alliances in different countries to involve young people living with a disability in programme activities. For example, partners in Uganda made an effort to recruit young people living with a disability as Community Health Advocates or to lead activities specifically designed for young people living with a disability. In Ghana, partners budgeted for additional transport for young people living with disabilities, and space for additional participants was provided for those who needed a guide to participate in activities.

Partners in Indonesia piloted Comprehensive Sexuality Education in schools for students with intellectual disability. The partners also included parents of children with an intellectual disability in parent forums, with the aim to increase their awareness of the need for SRHR information and provide them with skills to share this with their children. In Malawi a young person with a disability (blind) is chairperson of one of the youth clubs in Mangochi district as a result of the continued support and empowerment provided in the GUSO project. The youth councils of partner organisations in Ethiopia have included young people living with disabilities as members. Partners also provided capacity building training to service providers on how to deliver SRH services to people with disabilities.

### **Young sex workers**

Young, often female, sex workers are another vulnerable group that countries try to include in their programmes. For example, one of the partners in Ethiopia actively reaches out to young female sex workers through the youth change agents that are part of the programme by the youth change agents visiting places like bars, nightclubs, hotels, and local liquor houses located in the project catchment area or around their youth centre. In Uganda, outreach activities have specifically targeted commercial sex workers, providing services such as STI screening and management and family planning counselling. One of the partners in Uganda identified six volunteer youth focal persons from at risk populations, including commercial sex workers. The focal persons ensure availability of SRHR supplies like condoms and refer their peers to health centres, working from places where commercial sex workers are active.

## **3.3 Gender Transformative Approach**

Within the GUSO programme gender transformative approaches (GTA) are applied that examine, question and change (harmful) gender norms and imbalances of power as a means of achieving SRHR objectives. GUSO's work on GTA was further advanced in 2019. The GTA master trainers who were trained by Rutgers between 2017 and 2018 have further integrated GTA in their work and helped other organisations to become increasingly aware of the value of addressing gender and power in SRHR programming. The majority of GTA trainers are profiled online on the Trainers Lab. Furthermore, in October 2019, Rutgers published its training module on the application of GTA in Comprehensive Sexuality Education (CSE), which was well received during a webinar held in December 2019 and attended by 76 people from all over the world, and made available for free on Rutgers' website.

### **GTA operational research**

In 2019, 24 healthcare providers working in six counties in Kenya in youth-friendly SRH services participated in a capacity strengthening intervention. They were trained by two of the GTA master trainers using the Rutgers GTA Modules to test the effectiveness of addressing norm-based provider bias on the quality and accessibility of SRHR for young people. At the start of this trajectory the participants reflected on their current sexual and gender norms and the way they dealt with young people seeking to access their services. They then participated in two intensive training sessions covering different aspects of GTA. After the training, participants were followed for five months during which they recorded their encounters with young people in their service provision in diaries. It was hoped that this would allow health providers to reflect on their own potentially harmful gender norms/attitudes and the role these play in their service provision to adolescents and young people. The



healthcare providers also participated in surveys and focus group discussions. Experiences from young people of sexual and reproductive health services were collected through focus group discussions and client exit interviews. At the start of the study, the most common obstacle for young people restricting their access to SRH services was the importance attached to sexual abstinence before marriage. Some of the health providers believed sexually active young people, including HIV-positive young people, to be promiscuous. Many also held negative views about homosexuality. This resulted in different types of provider bias, ranging from patronising attitudes to denial of services and breaching of confidentiality and privacy. At the end of the study, key changes observed were increased skills in making young people comfortable, talking about young people's sexual and reproductive health and rights issues without judgment, increases in uptake of sexual and reproductive health services by young people, creative strategies to engage young men, and more positive attitudes to young people from different sexual orientations. Healthcare providers were also able to challenge harmful norms in their counselling sessions with young people and to give them positive and hopeful messages. For example, one session during the GTA focused on young people's evolving abilities to make informed choices affecting their sexual and reproductive health. One of the healthcare providers is portrayed on the Rutgers Stories of Impact website and a published study report will become available in 2020.

*"I think what helped me was when we were taken through the SRH rights in depth. I came to understand that it is young people's right to access these services. So, when a young person comes to me for a certain service, I understand this young person knows what he/she is doing, he/she has information on what has caused him/her to attend the facility regardless of age. If a 16-year-old girl comes to the clinic for a contraceptive, I am not reluctant anymore so I will give them whatever he/she wants or needs without fear of the parents." [Healthcare worker, Kenya]*

### **Improvement of existing CSE materials with the GTA**

Several country alliances continued working on incorporating the GTA into CSE curriculums and training. In Ethiopia, a five-day induction/refresher training was provided to 27 CSE teachers from the targeted schools in Addis Ababa. School principals and healthcare providers also attended the training. Elements of GTA were covered and the training has been considered very valuable; it has strengthened demand and service links. In Pakistan, partners are using IPPF's It's All One Curriculum for CSE, and the curriculum is adapted to the Pakistani context. Content developed during the adaptation was based on the principles of GTA.

### **GTA at the organisational level**

In 2019, alliances in Ethiopia, Indonesia, Pakistan and Uganda organised capacity building training in GTA for staff of the alliance. In Pakistan, fifteen trainees were young people engaged in GUSO. In Uganda, the GTA training has resulted in improved capacity of the technical team and young people conducting community dialogues and learning group sessions. This training has also made them better advocates of SRHR in their communities. Uganda also continues to integrate elements of GTA training in all training and dialogue with peer educators, teachers, parents, and local leaders. The Uganda alliance conducted research to examine the extent to which GTA has been integrated in their implementing districts. It is hoped that the study findings will identify gaps and lessons learned and lead to recommendations on how to improve GTA in SRHR interventions. In Indonesia, Rutgers WPF translated the GTA manuals into Bahasa for the Indonesian context.

### **Implementation of GTA at community level**

In 2019 great steps were taken in the implementation of the GTA at community level, where the ultimate positive transformation of gender norms and relationships needs to be achieved. In Ghana, as part of advocacy activities, norms that underly gender inequalities and discrimination against girls and young women are addressed through drama, sensitisation meetings and townhall meetings. In all the engagements it is highlighted that these norms underly several of the SRHR issues that young people, especially young girls, face. Emphasis is placed on the urgent need for community gatekeepers to confront the harmful norms, cultural, religious and traditional beliefs that reinforce these gender inequalities and discrimination. During these and other events, alliance partners make sure that equal numbers of boys and girls participate. For example, the alliance in Ghana organised the Young Voices Forum for all young people irrespective of their sex, religion, race or educational level to exchange

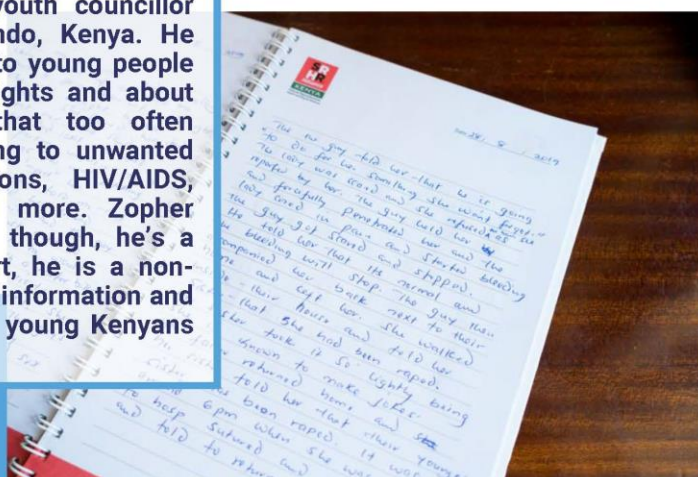
knowledge and experiences on their SRHR. In Kenya, an alliance partner engaged young men and women for prevention of gender-based violence, and another partner linked youth advocates with community paralegals on gender-based violence issues. In Malawi, the alliance introduced the concept of GTA in parenting forums where parents, through trained facilitators, could discuss various parenting issues related to adolescence and sexuality. The Malawi alliance also developed monitoring tools to measure GTA implementation at community and organisational level. The alliance used girls' football and karate to transform gender stereotypes in rural communities. Discussion on gender and power relations were also incorporated into weekly peer education sessions. In Uganda, males are actively engaged in the promotion of menstrual health. This promising practice was selected to feature in a global health magazine in the Netherlands. Furthermore, in Uganda, the GTA is applied through working with religious and cultural institutions and leaders on the transformation of gender and cultural norms. Finally, in Ethiopia, some of the GTA work focuses on service delivery, using former sex workers as change agents and empowering them.

In 2019, awareness raising about what the GTA entails by cascading training at the organisational level of the counterpart organisations has continued. As mentioned in last year's report, not all GUSO partners had received GTA training in 2018, hence the need to continue this in 2019. Young people engaged with GUSO make up a large part of the trainees. The GTA master trainers continue to play an important role here as throughout 2019 they have trained CSOs both from the GUSO programme and beyond. It is becoming more common among alliances to integrate elements of GTA in all the training they provide to staff, peer educators, teachers and local leaders. In 2019, a positive shift was seen in the number of organisations introducing elements of the GTA into community activities, and also the intensity of this. Some alliances are trying to monitor the effects this has on transforming harmful gender and sexual norms into positive ones, in organisations and at community level. The OR in Kenya on GTA illuminates the positive effects of GTA training on how healthcare workers provide SRH services to young people, underscoring the need to continue investing in GTA.

## KENYA: ZOPHER



Zopher is a 25-year-old youth councillor and health worker in Bondo, Kenya. He spends his days speaking to young people about sexual health and rights and about harmful gender norms that too often dominate behaviour, leading to unwanted pregnancy, unsafe abortions, HIV/AIDS, abusive relationships and more. Zopher isn't just a health worker, though, he's a listening ear, he is support, he is a non-judgemental source of vital information and he is a lifeline to so many young Kenyans with nowhere else to turn.





*"Most of the young people who turn up take not just health advice, but me as their mentor. I have been able to prevent some of the worst cases that might have occurred due to a lack of SRHR information."*

Read Zopher's full story here: [rutgers.stories.media/zophers-story-kenya](https://rutgers.stories.media/zophers-story-kenya)



### 3.4 Sustainability

*The sustainability of the GUSO outcomes is reached at different levels. The strategies used in Outcome 1 & 2 are sustainability strategies in itself, being part of civil society strengthening. In 2019, the attention for Outcome 1 became more prominent, as the horizon of phasing out NL-UK consortium funding support drew nearer. In 2019, the transition strategy towards sustainable alliances took shape with in-country programme development and ownership. All alliances developed a tailor-made approach to being ready to stand on their own feet once the GUSO programme is completed. This process is described in Chapter 2 (Outcome 1). Outcomes 3, 4, and 5 include strategies to ensure sustainability of the SRHR interventions.*

*The alliances continued their strategies to ensure sustainability of SRHR education and information and service delivery. Different contexts provided different opportunities. While the political transition in Ethiopia in 2019 offered more openings to sustain a rights-based SRHR, the developments in Pakistan were quite gloomy. Ghana and Indonesia experienced incidental attacks on the sustainability of SRHR information. Nevertheless, all alliances were able to continue a solid engagement with national governments, district officials and community leaders to improve young people's SRHR. They shared their knowledge and experience in Technical Working Groups at national level, as was illustrated in Ethiopia and Malawi, and in Indonesia, where the National Development Planning Agency committed to MYP it was decided to include CSE piloting budgets in five Indonesian cities. But knowledge was also shared at district and community level in strategic review meetings (Uganda, Ghana, and at county-level in Kenya).*

*Working with existing structures, and local structures in particular, has proved to be an important element in interventions becoming sustainable. The alliances and their organisations do not create parallel structures, but link up with existing institutions, looking for leverage of CSE, SRH services and MYP. Looking at CSE and sustainability, alliances generally identified opportunities to integrate the GUSO framework in school curriculums, and co-monitor and review implementation. They contributed last year to sustained results by taking up a capacity building and co-monitoring role at district level, and towards local stakeholders. An example is Ghana, where meetings with field officers were organised before delivering CSE sessions to ensure the right content was delivered. In Indonesia, officials learned about the interconnectedness of YFS and CSE. Also interesting is Malawi, where police officers were successfully trained as educators to disseminate SRHR information for MSM in prisons. Organisations invested with local stakeholders in the sustainability of the schools; in Kenya, Ethiopia, Indonesia and Uganda the sustainability of the programme in schools was enhanced by the Whole School Approach. In Pakistan some of the schools took steps to continue the CSE work, ensuring sustainability. Securing inclusion of CSE, however, may also mean securing school budgets. In Uganda, one of the strategies was to safeguard the ringfencing of part of the school budget allocated to CSE. Also, resource mobilisation by 'sustainability committees' (run by a team of school management, teachers, parents, local stakeholders) can be part of the strategy. Another aspect of sustainability that received attention was the effort to avoid quick transfers of trained teachers: Ghana mentions that the capacity of teachers identified for training in certain schools, needed to be utilised at least two years.*

*Looking at SRH services, we find sustainability strategies that are comparable to those on CSE. The organisations worked together with the local services and gave support by taking up a capacity strengthening and co-monitoring role. Here again, e.g. in Ethiopia, we find review meetings with stakeholders to discuss performance. In several countries there were new partnerships with public health facilities, formal collaboration agreements with health providers, midwives etc., often focused on sustaining or strengthening referral systems. Sustainability of commodities is still an issue in most countries. 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. In 2019, Malawi shortages of contraceptives and other sexual health commodities were reported, until there was successful reallocation of budgets by the government.*

Apart from CSE and services, SRHR sustainability can also increase significantly when the environment is enabling. We gave the example of a changing political context in the introduction and we highlighted progress under the Advocacy Strategy in Chapter 2 (Outcome 5). We would like to share here two other relevant enabling sustainability factors, namely the space given by faith-based leaders and the space for young people. In Kenya, the alliance accomplished a breakthrough with religious leaders in different counties. The leaders agreed to collaborate to develop a manual to guide their SRHR engagement with their congregation.

Regarding young people's space, the social accountability intervention turned out to be successful, also in terms of sustainability. Although social accountability is firstly focused on empowering young people to demand quality through community score cards which are discussed with service providers, it also proved to ensure sustainability, because the young people felt so empowered by the knowledge and ability of community scoring that they were very much willing to carry on the monitoring after GUSO ends (Ghana, Uganda). This mechanism was also found in Malawi: young people bring SRHR info into the community where it is taken up by other young people in an ongoing chain. Often in combination with successful youth/adult relationships, they were enabled to take leading roles in community initiatives. In Kenya, the organisations were able to mentor a constant flow of young people in acquiring skills, aging out, and linking groups with existing government programmes and private sector for economic empowerment.

Finally, organisational sustainability of MYP took place through the installing young people's engagement in organisational structures. The Ghanaian SRHR alliance was clear in their statement during the GUSO Coordinators Week: meaningful engagement of young people pays off - they make relevant contributions. So MYP is not only vital to empower young people, it also makes programmes more effective. In other words, MYP enhances not only ownership, but also sustainability.



GUSO Coordinators Week 2019, Ghana

To support the sustainability of the alliances and their SRHR work, the NL/UK consortium members joined forces to strengthen the capacity of partners in 2019 by providing technical expertise on various topics. Alliance partners and young people were supported to showcase their work at different conferences (Women Deliver, ICPD+25 and ICASA) and thus increase the visibility of their work to enhance and diversify future funding. To support the transitioning process of alliances, meetings took place (online and during Women Deliver) with chairs of country alliances to discuss the future. A tailor-made resource mobilisation trajectory was developed for NPCs with a follow-up of webinars to support financial resilience of the alliances. The country focal points (CFPs) continued to coach the NPCs last year on a needs basis

In 2019, the working group led by Aidsfonds continued to develop and strengthen Trainers Lab. Trainers Lab was successfully launched at the Women Deliver Conference. TrainersLab was also promoted at ICASA, Spindle Festival and the SAAIDS conference in South Africa. To date, 135 trainers

*and 39 organisations have been registered. In total, we have made 31 tools available for trainers and put 21 e-courses online. These tools aim to strengthen knowledge, training and entrepreneurial skills of trainers. In November, an e-learning campaign week was conducted to promote e-learning stigma reduction course at the Trainerslab platform. A successful partnership with Capgemini has been utilised to conduct a digital safety and security analysis of the platform. In 2019, a partnership was established between Trainers Lab and Sharenet International with the objective to transfer the ownership of the platform to Sharenet - through which it can continue to exist after 2020.*

*Moving into the final year of GUSO, the sustainability of progress to date is a key focus. Focus will shift even more in 2020 to ensure the buy-in from local communities to maintain social accountability processes and to ensure activities continue beyond the GUSO programme. This will be done through further lobbying and advocacy for priority and budgets and continued capacity building and support.*

## 4 REFLECTION ON THE THEORY OF CHANGE

The way toward realising the GUSO long-term objective (LTO) 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" is envisioned in its theory of change. The programme contributes towards the LTO through one overarching strategy (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 two preceding programmes UFR and ASK in 2011, the NL/UK consortium adopted the multi-component (systems) 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 sexuality education and information (OA3) with youth-friendly 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).*

*When part of a multi-component approach, CSE and SRH service provision are not provided in silo. Alliances have different strategies to link OA3 and OA4: referral to services is an integral part of CSE and SRHR information, and health experts may be invited during CSE sessions, conduct outreach activities including the provision of information or may take part as trainers in ToT activities. Health providers can also be trained in the delivery of quality SRHR information. The whole-school approach (WSA) for sexuality education – used in Ethiopia, Indonesia, Kenya and Uganda – provided a scaling-up model to ensure more sustainable sexuality education by including everyone, in and out of the school settings, to create an enabling, safe and healthy learning environment in the school.*

*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 2019 as a key mechanism to empower young people to hold duty bearers accountable (link OA4 and OA5). 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. Feedback sessions through dialogue proved to be successful in improving the quality and utilisation of SRH services. More country examples of the multi-component approaches are included in the Country Annexes.*

*The evidence shows that by reinforcing sexuality education and ASRH services while concurrently amplifying governmental and societal support for young people, explicitly linking actions that work across components, the MCSA fosters systems' inter-relatedness and reinforcement of actions across health and education sectors and government and civil society, which leads to normalisation of ASRHR across the social and systems ecology.*

### The Multi-Component Systems Approach



Figure 1

Multi-Component Systems Approach paper (published May 2020)



## 5 LESSONS LEARNED

**It should now be apparent that in this fourth year of GUSO, implementation was at full speed in all countries and the programme has developed further with respect to alliance building and sustaining the outcomes. Great results have been achieved in 2019 and many lessons learned. In this chapter, we share the most significant lessons learned.**

### ***Joint working by Alliances pays off***

*All countries shared lessons learned with respect to the visibility and recognition of their alliances. Expanding local and (inter)national networks, showcasing results at (international) conferences and other strategic SRHR meetings such as ICPD+25 in Nairobi, have significantly enhanced alliance visibility in all countries.*

*Joint planning, monitoring, evaluation and learning (PMEL) and linking and learning have contributed to improving the collaboration in the alliance, notably in Ethiopia and Indonesia. In Indonesia, the target setting exercise was found to be useful and resulted in more realistic target setting for 2019 than for the previous years. There was still overachievement, but far less than the previous years. The same is true of some other alliances. Moreover, it was stressed by the ASV from Indonesia that more member engagement is important in all alliance activities, especially in the light of GUSO coming to an end, members, e.g. in working group settings, should be able to take over some of the secretariat roles. Moreover, in Malawi, linking and learning with the Uganda alliance helped the Malawi alliance to allay fears that the Malawian NSC had on registration.*

*The Midterm Evaluation (2018) showed that all partners see an added value of working in this SRHR Partnership. Working in a partnership, in an alliance, creates synergies, learning from each other and building upon each other's strengths. It also showed that working in a partnership can be challenging at times and that it requires trust. The end-evaluation will include a critical reflection of working in partnerships. The dynamics of working in an alliance were discussed during the Outcome 1 Reflection Workshops. It became clear that all alliances aim to continue their work post-GUSO. However, this will also be dependent on their financial resilience. In 2020, focus will shift even more to ensure resources and local buy-in to continue beyond GUSO.*

*On finances, there is a need for critical consideration and forecasting of the currency fluctuation, averting losses in exchange that could result in some planned activities being lost. Another lesson learned was to cope with the challenges of a new structure for the host organisation along with the corresponding financial challenges (Pakistan and Uganda).*

*It was again learned that only by working in an alliance can the multi-component approach can be implemented, reaching more young people at once with SRHR information, education and services (Kenya, Uganda, Ghana), although joint outreach can also be costly (Kenya).*

### ***Meaningful Youth Engagement in programming and implementation enhances ownership and sustainability***

*The Ghana alliance stressed that when young people are given the opportunity to be meaningfully engaged in the programme, they make very relevant contributions that satisfy their SRHR needs. The YCC role was very important to ensure the MYP mainstreaming, especially in Indonesia after a youth-led organisation left the alliance. Kenya reported that their social media strategy worked very well in 2019: more young people were reached, and it also created an opportunity for collaboration between partners and young people. In Malawi, as well as in the other GUSO countries, the Youth-Led Collaborations operational research that the alliances had established showed through FDGs that there is an improvement in MYP at organisational and community level, but the concept of Youth-Led Collaboration still needs more effort if it is to be consolidated. Uganda reported that on-the-job mentorship of young people and health workers leads to quality provision, implementation of SRH services, better information and ensures complete referrals. Moving forward, on-the-job mentorships will be reinforced in future programming, so as to ensure more quality implementation.*

### ***Joint advocacy leads to greater impact***

Conducting joint dialogue and advocacy created greater opportunities for alliances to make an impact at a larger national and international level. In Ethiopia, documentation of best practices was used as a means to advocate for CSE: it was supportive in convincing ministry bureaus to include life skills education in the Ethiopian school curriculum; moreover, it contributed to the visibility the alliance. In Kenya, media advocacy was cost effective and helped in creating visibility for the different organisations involved. In Uganda, comprehensive involvement of stakeholders at all levels in the district was key to ensuring incorporation of SRHR issues in the final budgets and advocacy. Indonesia reported that outcome harvesting was a very helpful approach to understand the progress of the programme and adapt or alter advocacy strategies, not only at the national level, but also at the implementing-organisation level. Better documentation of programme implementation is very important for advocacy and resource mobilisation to support the sustainability of the intervention post-2020.

### **Stakeholder engagements increases ownership, avoids opposition and enables sustainability**

Alliances have continued to experience the importance of meaningful stakeholder engagement, such as in Ethiopia where working with community consultation through the need-based approach and programming resulted in increased SRH service utilisation and acceptance. The community knows what is happening in their local area and they can propose a possible solution for the problems they are facing. Moreover, engagements with parent teacher associations (PTAs) with evidence of young people's SRHR needs helped them appreciate the urgent need to support the Integrated School Health Initiative as a way of dealing with the SRHR needs of young people. It was noted that male engagement on different platforms for addressing young people's SRHR issues is one critical way to avoid opposition moving forward.

Uganda reported that organising celebration events in communities can give agents for change, teenage mothers, and key stakeholders ownership of the event and also increases the reach in terms of numbers. It also gives community members the opportunity to share the impact of the project and brings out change stories, commitments to improve on the project and can also support sustainability.

The peer-to-peer approach is crucial when dealing with key community gatekeepers such as parents, teachers and religious and cultural leaders. It motivates their participation and creates a friendly environment for discussion of sensitive topics. It also helps in creating an enabling environment for young people access to SRHR. The peer-to-peer approach will be integral to future programme design.

In 2019, stakeholder working/advisory groups have been established in several GUSO intervention areas in Indonesia. These entities have been very beneficial in supporting the implementation of the GUSO programme as well as the sustainability of the programme post-2020. It is also important to have formal agreement or endorsement letters with different levels of stakeholders to make ensure programme implementation and sustainability. All other GUSO countries have engaged alliance partners in various technical working groups (TWGs) advocating for sustainable change with respect to CSE and the SRHR of young people.

### **Peer educators model should be strengthened**

Continuous capacity building and technical assistance, including on value clarification, is very important to ensure educators and service providers provide quality SRHR education and information, as well as services. However, the ASV alliance in Indonesia argues that the peer educator model should be strengthened because they play a significant role to close the loophole in information provided by teachers. CSE should also not only be implemented in an in-school context but out of school as well to be able to reach more young people. We also realised that robust and quality monitoring and evaluation for CSE implementation and SRH services provision is also very important.

One of the most important lessons learned for influencing future programming is to ensure an alignment of any project implementation schedule with the school exam schedule. Otherwise, it becomes very challenging to convince schools to commit time and availability of young students for project implementation, which directly impacts the achievement of targets. This was reported by Pakistan, but is applicable to all other countries.

*In Uganda, school-based training of teachers has led to bigger reach for lower costs. Learning from this, future teacher training in and outside GUSO will be remodelled to enable us to structurally involve more teachers in programme implementation.*

***Engagement of private sector***

*In Uganda, as in many countries, the stigma around HIV and AIDS is a significant barrier to progress. The alliance has found that tackling discrimination is not a one-person job, hence an alliance organisation has engaged with the private sector, including a range of multinational banks, hotels, fashion industries, telecom and other companies. Members of the private sector participated in the beauty pageant as part of their corporate social responsibility which enabled the conversation on stigma to move beyond the health fraternity into a public arena as well to challenge and dispel HIV-related myths and misconceptions in corporate spaces.*

## 6 ENDING GUSO RESPONSIBLY

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

*With the GUSO programme coming to an end, alliances began working on their transition from a shared ambition. During the 2019 reflection workshops, alliances discussed their future and what they needed to do to prepare for the end of the programme. While alliances expressed their ambition to continue their collaboration, some even decided to work on the governance structures. In 2019, Malawi and Uganda successfully registered their alliances with the aim of diversifying their funding base and structuring their governance post-GUSO. Alliances in Kenya, Indonesia, Ghana, Malawi, and Uganda have developed strategic documents to smooth alliance operations, such as the communication strategy and a strategic plan to guide continued collaboration post-GUSO. In Ghana, the alliance has developed a five-year strategic plan, 2018-2023, as part of its efforts to clarify its shared ambition and direction. In Pakistan, the GUSO alliance restructured in early 2019 after the forced ending of partner relations with Rutgers, culminating in the closure of the Rutgers Office in Pakistan. The alliance renewed their commitment to continue collaborating and working together in a reduced composition. In Indonesia, the alliance is planning to establish a training and consultancy company which provides services for governmental and non-governmental organisations using the expertise of staff in member organisations.*

### **Ending GUSO in 2020**

*In 2020, the main focus of the implementing partners in all seven countries will be the continuation of the GUSO programme implementation. Moreover, they will continue to invest in enhancing collaboration with local authorities and existing structures in ways that help sustain the work of providing SRHR information and services to young people after 2020. However, the Covid-19 pandemic has hampered GUSO implementation. The alliances aim to continue and adjust activities to include a Covid-19 response within the boundaries of the ToC and GUSO's Programme Goals. For example, country alliances want to expand or initiate activities on SGBV prevention and reporting of cases since many countries will see a rise in sexual and gender-based violence because of lockdown measures. Additionally, integrating SRHR and COVID-19 messages in awareness raising and advocacy work will be done. These adaptations will be carried out in consultation with NL/UK consortium members and these will be monitored and accounted for.*

*Moreover in 2020, the end-evaluation of the GUSO programme will take place to assess progress towards our outcomes and to measure the impact of GUSO. The end-evaluation consists of, firstly, a process evaluation on Outcome 1, Outcome 2 and Outcome 5a, and secondly, an external impact evaluation on the level of end-beneficiaries on Outcome 3, Outcome 4 and Outcome 5b. For the process evaluation, most available data are collected and analysed (see Chapter 2, Outcome 1 & 2). For the external evaluation, conducted by the Dutch Royal Tropical Institute (KIT), data collection is currently postponed in all countries because of the Covid-19 situation. We hope to be able to continue with the data collection after the summer and will aim to adjust for the impacts of Covid-19 on young people's SRHR in the end-evaluation.*

*To mark the start of a new era in which independent country alliances will take off, after a remarkable eight to ten-year journey, a closing event is planned in Uganda late 2020<sup>4</sup>. Theme of the event is: Taking Credit, Looking Back and Moving Forward the Alliances. All alliances and the NL/UK consortium will be represented and celebrate together the footprint of young people's SRHR that has been established by the alliances with the support of the consortium. In 2020 good practices and innovative learnings will be collected by all alliances and the NL/UK consortium ahead of the programme closure.*

---

<sup>4</sup> Planning will be dependent on the development and implications of the Covid-19 pandemic



*Going forward, each alliance will focus on ensuring they are a sustainable structure after the programme ends in 2020. In this transitioning process the NL/UK consortium has already provided support and will continue to do so in 2020, not only by assisting with 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.*