Get Up Speak Out
Programme Document
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<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>APPC</td>
<td>Asian Pacific Population Conference</td>
</tr>
<tr>
<td>ASK</td>
<td>Access, Services and Knowledge (SRHR Alliance programme)</td>
</tr>
<tr>
<td>CB</td>
<td>Community Based Organisation</td>
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<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
</tr>
<tr>
<td>CS</td>
<td>Civil Society Organisation</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
</tr>
<tr>
<td>E&amp;M</td>
<td>Electronic &amp; Mobile</td>
</tr>
<tr>
<td>EP</td>
<td>Essential Packages</td>
</tr>
<tr>
<td>FDG</td>
<td>Focus group discussion(s)</td>
</tr>
<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
</tr>
<tr>
<td>GNP+</td>
<td>Global Network of People living with HIV</td>
</tr>
<tr>
<td>GUS</td>
<td>Get Up Speak Out (SRHR Consortium programme)</td>
</tr>
<tr>
<td>IATI</td>
<td>International Aid Transparency Initiative</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IOB</td>
<td>Inspectie Ontwikkelingsaanwerking en Beleidsevaluatie</td>
</tr>
<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
</tr>
<tr>
<td>ISSRC</td>
<td>International Sexual and Reproductive Rights Coalition</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>LGBT(QI)</td>
<td>Lesbian, Gay, Bisexual, Transgender (Queer and Intersex)</td>
</tr>
<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MoFA</td>
<td>Ministry of Foreign Affairs</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MSI</td>
<td>Marie Stopes International</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have Sex with Men</td>
</tr>
<tr>
<td>MTE</td>
<td>Mid-Term Evaluation</td>
</tr>
<tr>
<td>MYP</td>
<td>Meaningful Youth Participation</td>
</tr>
<tr>
<td>NG</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NPC</td>
<td>National Programme Coordinator</td>
</tr>
<tr>
<td>OCA</td>
<td>Organisational Capacity Assessment</td>
</tr>
<tr>
<td>OR</td>
<td>Operational Research</td>
</tr>
<tr>
<td>PME(L)</td>
<td>Planning, Monitoring, Evaluation (and Learning)</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>RBA</td>
<td>Rights Based Approach</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>ToC</td>
<td>Theory of Change</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UFBR</td>
<td>Unite for Body Rights (SRHR Alliance programme)</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>UNGASS</td>
<td>UN General Assembly Special Session</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>VHT</td>
<td>Village Health Team</td>
</tr>
<tr>
<td>WH</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WSWM</td>
<td>World Starts With Me (CSE curriculum)</td>
</tr>
<tr>
<td>YAP</td>
<td>Youth-Adult Partnership</td>
</tr>
<tr>
<td>YF</td>
<td>Youth-friendly</td>
</tr>
<tr>
<td>YFS</td>
<td>Youth-friendly services</td>
</tr>
<tr>
<td>(Y)PLHIV</td>
<td>(Young) People Living with HIV</td>
</tr>
</tbody>
</table>
Despite the progress made in improving sexual and reproductive health and rights (SRHR) since the International Conference on Population and Development (ICPD), young people are still vulnerable to poor SRHR outcomes. Many youth lack access to comprehensive SRHR information, education and services, severely limiting their ability to make informed decisions, protect their health and stand up for their rights. With over 1.8 billion young people (aged 10–25) living in the world today, addressing their health and wellbeing has profound educational and economic benefits.

Hierarchical and conservative ideas about young people’s autonomy and right to make decisions about their (sexual) lives, restrict young people’s SRHR, and means their voices go unheard. Socio-cultural norms and values subordinate girls and women and limit their active participation in public life. This impacts their reproductive rights, including access to contraception, safe and legal abortion, and sexual rights. These values also influence men and boys. Engaging men and boys is essential for improving SRHR, preventing HIV and AIDS and sexual and gender-based violence (SGBV). In addition, specific vulnerable groups, such as young lesbian gay bisexual transgender (LGBT), young people living with HIV (YPLHIV), disabled youth, out-of-school youth and young people living in remote rural or high-density urban settings, require targeted and contextualised approaches that address their specific needs and realities. Following this analysis, the GUSO programme will address the following problem:

Young people do not claim their sexual rights and their right to participation because of restrictions at community, societal, institutional and political levels. This hinders their access to comprehensive SRHR education and services that match their needs, and ability to make their own informed SRHR decisions.

The description of the Theory of Change (ToC) and underlying strategies in this programme document will serve as a reference for assessing the progress, and the contribution of this SRHR Partnership, towards the overall goals of the ToC(s), including the common strategic goals. It will be used as a point of reference to identify when adaptations to the strategies are required (e.g. by changing context, refuted assumptions). This document also describes the M&E system of the GUSO Consortium.¹

¹ The previous UFBR and ASK programmes were implemented by the SRHR Alliance. Amref Flying Doctors, a member of the SRHR Alliance, decided not to participate in the GUSO programme. Therefore the SRHR Alliance members that do participate in the GUSO programme — CHOICE, dance4life, IPPF, Rutgers, Simavi and STOP AIDS NOW!—constitute the GUSO Consortium, to distinguish themselves from the SRHR Alliance. In the programme countries, the former UFBR and/or ASK Alliances continue to use their current, local alliance names. In this document, we refer to these as country alliances.
From overall GUSO programme towards country specific GUSO programmes

Although Consortium members and in-country Alliance partners have been extensively consulted in the development of the initial GUSO Theory of Change, this overall ToC still needs to be tailored to the specific contexts of the selected programme countries. This programme development process is based on agreed principles between the Consortium Members, which ensure country ownership and context specific country programmes geared towards in-country needs, possibilities and capacities.

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**Principles for operationalizing the GUSO proposal into a GUSO programme**

1. We have jointly agreed on and submitted a proposal with a Theory of Change, a brief programme of works and an overview of the complimentary contributions of various members to the overall strength of what we now call the consortium.

2. We agreed that our overall ambition is to continue with or consolidate what has been started by the UFBR and ASK programmes combined, albeit with some changes in view of the specific conditions of the SRHR call and the selections made on the ambitions of the (GUSO) programme as defined by the consortium. The overarching ambition is to create country ownership for context relevant SRHR interventions under the leadership of a country SRHR alliance that will be sufficiently capacitated to continue once the GUSO programme will expire.

3. In view of these ambitions and acknowledging the reduced budget compared to the UFBR/ASK annual budget we opted to reduce the number of countries we would work in, select those countries with a fair chance of reaching sustainability of the SRHR alliance and its programming. We discussed to be modest in starting with new partner organizations in view of the aforementioned aim and would change the list of partner organisations primarily in view of strengthening the line-up of partners to accomplish the ToC agreed to in the seven countries selected.

4. We agreed that during the first three years 60% of the funds allocated by the Ministry, excluding the budget associated with the lead agency’s role and the alliance office), will be spent in the selected country. This percentage will be increased to 70% in the final two years of the programme in an effort to stimulate country ownership.

5. We strongly supported the intention to allocate the budgets to the countries (and therefore also to the northern consortium members who remain responsible for the partner organisations in-country that implement the budget) predominantly based on quality of the programmes.

6. We agreed that an effort will be made to start programme inception activities in-country starting the beginning of 2016 which will lead to country specific ToCs and to country programmes. The ToCs and programmes would be scored according to their quality whereby the quality ranking would affect the budgetary division between the countries (and hence also between the NGOs in those countries that implement parts of the programmes and automatically also their partner consortium member in Netherlands/United Kingdom).

7. We discussed and supported that during the second phase (year 4 and 5) of the programme, quality considerations – based on the outcomes of an independent mid-term evaluation to be carried out mid 2018 after two full years of implementation – would be the single determinant of budget division.
The major change of this approach, is a budget division based on the relative\textsuperscript{2} quality of the country programme proposals developed by the country Alliances. This is the case at the onset of the programme, while the mid-term evaluation might lead to adaptations of country programmes (strategies, interventions, geographical areas, partner organisations) and the budget division between countries and between partners. Partner organisations are responsible for the development of quality country programmes, and have ownership over the process towards the country programme development and the adaptation of the overall GUSO ToC, to a country specific ToC fitting their ambitions, context and capacities.

During programme development workshops, partner organisations will be informed about these new processes, the GUSO overall ToC and principles, and the criteria to assess the quality of the programme. During the workshop, the partner organisations will agree on an outline of the country specific programme, including a country specific ToC, division of roles and responsibilities and selection of geographical programme areas. Obviously, country programmes do not start from scratch. Building upon established structures from the ASK and UFBR programme and taking into account the lessons learned, partner organisations in a country Alliance will decide what to keep, what to change, what to stop and what to add in their country specific ToC. Based on these outlines, partner organisations will subsequently develop detailed project plans for those components within the ToC they are (partly) responsible for, including the alignment to interventions of the other organizations in their country Alliance.

\begin{table}
\centering
\begin{tabular}{|l|p{0.7\textwidth}|}
\hline
\textbf{Date / Period} & \textbf{Description} \\
\hline
January-March 2016 & Development of country specific programmes, in country, leading to 5 year country specific programmes (including divisions of roles, PME framework with indicators, targets, operational research plans/learning agenda and baseline planning), and a detailed country specific annual plan. Preparing and execution of country programmedevelopment workshops. \\
March\textsuperscript{1}- May 2016 & Development and approval of partner specific programmes (5 year and annual plan 2016). Where appropriate, prepare/execute/describe baselines. Start of programme implementation and operational research tracks. \\
Q2 2016 & Alliance assessments (North and country alliances), development capacity building trajectories. \\
Q4 2016 & Planning and Reflection workshops; discussing first years experiences: programmatic concerns and, possibly, adjustments of planning/strategies/targets, and collaboration within the alliance, the embassy/MoFA and the broader country context. \\
2017 & Full programme implementation, operational research/learning agenda, process monitoring, capacity building. \\
2018 & Full programme implementation, operational research/learning agenda, process monitoring, capacity building. Mid-term evaluation IOB, process and results monitoring on programming, capacity strengthening and alliance building. \\
2019 & Full programme implementation, operational research/learning agenda, process monitoring, capacity building. \\
2010 & Full programme implementation, finalising operational research/learning agenda. End evaluation on processes and results in country programmes, sustainable and \textsuperscript{2} Relative, as the programme budget will be divided between the seven country programmes, and results of the 7 assessments will be converted into a budget division. \\
\textsuperscript{3} For a number of countries this process will already take place in Q1 2016. \\
\textsuperscript{4} In the past, BuZa required annual plans November 1st. This planning should be discussed.
\hline
\end{tabular}
\caption{Tentative time-table for in-country GUSO programme development.}
\end{table}
The GUSO Theory of Change logically links to Result Area 1 and 4 of the Ministry’s policy guidelines, specifically addressing: (RA1) access to sex education and information about sex; enhancing access to high-quality SRHR, including HIV and AIDS, services for young people; making young people’s voices heard and stand up for their rights; (RA4) sexual self-determination for women and girls, including the right to safe abortion; promoting a right-based approach in partner countries’ policy and legislation.

1.1 Context Analysis

In the further GUSO programme development process (see above), prior to the in-country programme development workshops, country Alliances supported by the National Programme Coordinator (NPC) and Country Leads (CLs) will contextualize and refine the below context and actor analyses as input (background) for these workshops. In this Programme Document we suffice with presenting a broad global and continental context analyses.

Despite the progress made in improving the SRHR since the ICPD, young people remain vulnerable to poor SRHR outcomes. Many youth lack access to comprehensive SRHR information, education and services, severely limiting their ability to make informed decisions, protect their health and stand up for their rights.

Hierarchical and conservative ideas about young people’s autonomy and right to make decisions about their (sexual and reproductive) lives, restrict young people’s SRHR, and means their voices go unheard. Socio-cultural norms and values subordinate girls and women and limit their active participation in public life. This impacts their reproductive rights, including access to contraception, safe and legal abortion, and sexual rights. These values also influence men and boys. Engaging men and boys is essential for improving SRHR, preventing HIV and AIDS and sexual and gender-based violence (SGBV). In addition, specific vulnerable groups, such as young lesbian gay bisexual transgender (LGBT), young people living with HIV (YPLHIV), disabled youth, out-of-school youth and young people living in remote rural or high-density urban settings, require targeted and contextualised approaches that address their specific needs and realities.

Poverty is another factor that limits (young) people’s choices and opportunities and contributes to poor health outcomes. Poverty is a cause, as well as a consequence of poor health and well-being. The poor are more likely to fall ill, but less able to find prompt and appropriate medical help, care and support to deal with their ill health. In many developing countries, governments

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5. This chapter describes the SRHR situation in the regions the GUSO program will be implemented. The country selection for the program itself is described in Chapter 5.
do not have the capacity and resources to ensure universal access: there are not enough human resources (trained doctors, nurses and midwives) to provide services; supplies of drugs and contraceptives are often erratic; and there is a lack of technical expertise in some areas. Poor communications and transport infrastructure hinders access to services in rural areas. While the introduction or expansion of user fees (where people pay directly for services), has prevented many poor people from utilising SRH services. Studies have found that girls living in poor households are more likely to be exposed to sexual coercion and to engage in high-risk behaviours, such as transactional sex, non-consensual sex, and sex with multiple partners than girls who are financially better off.

Better health and survival for (young) women and their new-borns are direct results of improvements in sexual and reproductive health services, and can be quantified. Moreover, improvements in these services result in many additional wide-reaching benefits, such as increased productivity, improved economic wellbeing for households, improved status of women and increased resources for children. While these and other broad benefits are harder to document, studies indicate that the gains for individuals, families and societies are substantial. Investing in the human and social capital of these young people is crucial to ending the cycle of poverty. Comprehensive policies should acknowledge the relationship between investments in the SRH of young people and broader positive impacts on society, including the economic stimulus, poverty reduction, and slowed population growth. Investments in the SRH and well-being of 1.8 billion young people (aged 10-25) living in the world today will have profound health, educational and economic benefits.

1.1.1 Africa
Adolescents and young people aged 10–24 make up an estimated 33 per cent of the population in Eastern and Southern Africa (, 2012c). This population of 158 million is expected to grow to 281 million by 2050. In demographic terms, the region is experiencing a youth bulge, which has major implications for education, health and economic development overall.

Common practices such as early sexual debut, teenage pregnancies and child marriages, high primary school dropout rates and low transition to secondary school, age disparate and transactional sex, coupled with weak protection, low access to SRH services for young people and weak adolescent health services overall, contribute to the fact that sexual and reproductive rights of young people are not respected, and create a daunting challenge in impacting the rights to education and health of adolescents and young people in the region.

In a global context, sub-Saharan Africa remains the region that is most affected by the HIV epidemic, despite positive signs that HIV prevalence is declining overall among young people in the region (UNAIDS, 2011, p. 53). The high numbers of new infections among young people in Eastern and Southern Africa (ESA) remain a serious concern. A trend in the region has shown that knowledge about HIV prevention is increasing among young women and young men.

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In Eastern and Southern Africa, UNFPA estimates that 34 per cent of women aged from 20–24 years old were married or in union by the age of 18 (UNFPA, 2012a). Despite countries making some progress towards eradicating child marriage, the practice remains prevalent in some parts of the region. Significant numbers of girls are childbearing by the age of 15. Data from across the ESA region show that adolescent fertility rates remain persistently high at 108.2 live births per 1,000 girls aged 15–19. This is two times higher than the world average. Over 10 per cent of girls had their sexual debut before the age of 15. Unintended pregnancies are a challenge: despite high levels of knowledge about modern methods of contraception, a large cohort of young people do not use contraception and many use it inconsistently and incorrectly.

Access to termination of pregnancy is extremely limited in most countries in this region. In 2008, there were an estimated 5.5 million unsafe abortions in sub-Saharan Africa. Women under the age of 25 account for 60 per cent of all unsafe abortions and it is estimated that up to 70 per cent of all women who receive treatment for complications of abortion are below 20 years old.

In the recent past, a number of global and regional commitments and policy level statements have repeatedly underscored the linkages between SRH, education and services in terms of fulfilling the rights and meeting the development needs of adolescents and young people. Importantly, these declarations have come from both the education and health sectors and promote the rollout of comprehensive sexuality education (CSE) and full access to necessary SRH services. The African Commission-led Maputo Plan of Action (2006) and Maseru Declaration on the Fight Against HIV/AIDS in the SADC Region (2003) are two examples of particular relevance that focus on the region.

At the same time, there are increasing demands from young people in the region for access to good quality CSE and health services, as articulated in the Mali Call to Action, the Bali Youth Forum Declaration and the post-2015 regional consultations on education and many other platforms. In late 2011, UNAIDS and UNESCO initiated a process that aimed to develop and implement a commitment around the needs and rights of adolescents and young people, focusing on their sexual and reproductive health, education and services. This resulted in the ESA Commitment, signed by 20 East and Southern African nations.

1.1.2 Asia

With 4.2 billion people, Asia and the Pacific is the world’s most populous region and the region accounts for 60% of the world’s youth population, amounting to approximately 750 million persons. While progress has been made towards achieving universal access to sexual and reproductive health in the region, the unmet need for family planning remains high. Approximately 38 per cent of pregnancies in Asia are unintended, and 21 per cent end in abortion. The past 20 years have seen vast improvements in reducing adolescent pregnancy; however, according to WHO, about 30% of unsafe abortions occur among women younger than 20. Despite reporting a steady 50 per cent reduction in maternal mortality since 1990, South Asia still accounts for 24 per cent of all maternal deaths worldwide.7

HIV prevalence has been relatively stable in Asia; however, it is still a major concern in this region, especially among young people: two new infections occur for every person gaining access to treatment. There is a need to expand the reach of awareness programmes, and to make voluntary counselling and testing for HIV/AIDS widely available in the region. There is also a pressing need to address the stigma and discrimination faced by young people living with HIV/AIDS. In a region that is diverse in cultural practices and religious beliefs, there are some practices that intersect with the rights of women and girls, with a subset of these resulting in life-long physical and emotional harm. The most common discriminatory traditional practices in this region includes early/forced marriages, female circumcision, and honour killings. Child marriage and adolescent pregnancies remain a challenge: Every year approximately 6 million adolescent girls in the region become mothers, three quarters of whom are in South Asia. Violence against women and girls is manifested in many forms, including domestic violence, rape, harmful practices, dowry and honour killings, trafficking and commercial sexual exploitation. In Asia, more than half of the countries in the region still criminalize homosexuality.

Revision of laws and policies that are conducive to the realization of SRHR are required, and its enforcement should be prioritised. These include, but are not limited to, establishing and enforcing a legal age of marriage and removing discriminatory policies of young people’s access to information and services, independent of sexual orientation and gender identities. The legal framework should be reflect and protect the rights of young people. Governments in Asia showed leadership with the adoption of the ‘Asian and Pacific Ministerial Declaration on Population and Development’ at the 6th Asian Pacific Population Conference (6th APPC, Bangkok 2013), which served as input for the UN General Assembly Special Session (UNGASS) on the follow-up to the Programme of Action (PoA) of the ICPD. The Declaration is a progressive and visionary agenda for the region, and it reaffirms that gender equality and SRHR are indispensable to sustainable development. This was reaffirmed in the subsequent global Framework of Actions for the follow up to the ICPD Beyond 2014.

At the ground-level, the remedy for most of the SRHR violations faced by young people is increasing availability and access to SRHR information and services. The key components of this remedy is the provision of comprehensive sexuality education and youth-friendly services, including access to contraception and safe abortion services.

The lack of political will to overcome the challenges posed by religious and cultural fundamentalisms is the main reason for the lack of implementation of CSE in the region. Sadly, the provision of youth-friendly services has taken a step back on national agendas. In many countries in Asia, youth-friendly clinics are provided by non-governmental entities, but the reach of these programmes are usually limited. However, the full and free access to contraception by young people is often complicated by societal taboos and widespread lack of knowledge. The sensitivity of this topic is also reflected in the lack of data available on current contraceptive prevalence rates among adolescents and youth. In countries where premarital sex is prohibited by law, data on contraceptive access and use among unwed adolescents is non-existent.8

8. Young People of Asia: What is the status of our SRHR?. Arrow. 2014
#sthash.I7MrSUS7.dpuf
1.1.3 GUSO programme countries
As mentioned, country specific actor and context analyses will be undertaken within the scope of the in-country programme development processes. However to provide some insight into the realization of the SRHR, please find below the Reproductive Health Index\(^9\) for the selected countries. Rather than measuring solely health outcomes, this Index captures the factors driving the attainment of SRHR. Determinants include access to high-quality, voluntary and affordable health services and supplies; high quality information; and non-restrictive and non-coercive laws and policies. Hereto 11 indicators representing these dimensions of SRHR were combined into a single measure. The strongest possible state of SRHR in a country according to the Index would be a score of 100.

Table 2: Sexual Reproductive Health and Rights Index for selected GUSO-countries

<table>
<thead>
<tr>
<th>RANK</th>
<th>Country</th>
<th>% demand satisfied for contraception</th>
<th>% Informed Choice</th>
<th>Grounds on which abortion is permitted</th>
<th>Status of Misoprostol on Essential Medicine Lists</th>
<th>% of live births for which woman have antenatal care coverage</th>
<th>% of births attended by skilled health personnel</th>
<th>% of women with knowledge of 2 HIV prevention methods</th>
<th>% of women receiving antiretroviral therapy amongst</th>
<th>% of women with an STI or STI symptoms who sought advice or treatment a health professional</th>
<th>% of women age 20-24 who were NOT married before age 18</th>
<th>% of currently married women who participate in all surveyed household decisions</th>
<th>RHI SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Ghana</td>
<td>34.4</td>
<td>53.8</td>
<td>60</td>
<td>100</td>
<td>86.6</td>
<td>67.2</td>
<td>48.0</td>
<td>71.0</td>
<td>64.9</td>
<td>79.3</td>
<td>47.2</td>
<td>64.9</td>
</tr>
<tr>
<td>16</td>
<td>Kenya</td>
<td>64.0</td>
<td>56.7</td>
<td>30</td>
<td>100</td>
<td>47.1</td>
<td>43.8</td>
<td>66.8</td>
<td>70.9</td>
<td>85.6</td>
<td>73.6</td>
<td>50.0</td>
<td>62.6</td>
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<td>34</td>
<td>Uganda</td>
<td>46.7</td>
<td>56.0</td>
<td>10</td>
<td>40</td>
<td>46.6</td>
<td>58.0</td>
<td>69.0</td>
<td>74.1</td>
<td>73.0</td>
<td>60.3</td>
<td>37.5</td>
<td>52.0</td>
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<tr>
<td>38</td>
<td>Malawi</td>
<td>63.8</td>
<td>76.5</td>
<td>10</td>
<td>40</td>
<td>45.5</td>
<td>71.4</td>
<td>38.9</td>
<td>66.4</td>
<td>77.1</td>
<td>50.4</td>
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<tr>
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</table>


1.2 Actor Analysis
Similar to the above context analyses, Country Alliances supported by the National Programme Coordinator and Country Leads will contextualize and refine the following broad actor analyses as input (background) for the programme development workshops. The following is thus a generic description of the most relevant actors with (potential) influence on young people’s SRHR.

**Young people:** SRHR policies and programmes at all levels are mostly designed without effective participation of young people and therefore do not reflect their daily realities. Due to social, political, cultural and political values and norms girls especially are limited from participation in public life and taking decisions over their lives, education, bodies, family life and sexual and reproductive health. This inequality is deeply rooted in society and has to be tackled through...
addressing power imbalances and pre-conceived notions about “normal” gender practices. The (often condescending) attitude of young boys towards young girls is based on a deep-rooted cultural belief that girls are inferior and can be treated as second class. If these pre-conceived notions are not tackled at the same time as SRHR programmes and policies are introduced, these will have limited impact.

Although there is a general trend of involving young people on SRHR issues, this is often a response to (donor) funding incentives and not because of a genuine interest in designing more youth-responsive policies and programmes or involving youth in a meaningful manner. Neither do youth-led organisations themselves always claim their space in SRHR programming and policy formulation. Governments and civil society lack the willingness and skills to cooperate with young people, while young people lack the capacity, knowledge and constituency to participate meaningfully in programme and policy development. Well-functioning structural mechanisms for meaningful youth participation (MYP) at civil society and governmental level are also absent. A favourable environment for meaningful youth participation needs to be created and strengthened.

**General Public:** Taboos, conservative norms and restrictions in society hamper effective implementation of progressive SRHR policies and policies. The concept of SRHR, including concepts such as Comprehensive Sexuality Education (CSE) and Youth Friendly Services (YFS), is often misunderstood or misinterpreted. There is a gap between what people think they know about SRHR and the reality of SRHR. In addition, discriminatory laws such as anti-sodomy laws continue to exist adding to discrimination of marginalized communities. This restricts people from talking openly about SRHR. A dialogue that is further hampered by the limited language to talk positively about sexuality: existing language frames sexuality negatively, with a focus on danger (sexual- and gender-based violence, teenage pregnancies, STDs) and perversity (restricting sexual freedoms, criminalising LGBT). Hence persisting SRHR myths and misconceptions play into the hand of conservative and oppositional groups while populism uses SRHR myths to gain political support.

**Community actors:** At community level, gatekeepers, like parents, community and religious leaders, peers and partners largely influence the choices and opportunities available to young people, especially girls. Traditional community socio-cultural and gender-related norms and practices often limit young people to practice safe sexual behaviour and access information and services (see also **General Public** above). Therefore, support of these gatekeepers is essential in overcoming SRHR issues resulting from the prevalent conservative norms and values, restrictions and taboos and stimulating youth participation.

**Civil society actors:** Civil Society Organisations (CSOs) are important players for addressing social issues, including health and rights, demanding accountability and pushing the political agenda. Their impact on advancing overall young people’s SRHR is hampered by the fact that CSO often operate in isolation, a survival strategy in a highly competitive funding environment. Moreover, CSO tend to address only one aspect of (young people’s) SRHR, for one specific target group, instead of taking a more comprehensive and inclusive approach. Constructive contacts
between civil society and government is not a given in a context which is increasingly hostile: (legal) space for civil society space is shrinking, especially for CSO working on the more sensitive SRHR issues. Limited capacity of CSOs in policy and programme analysis, policy engagement, evidence-based programming and advocacy, documentation and holding duty bearers accountable threatens the sustained engagement of both CSOs and decision makers in SRHR. Limited capacity also limits involvement of CSOs in dealing with sensitive issues, such as LGBT rights or safe abortion. Other stakeholders, such as UN agencies and national human rights commissions, also have a role to play in the actual implementation of international norms set on SRHR at the national level. However there is often little cooperation and interaction between civil society and these stakeholders.

Institutional actors: In the selected programme countries, public health and education sectors are severely underfunded and teachers and health workers are often not trained in young people’s SRHR and/or unwilling to address the issue. Comprehensive SRHR information and education as well as health services do not cater to young people’s needs, in terms of quality, privacy, accessibility and availability. Many national governments have committed to (progressive) regional and international SRHR-related agreements, the failure to fully domesticate, disseminate and popularize these instruments threatens the prioritization of SRHR by national governments. This low political will, often (ill) advised by a limited understanding of SRHR and the controversy surrounding young people’s SRHR, leaves gaps in national policies and programmes and fail to address sensitive issues and/or reach vulnerable groups. If SRHR policies exist, the above as well as a lack of understanding on “how to” hampers the necessary budget allocation and the development of clear implementation guidelines and programmes. Several regional multi-country SRHR initiatives are described under the context analyses paragraph.

Private Sector: The private sector covers all health providers who are not directly managed and paid by the state. It includes for-profit and not-for-profit providers in the formal sector (who are generally trained, and licensed to practice or sell medicines), as well as the mass of informal providers, and shop-keepers who sell medicines. The private health sector provides a significant and growing portion of SRH services in developing countries. Partnerships with the private sector proved crucial for improving both the supply of and the demand for SRH services. There is a broad range of options for working with the for-profit formal sector (doctors, nurses, etc.) in SRH, from training to contracting to voucher schemes. Options for engaging the informal sector (TBAs, drug sellers, traditional healers etc.) are more limited, but include provision of subsidised products through social marketing, and training and ongoing supervision through social franchising/accreditation. The private sector therefore seems a critical partner in the goal of universal access to SRH, although little is known about which strategies for intervening with private providers can improve quality or coverage of SRH services, particularly for young people.

At the same time the role of the private sector is a concern for civil society because certain public goods, such as health and education, are considered to be responsibility of the government (duty bearers). With an observed increased emphasis on cost recovery, including user fees, and on privatization, care must be taken to ensure that these mechanisms do not pose barriers to young people’s access to SRH services and information. Moreover, appropriate accountability
measures need to be put in place to ensure that any such actions are not solely profit-driven, but should instead conform to human rights and quality standards and be age, disability and gender-responsive.

**Multi-lateral Actors:** In the United Nations’ (UN) system, the agency, which has SRHR at the core of its mandate, is the United Nations Population Fund (UNFPA). UNFPA is primarily mandated to advocate for policies and initiating and funding programmes. UNFPA generally relies on the World Health Organization (WHO) as a specialized technical agency to develop the evidence base and to propose guidelines, and WHO is not primarily operational. Other UN agencies include the United Nations Children’s Fund (UNICEF) with respect to issues affecting children, and – indirectly – youth and maternal health, and the Joint United Nations Programme on HIV/AIDS (UNAIDS) with its eleven UN co-sponsors dealing with HIV/AIDS. Recent UNESCO efforts include providing technical guidance on sexuality education, supporting educational responses to homophobic bullying, and strengthening monitoring systems of national school health programmes. Multi-lateral agencies face growing resource constraints due to the economic crisis and the subsequent cutbacks in contributions from member states, compounded by having UNFPA committed to the implementation of the overly diffused SRHR agendas within its country programmes. The World Bank issued a new Reproductive Health Action Plan for 2010-2015. Within the broader framework of health systems strengthening, the plan seeks to help countries address high fertility, including unmet need for contraception, improve pregnancy outcomes and reduce STIs.

The European Union (EU) is the third biggest donor globally after the United States and the United Kingdom. The EU has been, and still is, a strong supporter of SRHR that provides approximately 600 million Euros per year mainly for direct health sector support at country level for health systems strengthening and universal access to an essential package of health services (including family planning and maternal health services). The EU is one of the main donors of global health initiatives and organisations (GFATM, GAVI, IHP+ etc.).

**Bi-lateral Actors:** As the world’s largest family planning bilateral donor, USAID supports voluntary family planning and reproductive health programmes with a focus on, among others, ending child marriage, female genital mutilation/cutting and gender-based violence. Of relevance to the GUSO programme is also USAID’s Youth in Development policy. The policy, launched in 2012, recognizes that meeting the health needs of young people, particularly in the areas of reproductive health and HIV, is a critical component of meeting USAID’s goals of achieving gender equality, reducing maternal mortality, improving child survival, and reducing the spread of HIV. The core objectives of the policy call for the strengthening of youth programming, participation and partnership and greater integration of youth throughout the agency.

In contrast to some governments, which have exhibited inconsistent support for SRHR issues, seven European countries—Denmark, Finland, Germany, the Netherlands, Norway, Sweden and the United Kingdom—have been steadfast in their commitment to the entire ICPD program, including combating unsafe abortion, providing access to contraceptives and protecting sexual minorities, particularly youth. As they are face facing economic challenges that could
compromise their ability to sustain current foreign assistance budgets, funding prospects for SRHR could be entering another difficult period. Within the country context and actor analyses special attention will be given to other Strategic Partnerships between the Netherlands MoFA and Dutch civil society (see paragraph 1.3) as well as the direct support from the MoFA (or its Embassies) to International NGO such as MSI, PSI, IPAS and the Population Council. If deemed relevant by the Country Alliances, these INGOs will be involved in the programme development phase.

Several donor country and international stakeholder initiatives aimed at strengthening health systems have been launched in recent years. Many of these efforts include attention to sexual and reproductive health, often linked to improvements in maternal and child health. These initiatives include the following: the International Health Partnership (IHP+); Women Deliver, a broad-based coalition of NGOs, donors and national stakeholders, has advocated for greater attention to women’s and children’s health, including reproductive health.

1.3 Other MoFA Strategic Partnerships
Combined CHOICE for Youth and Sexuality, Rutgers and STOP AIDS NOW! are (leading) members of the below Strategic Partnerships with the MoFA under both the Dialogue & Dissent and SRHR subsidy schemes. In 3 out of the 4 Alliances, the GUSO consortium is even represented by two members or more. This provides ample opportunity to ensure harmonization from the early programme development stages onwards. Moreover, as the programme strategies and interventions of the Child Marriages Alliances are rather similar – all include SRHR information and education, youth-friendly SRH services and the creation of an enabling environment – to those of the GUSO programme, synchronisation of strategies and interventions should be considered in overlapping countries (see table 4).

Right Here, Right Now and Beat the AIDS Epidemic focus on lobby and advocacy for SRHR issues identified in the Dutch SRHR Policy Priorities: youth SRHR and HIV and AIDS respectively. GUSO takes a multi-component approach to comprehensively address SRHR needs of young people. Addressing HIV and AIDS is systematically integrated throughout our SRHR programme. Improving the socio-cultural, political and legal environment and Meaningful Youth Participation represent underlying preconditions to improving youth SRHR and are fundamental to the success of the GUSO ToC. The GUSO ToC complements Right Here Right Now by working at the community level, as well as (sub) national and international levels, to imbed a favourable environment for youth SRHR. By taking a multi-component approach, GUSO can operationalize higher level SRHR commitments into practice, to ensure young people have the knowledge, skills, opportunities and services to make informed decisions and pursue their SRHR in a safe and free environment.

Beat the AIDS Epidemic identifies SRHR for those most affected by HIV as a key goal of the ToC, advocating for integration of HIV and SRH in service provision. Poor SRH and HIV infection share many root causes in poverty, gender inequality, stigma and cultural norms, and need to be addressed together to be comprehensive. GUSO takes an integrated approach to achieve greater results; this is reflected in our work on SRHR information and education and youth-friendly, gender-sensitive services.
Alignment and harmonisation is of particular importance in countries where several SPs will be implemented simultaneously (see table 4 below). The lead organisations will ensure that strategies and activities reinforce each other and that duplication is avoided. We propose to develop an alignment plan for those partners that participate in GUSO and/or Right Here, Right Now and/or Beat the AIDS Epidemic and/or Yes I Do within the same country.

We see strong potential for collaboration and leverage between GUSO, Right Here, Right Now and Beat the AIDS Epidemic. GUSO will generate community-based evidence on SRHR issues that can be taken forward in national, regional and global lobby and advocacy within Right Here, Right Now and Beat the AIDS Epidemic. Similarly, commitments and instruments made in regional and global fora can be translated to the national and local levels to our partners and communities in holding duty bearers accountable.
Theory of Change
Get Up Speak Out

Problem Statement
Young people do not realise their SRHR and their right to participation, due to restrictions at societal, institutional and political level.

Assumptions
- By working in alliances we can reach more and a larger variety of young people.
- Empowered young people can claim their rights and play a meaningful role in SRHR interventions.
- Contextualized methods are needed to reach different groups of young people.
- Improving quality of and access to a wide range of SRHR services will increase uptake.
- Access to SRHR services strengthens the impact of SRHR information and education.
- A supportive environment enables young people to access SRHR information, education and services.

Strategies
- Implement high-quality SRHR programmes
- Have strong SRHR capacity and provide TA
- Establish strategic collaborations
- Engage in SRHR programming
- Work together
- Country Alliances are youth-adult partnerships
- Build youth-adult partnerships
- Networking and movement building
- Youth involvement in advocacy
- Build capacity of educators and educational institutions
- Provision of SRHR information and education
- Scale up and institutionalise effective approaches
- Establish referral systems
- Establish social accountability mechanisms
- Engage key influencers as SRHR ambassadors
- Awareness-raising campaigns
- (Youth-led) Community-awareness activities

Intermediate Outcomes
- Country Alliances are youth-adult partnerships
- Young people are referred to SRHR services
- SRHR services are better adapted to young people’s needs
- Social accountability mechanisms used to improve services
- Research on young needs in access to SRHR services
- Communities and key gatekeepers support youth SRHR

Long Term Objective
A multi-component approach will have the maximum impact to improve young people’s SRHR

Impact
All young people, especially girls and young women, are empowered to realise their sexual and reproductive health and rights (SRHR) in societies that are positive towards young people’s sexuality.

Gain young people fully enjoy their sexual and reproductive health and rights (SRHR) in productive, equal and healthy societies.
The Get Up Speak Out Theory of Change (ToC) builds on our successes and experience from ASK and UFBR. Our unique added value is our ability to address the multitude of factors and actors influencing young people’s SRHR using a multi-component approach, drawing on Bronfenbrenner’s socio-ecological model. Using our individual and joint expertise, we can successfully link (i) provision of sexuality education and information, (ii) provision of quality, youth-friendly SRH services and (iii) building support for youth SRHR, by addressing socio-cultural and political barriers in terms of practices, norms and policies.

The Long Term Objective (LTO) of the GUSO programme was formulated as follows: All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people’s sexuality. Through one overarching strategy (multi-component approach), the operationalization of GUSO’s five core principles (described in paragraph 2.1) and five interrelated outcomes (described in paragraph 2.2) the programme will contribute towards the LTO. These outcomes relate to strengthening civil society capacity to develop and implement high-quality SRHR interventions for young people, which enable young people to participate meaningfully, access SRHR education, information and services and enjoy their sexuality in a supportive environment.

2.1 Overarching Strategy: Multi-Component Approach

Young people’s SRHR is strongly influenced by factors beyond the individual level, including social, economic, cultural, and political factors. So-called ‘structural barriers’ include poverty; non-equitable gender norms and attitudes; power relations; an increasingly restricting political-legal context; weak health and educational systems; sexual taboo; and contradictory norms and values. In the contexts that the GUSO Consortium works, these structural factors negatively impact on young people’s access to contraception, SRH services and information, and on open and honest (“positive”) communication about sexuality. As a result, many young people cannot express their wishes, opinions and boundaries in relation to sexuality and violations of their rights. The increasingly hostile political-legal context is leading to a shrinking space for civil society organisations to address sexual rights.

For this reason, the SRHR alliance since 2011 applies an ecological approach –following the Bronfenbrenner framework– which is a comprehensive framework for understanding and addressing a broad range of actors and factors interacting and affecting young people’s SRHR (Bronfenbrenner, 1994). The SRHR Alliance has operationalised the ecological approach by adopting a multi-component approach towards SRHR in its programmes, linking the provision of youth-friendly sexuality education with sexual and reproductive health (SRH) services, 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.
Since the start of the UFBR programme in 2011, the SHR Alliance adopted the multi-component approach as an overarching principle in the Theory of Change. More specifically, the alliance partners have ‘found’ each other on the basis of complementarity and the ability to jointly cover all aspects of the multi-component approach in one program. The multi-component approach was adopted by the alliance members and their partners based on the underlying principle of the conceptual framework of the approach; namely, that adopting a single focus approach, for example, on knowledge about SRHR alone, would not be effective, even if such knowledge focused on comprehensive sexuality education (CSE). The reasoning posited that even when people have knowledge about how to prevent poor health, maintain good health or further improve their health status, they would need services to supplement the information they possessed. However, even when these two key elements are present, a third element, namely, suitably supportive social, political, economic, legal and administrative systems and structures are key contributors to determine whether knowledge and availability of services is then converted into increased self-efficacy for individuals to make positive health choices, leading to (sustainable) increases in demand for and uptake of SRH services.

The majority of the studied literature confirms that a multicomponent approach can enhance synergy between creating demand through education, supply by service provision, and support through an enabling environment. In both the UFBR and the ASK program, these three elements of demand, supply and support were operationalized as follows:

1. **Demand**: Increasing access and quality of SRHR education: Through the provision of in- and out-of-school SRHR education, the programme empowers young people to make healthy and well-informed decisions. By providing SRHR education the demand for services by young people will grow, and as such the demand for youth friendly SRH services will increase.

2. **Supply**: Increasing access and quality of SRH Services: The programme strengthens the provision of quality public and private SRH services (accessible, acceptable and affordable for young people) to meet the increased demand. By strengthening the provision of services the supply increases.

3. **Support**: Creating an enabling environment for SRHR, within and outside communities and through lobby and advocacy: Community sensitization, participation and mobilization activities are implemented to create an environment that accepts adolescent SRHR and increases community support for sexuality education and youth-friendly SRH services.

In the UFBR and ASK program, numerous strategies were implemented to create linkages between the three elements, to further strengthen the synergetic effects of the multi-component approach. After nearly five years of working with this approach, the SRHR Alliance and the Country Alliances have collected an impressive body of examples from country programmes to improve SRHR which strongly suggests that a simultaneous focus on initiatives and activities addressing demand, supply and support creates synergies between these three components that appear to be more effective than working with one component at a time. Literature provides consistent support for these experiences and likewise argues that a multicomponent approach is more effective than single component approaches on their own, in improving the sexual health and behaviour of (mainly) adolescents. The arguments for effectiveness are categorized in three elements; sustainability, diversity in reach, and synergy.
1. Sustainability, because a multicomponent approach addresses structural factors that influence the sexual lives and behaviours of individuals so that changes in social and cultural processes can be achieved. 2. Diversity, because the overarching strategy leaves room for context specific and target group specific tailoring. A broad range of target groups can be reached and messages can be consistently brought through a variety of methods and strategies. 3. Synergy because interventions and/or changes in one area, take away barriers or create support for interventions in other areas. In the alliance programmes, purposive strategies to practically create linkages between the stakeholders within the areas of supply, demand and support, have been explored, implemented and proven successful in contributing to the effectiveness of the programmes.

Examples Multi Component Approach (based on Research of the Tanzanian Kilindi programme)

<table>
<thead>
<tr>
<th>Community health workers go door to door to provide information, commodities and referrals to service providers. During these visits, the importance of SRHR is emphasised increasing community support for SRHR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health outreach activities combine awareness raising, information and service provision. The involvement of community leaders in these activities increases the acceptance by the community of provision and use of SRHR information and services. The combined provision of information and services, enables people to directly and easily access services.</td>
</tr>
<tr>
<td>• Peer educators for in and out of school programs, are being supported by community health workers in provision of communities and referral of services.</td>
</tr>
<tr>
<td>• Collaboration of peer educators and CORPS (community-own resource persons) with the official health officers and community leaders has increased their status and acceptance of their work by the community.</td>
</tr>
<tr>
<td>• Awareness raising and capacity building of district officials has contributed to supportive SRHR policies in the district, and a clear presence of district officials in the programme areas.</td>
</tr>
</tbody>
</table>

Examples of results

- Increased knowledge, skills and capacity of young people is explained by the flow of continuous information from different program interventions, through peer educators, community health workers, community awareness sessions, information provision through health providers. Messages are repeated, confirmed and accepted.
- Increased access to commodities, both through the health structure addressed in the program, as through informal channels. Increased information has led to an increased number of young people accessing commodities through pharmacies and small shops, and through corps and outreach programmes.
- Increased acceptance of SRHR in the communities. The involvement of esteemed stakeholders like teachers, community leaders, health professionals, and district officers in the programme, has created trust in and support for the program and its SRHR objectives.
What does this practically imply for the GUSO programme?

The positive experiences and lessons learned from 5 years multicomponent programming in UFBR and ASK, and the growing body of evidence from literature, strengthens the GUSO consortium to continue with the implementation of the multicomponent approach, emphasizing the creation of stronger linkages within programmes, and cease the implementation of standalone interventions. Practically this means that current programmes need to be re-assessed whether the SRHR demand, supply and support sides are sufficiently covered and linked, and how this could be strengthened.

During country programme development workshop, the multi-component approach will be central in discussions and decisions concerning; the selection of geographical areas (will all components be covered within one area), establishment of linkages between interventions (of the GUSO alliance and other stakeholders, including budget for linking); and capacities and roles and responsibilities of partners (are all elements covered. Are there any gaps. Should new partners step in to fill these gaps). These criteria will be included in the final assessment, approval and budget of the proposed country programme.

2.2 Operationalization of GUSO’s core principles

2.2.1 Young People’s structural and meaningful engagement

Young people are at the centre of the GUSO programme. The programme aims for a high level of involvement of young people and strives for structural engagement of young people and youth led-organisations in the country alliance and alliance programme, and for all GUSO partner organisations to structurally engage young people in all layers of decision-making and are working with young people as key agents for change in governance, comprehensive sexuality education, service delivery, advocacy and research (see updated Essential Packages Manual 2015). We refer to this process as mainstreaming Meaningful Youth Participation.

Experiences and evidence on meaningful youth participation

Participation is a human right. We firmly believe that the meaningful participation of young people in organisations and programmes can lead to critical youth empowerment, with positive results on young people themselves, on the organisations and adults they work with, on programme objectives, and on positive social change and development. This believe is based on our core value to work with a Rights-Based Approach, but also on evidence from our operational researches on Meaningful Youth Participation in the ASK programme, as well as evidence from the scientific literature. Empowerment refers to individuals, families, organisations and communities gaining control and mastery, within the social, economic, and political context of their lives, in order to improve equity and quality of life (Rappaport 1984 & 1987; Zimmerman 2000: In Jennings et al 2006).

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10 Operational Research on Meaningful Youth Participation in ASK: reports from Pakistan, Ethiopia, Indonesia and Senegal.
• **Meaningful participation is a key component to achieve programme objectives**
  
  Evidence from our operational research on programme interventions demonstrates that employing young people’s ideas, connections and unique youth-related expertise in programmatic work, increases the reach, attractiveness, relevance and effectiveness of interventions as it enhances the fit between interventions and the contextual realities and needs of the particular target groups. Young people are key in implementation and in creating an enabling environment for other young people. As such, we see participation is as a key component to achieving programme objectives.

• **Meaningful participation is an empowering process that has a positive effect on young people themselves and can lead to social change**
  
  Evidence also shows that youth participation has a positive effect on young people themselves: on their knowledge, skills, confidence, autonomy, networks and opportunities. Participation in programmes and in partner organisations provides them with opportunities to voice their opinions and influence decisions on SRHR matters that affect their lives and those of the communities in which they live. In other words, participation can enable young people to claim their rights and make positive changes to their lives and that of others through civic engagement, contributing to (democratic) processes of social change in their contexts. We refer to this with the term ‘active citizenship’ or ‘social change agents’.

• **Meaningful participation has a positive effect on organisations’ capacity to provide youth-sensitive SRHR interventions**
  
  Engaging young people at the centre of SRHR programmes and services is a way for implementing institutions and organisations to strengthen their capacities and change how they work. The process of youth participation has a positive effect on an organisation’s capacity to create structures to institutionalise the meaningful involvement of young people, and to provide youth-sensitive SRHR interventions. Youth participation tends to strengthen organisational commitment to young people’s rights.

For this reason we see meaningful youth participation as a key component to achieve our programme’s objective. We treat it as a cross cutting theme and as an important outcome of result area 2, which focusses on empowering young people to increasingly voice their rights.

**Our assumptions; key conditions for critical youth empowerment**

For meaningful youth participation to have these positive effects, we need to create certain conditions that enable meaningful and structural participation. Based on previous programme experiences and operational research insights, we use the model for **critical youth empowerment** (Jennings et al 2006) as a framework for reflecting on these conditions for success, and to enhance programme strategies. The model links youth empowerment processes with outcomes at the individual (personal development) and collective levels (achievement of programme objectives, social change). The model states that these are more likely to occur within welcoming, youth centred environments; through meaningful engagement and knowledge, skills, and leadership development; critical reflection on societal forces and power relations; and active community participation, leading to change in socio-political processes, structures, norms or images (Jennings et al 2006:33).
We identify 2 key aspects that seem particularly important to critical youth empowerment resulting in positive effects on young people’s ability to be agents of change and to contribute to reaching programme objectives:

1. Role of adults and positive youth-adult partnerships to achieve shared power relationships
   For young people to fully and meaningfully participate there must be opportunities for having responsibility for decision-making, and thus for power-sharing between youth and adults. This means we need to find ways within the consortium’s programme, governance structures and partner organisations to enhance youth decision making and leadership. It also means we need to facilitate adults in the programme to share power and to create a balance between guiding and directing young people.

2. Individual and collective processes of critical reflection and reflective action to address social injustices and inequities, through capacity building and programmatic experience.
   We believe that youth are not truly empowered if they do not have the capacity to address the structures, processes, social values and practices in relation to SRHR issues. Young people, like adults, need to become aware of and understand the social and political processes and structures that underlie the SRHR issues that they want to address and change. This means we need to provide ways to encourage critical reflection on norms and values, including their own, and on working mechanisms of interventions and democratic channels that can bring about change.

What does this practically mean for the GUSO programme?
Currently, MYP is by no means fully institutionalised and ongoing capacity building is needed to enable young people to stand up for their rights and for youth and adults to effectively work together. Below, we formulated three key strategies, experience- and evidence based, to contribute to conditions for successful and effective youth participation and empowerment. These strategies must be made partner and country alliance specific, and need to consider the diversity of the young people that the partners are working with. Young people have different needs, likes, interests, ambitions, skills and abilities. Their local conditions (rural, hard to reach, limited communication options, restricted mobility, etc.) influence what can be done and how much. Equally, factors like institutional readiness and resources will influence this. When partners work with under-aged youth, certain ethical issues and protocols need particular consideration (such as child protection policies and adult consent). Specific Strategies include:

1. Young people are structurally represented in decision-making processes and structurally involved in all phases of the programme cycle including research, design, planning, implementation, monitoring and evaluation.
   • For each country, a young person will be recruited to become member of the country GUSO national coordination team, working hand in hand with the national programme coordinator and having a specific set of tasks and (budget) responsibilities.
   • Minimum representation of one youth-led organisation in each country alliance, representation within the in-country steering committee and programme team.
   • The GUSO consortium will actively encourage the country alliances and its members to support young people to hold decision making positions within technical committees,
working groups and other advisory and decision-making bodies.

- GUSO expects youth representation in all planning and review sessions; capacity building workshops; and strategy workshop or meetings.
- The GUSO consortium will actively encourage the country alliances and its members to create paid opportunities for young people to take on roles within the programme implementation.
- Young people will be trained and involved as co-researchers in the programme’s PME and Research, in line with proven learning methodologies\(^\text{13}\).

2. **Building positive youth-adult partnerships:** Both adults and young people receive support to ensure that youth-adult partnerships are effective, that they are underpinned by democratic values and are free from discrimination and inequality. Youth-adult partnerships strive to share power equally. GUSO will facilitate and support the development of positive youth-adult partnerships, through

- Participatory processes such as joint capacity building.
- An induction package for all youth serving partners in the north and the south on what a youth centred approach is; and the consequences for organizational values, institutional policies, programming, management, HR and monitoring and evaluation.
- Tailor made meaningful youth participation and youth-adult partnership trainings\(^\text{14}\).
- Efforts for clear, transparent and youth-friendly communication on programme objectives, progress and results.

3. **Strengthening capacity of young people and youth organisations:**

- Mechanisms will be strengthened or established and resources made available to support young people (through structural engagement and capacity building) to develop their confidence, skills, knowledge and critical (self-)reflection and to have opportunities to exercise agency and contribute to decision making.
- Young people will be involved in all phases and levels of the programme and trained on SRHR issues, value clarification, organisational development, programme objectives and measuring of progress and results (M&E), and on research.
- Fair and transparent structures will be developed jointly with partners and country alliances for skill building opportunities in the programme, as well as sustainable approaches to create or maintain and pool of active and capable young people and sustainable youth-led organisations.

With these strategies, we aim to create country alliances that are youth-adult partnerships, where young people and adults work together in mutually beneficial partnerships towards achieving the GUSO objectives.

\(^\text{13}\) Such as the Explore Toolkit for involving young people as researchers in SRHR programmes (Rutgers & IPPF 2013)

\(^\text{14}\) Consortium partners have already developed and tested training packages, that will be used, and when relevant adapted, to provide trainings that fit the partners’ specific conditions and needs.
2.2.2 Inclusiveness

Inclusiveness is about human rights, a guiding principle approach of the GUSO Consortium. Inclusiveness means that the GUSO Consortium equally respect and meaningfully involve people who are vulnerable and marginalised, including young people, women, LGBT, young people living with HIV (YPLHIV), disabled youth, out-of-school youth and young people living in remote rural or high-density urban settings. It means that we emphasise their particular needs and address the root causes of vulnerability and marginalisation such as gender inequality, criminalisation, poverty, stigma and cultural norms. It means that we work towards engaged and equal societies. Country specific GUSO programmes will reflect an inclusive approach to improve the quality and effectiveness of our programmes. The following principles guide our work:

• Youth-centred approach: meaningful involvement of young people in planning, implementation, monitoring and evaluation of programmes and policies concerning their own (sexual and reproductive health) and wellbeing (see also paragraph 2.2.1 and 2.3.2).

• Community involvement: Inclusive development is the primary responsibility of national governments, but governments cannot do it alone. To ensure inclusion, it is essential that government systems, such as the health system, are linked to strong community systems. Community systems, such as community-based organisations (CBOs), are essential for changing social norms, reducing stigma, improving gender-equality, creating awareness, and mobilising communities to create demands.

• Ensure that the partners are inclusive and enable them programme based on evidence of the realities and needs of the vulnerable and marginalized youth and to advocate for, and claim their rights to, accessing SRHR and HIV services and information, improving service delivery, and participating in decision-making at both the local and national level.

The primary focus of inclusiveness is in-country. Dependent on the context –the specific situation and the derived GUSO country programme priorities– we will partner with organizations that represent or are engaged with vulnerable and marginalized (groups of) young people. This will ensure meaningful participation and reflection of the needs on the ground.

We will not create new systems, structures or mechanisms for the delivery of SRH service and information to vulnerable and marginalized youth. Instead the GUSO Consortium will make use of, and build on, existing systems, structures or mechanisms or groups that are already present in the country. Our inclusiveness strategies include:

1. **Strengthen the capacity** of partners for inclusive, targeted and quality SRHR-and-HIV health, education and support services that are youth-friendly; integrated, patient-centred, accessible and affordable.

2. **Advocate** for greater government transparency and accountability on inclusiveness in health and human rights

3. **Assess interventions on inclusivity**, ensure all interventions are non-discriminatory and promote inclusiveness, and where relevant develop specific interventions to adhere to the rights of hard to reach and vulnerable groups, including YPLWHA, physically challenged, and young LGBT
2.2.3 Positive, Rights Based Approach

The GUSO Alliance works with a Rights Based Approach (RBA), and follows the declaration of sexual rights of IPPF. RBA principles like non-discrimination, participation, equality, addressing root causes and accountability are reflected in the GUSO core principles of inclusion, meaningful youth participation, the gender transformative approach, the multi-component approach and sustainability.

A positive approach to sexuality celebrates sexuality as life-enhancing and support individuals to have fulfilling and ideal sexual experiences, rather than solely working to prevent negative experiences. Sex-positive approaches address risks and concerns associated with sexuality without reinforcing fear, shame or taboo. An important reason why people find it difficult to accept young people’s sexuality and their sexual rights, is because they have moral objections (i.e. because of culture or religion) and are afraid to encourage young people to have sex. Therefore, adults do not talk about sexuality with young people, or only talk in terms of negative consequences of sex (i.e. unwanted pregnancies, diseases, bad reputations). As a consequence, many young people do not dare to ask questions, or look for help and they hide their sexuality and relationships from adults. This undermines young people’s sexual wellbeing and increases the risks to their sexual reproductive health, for instance because they have not enough accurate information to base their choices upon.

What does this mean for the GUSO program

It is important for people who work on SRHR, for example educators, service providers, program officers or researchers, to have a so called ‘sex-positive’ approach. The GUSO program will capacitate staff of partner organisations to apply and promote a positive approach to young people’s sexuality, to be able to encourage a positive environment where young people feel comfortable to discuss about sexuality and their needs related to sexual health and wellbeing. To be able to create such an environment, it is important not to be judgmental, to accept young people as sexual beings, with sexual rights and to encourage them to make positive and independent decisions. Value clarification and capacity building on sexual rights and communication are important strategies to support staff and partner organisations to work with a positive approach. Furthermore, GUSO interventions will not be fear based or solely health based, but aim to include the positive aspects of sexuality and sexual relationships.

2.2.4 Gender transformative programming

For the last few decades girls and (young) women have been the main focus of SRHR interventions (e.g. the focus on (teenage) pregnancy and family planning, FGM, gender based violence, prevention of mother- to-child transmission of HIV (PMTCT) etc.). This, despite the common understanding in international agreements, including the Sustainable Development Goals\textsuperscript{15}, that due to the relational and power dynamics of gender relations, boys and (young) men are crucial partners in effectively addressing girls’ and women’s SRHR issues. Without addressing harmful gender norms and structures within the patriarchal system it might be difficult to challenge

\textsuperscript{15} The ICPD Program of Action, the Beijing Platform of Action, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the 48th session of the Commission on the Status of Women (CSW).

processes and institutions that limit or negatively influence women’s sexual and reproductive health and access to SRH services and information.

In addition boys and (young) men also are affected by their own gender specific vulnerabilities and often risky ‘manly’ behaviours that negatively influence their and other’s (sexual) health and rights. Men’s caring role is also often lacking or neglected in programming. It is therefore important to also address the vulnerabilities and specific SRHR needs of boys and (young) men, including men as caregiving partners and fathers. Another often missing aspect within SRHR programming is the lack of acceptance of sexual diversity. Traditional concepts of gender are based on and reinforce the norm of heterosexuality and therefore sexual diversity often gets marginalized and sexual and gender minorities are often being discriminated. These dominant notions of gender-roles and sexuality underlie, among other things, sexual violence against women and girls, but also against people with a different sexual orientation or gender identity. Finally there is a strong evidence base that links gender and power as a root cause to many negative SRHR outcomes. According to Haberland ‘harmful gender norms have been correlated with a number of adverse sexual and reproductive health outcomes and risk behaviours, even after other variables have been controlled for’ and this evidence is consistent in three interrelated areas of concern, which are gender norms, power in sexual relationships and Intimate partner violence\textsuperscript{16}. In other words gender transformative programming is crucial for the realisation the sexual and reproductive health, rights and wellbeing of girls, women, men, boys and sexual and gender minorities.

Gender-transformative approaches seek ‘to reshape gender relations to be more gender equitable, largely through approaches that free both women and men from the impact of destructive gender and sexual norms’\textsuperscript{17}. However, despite efforts to mainstream gender many SRHR programmes are still not gender transformative in practice.

In contrast to Gender exploitative, Gender neutral or gender blind programmes, Gender sensitive programmes, \textit{Gender transformative programmes}\textsuperscript{18} aim to accomplish three things: 1 raise awareness about unhealthy gender norms, 2) question the costs of adhering to these norms - and 3) replace unhealthy, inequitable gender norms with redefined healthy ones\textsuperscript{19}. \textit{Gender transformative approaches} ideally use the socio-ecological model by Bronfenbrenner, which aims to change multiple forces of a person’s environment that may be perpetuating harmful gender norms. The assumption is that change of gender norms, attitudes and behaviour at the individual and relationship level can only be sustained if it is supported by changing norms and expectations at the community, societal, institutional and policy level.\textsuperscript{20}


\textsuperscript{17} Dworkin et. al. / The promises and limitations of gender-transformative health programming with men: critical reflections from the field. - In: Culture, Health & Sexuality: An International Journal for Research, Intervention and Care, 2015

\textsuperscript{18} Rolleri et. al. / Gender Transformative Programing in Adolescent Reproductive and Sexual Health: Definitions, Strategies, and Resources. - In: Practice Matters: Act for Youth Center of Excellence, Cornell University, 2014.

\textsuperscript{19} Rolleri et. al. / Gender Transformative Programing in Adolescent Reproductive and Sexual Health: Definitions, Strategies, and Resources. - In: Practice Matters: Act for Youth Center of Excellence, Cornell University, 2014.

What does this mean for the GUSO programme?

The aim of gender transformative programming is to reach gender equality, one of the root causes of the limited realisation of SRHR, promote (sexual and reproductive) health and eliminate violence.

There are a few principles we consider in the GUSO programme, to ensure the programme is gender transformative:

- **Gender Consciousness** (Paulo Freire): Rigid gender norms of both men and women are re-defined, through reflection, education, awareness and insight (i.e. including awareness of the cost of harmful masculinities and femininities on SRHR outcomes).
- **Diversity**: Intersectional factors such as ethnicity, class, sexual diversity, age, gender identity, race, religion are included in the analysis.
- **Men and boys as part of solution**: they are not seen as the problem but as part of the solution and ideally are engaged to become equal partners, clients of SRHR services and change agents (For more detail see the tool ‘Building male involvement in SRHR’ by Sonke Gender Justice: http://menengage.org/wp-content/uploads/2014/01/Sonke-Gender-Justice-Model-for-Male-Involvement-in-SRHR.pdf)\(^{21}\)
- **Empowerment of women and girls**: Each intervention (including the ones with boys and men) should aim to empower girls and women and promote equal relationships.
- **Gender synchronized approach**: includes the relational aspect of gender, which entails working with girls and women, boys and men separately and together, if circumstances allow.

To ensure integration of these principles in programming, possible GUSO strategies are:

- Focus on awareness in gender in-equitable norms by capacitating staff of member and partner organisations, implementers (educators, health workers) and other stakeholders, in gender transformative thinking and programming.
- Focus on awareness in gender in-equitable norms of all stakeholders within the GUSO programme, for example through community awareness, campaigns etc.
- Include principles of gender transformation in the development or adaptations of interventions and tools, to provide alternative examples and replace unhealthy, inequitable gender norms with redefined healthy ones. Examples are integration of gender transformative approaches in all SRHR training and strengthening the gender component in CSE modules with gender transformative programming.
- Share evidence (through research or existing data) on the costs of adhering to current norms, and include this evidence in advocacy, training and interventions.
- Assess the need for a synchronised approach in current interventions in promoting CSE, SRH services and an enabling environment for SRHR.

### 2.2.5 Sustainability

The GUSO programme includes sustainability strategies at different levels, starting with the in-country programme development by the key existing alliance partners. Country alliances will own the programme and decide upon key strategic decisions. Only by ensuring their full engagement immediately can we ensure the programme becomes embedded in organisations.

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and is fully supported by staff and management. This is essential for sustainability. Within the ToC of the GUSO programme, outcome 1 and 2 fall within the sphere of civil society strengthening, which is a sustainability strategy in itself. Outcome 3, 4 and 5 have an SRHR programmatic focus, with outcomes that support sustainable changes in SRHR, and strategies to ensure sustainability of the SRHR interventions.

**Strengthening Civil Society through strong SRHR alliances and (youth-led) SRHR movements**

Outcome 1 focusses on capacity building of civil society organizations, with the addition that in GUSO not only individual partners will be strengthened, but the focus is on strengthening collaboration of these partners within a country SRHR alliance. Through the mid-term evaluation on Alliance building, the exercise gathering best practices in ASK and UFBR, and feedback from NPCs and partner organisation in the UFBR and ASK program, partners in the countries have clearly indicated they see a huge benefit in working together, to exchange information, share and learn, use each other’s strengths and networks, and jointly advocate. The development of strong country Alliances is thus a major sustainability strategy of GUSO.

**Sustainability strategies include:**
- Capacity building trajectories of partner organizations and Country Alliances and in SRHR programming.
- Creating a pool of Southern SRHR experts, to provide country and regional technical assistance on SRHR.
- Supporting country alliances in resource mobilisation strategies (already started in 2014, with some positive results)

Outcome 2 specifically focusses on strengthening young people to be part of the SRHR Alliances and SRHR communities/movements in their country, making the SRHR community multi-generational, and ensuring a steady flow of participation of new generations into these movements, of which some might be totally youth led. Youth participation is a key-principle in the programme for many reasons (see MYP strategy), sustainability is one of these. Sustainability strategies will include:
- Strengthening youth led organisations in SRHR programming, and movement building.
- Strengthening youth-adult partnerships, especially in the Country Alliances.
- Inclusion of MYP principles in the governance and policies of partner organizations and Alliance.

**Sustaining specific interventions**

The programmatic part of the GUSO programme focuses on the three aspects of the multi-component approach; SRHR education, SRH services, and an enabling environment for SRHR. The enabling environment is both a condition for successful programme implementation as well as for sustainable changes in society to support SRHR, including the law and policy level, and supportive norms and values within the society concerning SRHR.
Specific interventions for sustainability strategies in enabling environment are:

- Working with key change agents (CBOs, leaders, activists), enhancing their capacities to bring about change from within, and building on existing positive attitudes within the communities.
- Supporting integration/mainstreaming SRHR within government/private institutions.
- Gender transformative programming, including awareness raising and community dialogues enhancing behaviour and attitude change (towards acceptance of SRHR for young people).
- Strengthening and capacitating civil society networks and structures.
- Collaboration with governments and private sector to improve, scale up and sustain SRH services and SRHR information and education.
- Strengthening local research and knowledge management capacity.
- Research for evidence based advocacy.

The multi-component strategy is another important sustainability strategy. It addresses structural factors at several levels that influence the sexual lives and behaviours of individuals contributing to changes in social and cultural processes, and a larger constituency of stakeholders that are intrinsically convinced, capacitated and committed to SRHR programmes, and have experienced the positive effects of collaboration in SRHR interventions. Literature provides consistent support for these experiences and likewise argues that sustainability is an important element of the multicomponent approach.

Lastly, our specific interventions include sustainability elements, building upon positive experiences in UFBR and ASK and findings from operational research and evaluations. In SRHR education examples are:

- Scaling up the whole school approach, using existing school structures which makes the intervention more sustainable, and creating a critical mass to ensure sustainable implementation of CSE.
- Supporting communities of practices of schools implementing CSE.
- Strengthening education sector to include CSE in the school curriculum, through capacity building to include SRHR of the teachers training colleges.
- Advocating for integration of CSE and CSE related issues in government educational policies.

While in SRH Services, examples are:

- The utilization of existing structures for the provision of youth-friendly SRH services.
- The establishment of quality of care standards for the provision of youth-friendly SRH services.
- Community accountability mechanisms to ensure continued and high quality provision of SRH services.
- Strengthening the health sector to include YFS in the curriculum of (para)medics.
- Advocating for integration of standards for YFS in government health policies.

What does this practically involves?

The next five years will be used to further strengthen the established SRHR Alliances in the selected countries, to scale-up successful work and Country Alliances to become recognized experts on young people’s SRHR, fully capable of strengthening in-country capacity at all levels. The programme’s aim is that after these five years, Country Alliance will be able to implement quality SRHR programmes without support from the Netherlands/United Kingdom.
During programme development workshops, partner organisations will develop country specific objectives for their Country Alliance, and a roadmap towards these objectives with respective strategies. Likewise, the country alliances strategies to strengthen young people’s participation and involvement in SRHR in a sustainable way, will be discussed and decided upon during the programme development workshops.

In each country, lessons learned from operational research, outcome measurement, evaluations and reflection workshops, combined with (where needed) additional context-, stakeholder- and risk- analysis, provide input for discussions amongst partners to decide upon intervention strategies within GUSO. Integration of sustainability strategies to these selected interventions, will be a key criteria in the assessment process of the country programmes.

2.3 Outcomes and Strategies

2.3.1 Outcome 1: Strengthen and sustainable Alliances comprehensively address the SRHR of young people, including sensitive issues.

Strengthened civil society capacity is central to our ToC, both as a strategy and an outcome, and supports sustainability. Our Country Alliances are strategically composed of partners whose focus areas cover the full multi-component approach. Over the past 5 years they formed well-structured and organized Alliances. Within the GUSO programme we want to build on these achievements and further develop the capacity. Country Alliances have requested continued support to further improve their capacity and collaboration. In the future, we foresee sustainable country alliances that work with all key actors and independently build in-country SRHR capacity, contributing to sustainable and progressive SRHR of young people. This pathway of change is based on the assumption that working in alliances not only enables our local partners to reach more young people, but also a larger variety of young people with enhanced and targeted interventions, by being able to tap into different networks, communities and competencies. In order to achieve this outcome, we will implement the following strategies.

1. To be able to create strengthened and sustainable alliances in the different countries, the GUSO programme will build the capacity of those Alliances and the CSOs that are member of these alliances. Through targeted trainings, we will increase knowledge and capacity on relevant issues, including strengthening governance and resource mobilisation. Capacity building will be done at different levels, both at the individual CSO level as on the collaborative Country Alliance level. Trainings will be offered both facilitated by GUSO consortium member in The Netherland and UK, as well as by local experts and South-South learning. Sharing and learning between partners and Country Alliances will be facilitated and encouraged; for examples through exchange visits, learning symposiums and documenting best practices. We also support the development of joint advocacy strategies to empower Country Alliances to speak with one voice and increase impact. As a result of this strategy, we build Country Alliances that implement high-quality, youth-friendly and evidence-based SRHR programmes. The increased capacity of Country Alliance is an intermediate step to achieve strong and sustainable Country Alliances.
2. To be able to ensure that Country Alliances implement high-quality and youth-friendly SRHR programmes, the GUSO programme will use **technical assistance** (TA) as a strategy to strengthen programme implementation. TA will be demand driven. A range of TA will be offered, based on the specific expertise and competencies of the GUSO consortium members. TA could be offered both from the NL and UK, as well as South-South. Within the GUSO consortium, different members will be able to offer different technical assistance on specific topics; both to their own partner organisations as well as to partner organisations of other GUSO consortium member. This way, we aim to reap maximum benefit from working as an Alliance/Consortium. The strengths and expertise of each consortium member will benefit the entire GUSO consortium. Topics on which TA can be offered include; meaningful youth participation, CSE, Youth-Friendly services, social accountability and more sensitive cross-cutting issues such as sexual diversity, gender, rights-based approach and safe abortion. Moreover, Country Alliances will be linked with research institutions to ensure their work feeds research and vice versa. To complement this, we will build the capacity of Country Alliances and partners in Operational Research; leading to improved evidence-based programming and strengthened interventions. As a result of this strategy, we ensure that **Country Alliances have strong SRHR capacity and provide high-quality, gender-transformative technical assistance to CSOs, local authorities and other key stakeholders.** This is an intermediate step to ensure strong and high-quality Alliances.

3. To create strong Country Alliances, that have a role to play in national and international settings, we will focus on **network building.** By building networks between partners/Alliances and other relevant stakeholders we will increase visibility and enhance leverage and complementarity with other, well-funded initiatives. Moreover, network building will enable Country Alliances to be recognised as strong, important players in advocacy and increase their credibility. We will link Country Alliances to existing national, regional and international networks. The National Programme Coordinator will play a central role in this. The existing links between GUSO consortium members and these networks will enable Country Alliances to build partnerships. As a result of this strategy **Country Alliance seek and establish strategic collaborations in advocacy and campaigning,** which is an intermediate step to ensure strong and sustainable Alliances.

**2.3.2 Outcome 2: Empowered young people increasingly voice their rights.**

Next to being a cross-cutting theme, the structural engagement and empowerment of young people to voice their rights and contribute to positive social changes on SRHR, is also an objective in itself. A key strategy to achieve this is through strengthening the capacity of young people and youth organizations. Young people will be meaningfully involved in all aspects of SRHR programming, certainly but not only by creating youth-adult partnerships in every country alliance. In addition, young people will be encouraged, capacitated and empowered to act as youth advocates at local, national and international level, ensuring they can create a critical mass to advocate for and voice their SRHR. Major positive changes cannot be effected without building collective power which can mobilise a political force for change (Batliwala, 2012). Within GUSO, we want to bring together youth and existing youth networks under a joint political agenda, to strengthen these and enable them to mobilize and engage in collective actions and activities, in particular towards building public opinion and advocating for SRHR.
Key strategies include:

- **The structural representation of young people** in decision-making processes and involvement in all phases of the programme cycle including research, design, planning, implementation, monitoring and evaluation.
- Providing support to both adults and young people to ensure that youth-adult partnerships are effective, are underpinned by democratic values, free from discrimination and inequality and share power equally.
- **Strengthening capacity of young people and youth organisations** in programme planning, design, implementation, research, monitoring & evaluation, and advocacy.

This will result in effective **youth-adult partnerships** that structurally engage young people in all layers of decision-making and meaningfully involve them in all aspects of SRHR programming and ensure young people to effectively work together, share information and advocate to bring the youth perspectives on SRHR to the forefront. For further details please refer to paragraph 2.2.1 Young People’s Structural and Meaningful Engagement.

### 2.3.3 Outcome 3: Increased utilization of comprehensive SRHR information and education by all young people.

This pathway of change is based on the (evidence-based) assumption that young people who have the skills and knowledge to make safe and informed decisions on SRHR, are better prepared to prevent sexual health issues (STIs, HIV, unwanted pregnancies etc.), seek health services when needed, and more able to have safe, equal and pleasurable (sexual) relationships. However, at present still too few young people have access to comprehensive and non-judgemental SRHR information and education. Our experience indicates that contextualized strategies and methods are needed to reach different groups of young people, for example for girls and boys, out-of-school youth, YPLHIV, and those living in rural and high-density urban settings. The following strategies are based on our learning and research:

1. **Capacity development to provide quality SRHR information and education**: Criteria for quality SRHR information and education are widely known as well as knowledge on effective strategies to reach different groups. Formalized sexuality education (where CSE topics are included in the school curriculum) is well placed to reach a majority of young people. However, school attendance is by no means universal – one in six young people aged 12-15 is not enrolled in school. Targeted interventions are needed to reach the most marginalised youth who are out of school today, including those with disabilities; from ethnic, religious or linguistic minorities; rural youth and other marginalised groups.

   Young people who do not (regularly) attend school may receive CSE in other environments such as workplaces, youth clubs, health services and so on. CSE programmes in non-formal settings can also be adapted to suit the specific needs of particular groups, especially those who are marginalised, for example, young people who are engaged in sex work, or who are LGBTQI. It is crucial that young people who may be at the most risk of being excluded from formal CSE programmes (for example, pregnant young women/young mothers) have opportunities to engage with CSE beyond traditional classroom setting. We will further develop capacity of CSOs, teachers, peer educators, community health volunteers, educational institutions and other relevant stakeholders to provide quality SRHR information and education. Were
possible we encourage capacity development to be provided by local SRHR experts (Training of Trainers) as well as through linking and learning between different implementing partners. We aim to offer a blended learning platform; online as well as provide face2face training sessions for trainers and CSO’s. We would like to extend current modules (health promotion, SRHR, MYP, gender awareness, stigma and discrimination and outcome evaluations) being used to provide SRHR information and education, and include information on more sensitive topics such as sexual diversity and safe abortion, based on needs of young people. Moreover, we will focus on ensuring quality of SRHR information and education modules. As such, it is important to look both at health outcomes as well as other benefits of quality information and education, including active citizenship. For instance: securing livelihood, economic empowerment.

As a result of this strategy, CSOs, teachers, peer educators, community health volunteers and educational institutions have rights-based, gender-transformative, positive attitudes and provide quality comprehensive SRHR information to all young people. This is an intermediate step to increased use of SRHR information and education by young people.

2. A second strategy to reach this outcome is the actual provision of quality SRHR information and education to young people, using diverse, mutually reinforcing communication channels in formal and informal settings to fit the specific needs of different target groups. A rights-based, gender transformative, sex-positive approach to CSE and SRHR education and information seeks to equip young people with the tools they need to determine and enjoy their sexuality –physically, emotionally, individually and in relationships. It helps young people to ask questions, to be critical thinkers, to make connections and to advocate and enable their rights.

SRHR information and education will contribute to attitude and behaviour change. For example it has the potential to change negative attitudes to abortion and it can contribute to the prevention of sexually transmitted infections or unwanted pregnancy. It can also contribute to the creation of demand for services, for example by ensuring young people are aware of what reproductive health service options are available to them and where they can access them. However, most importantly, good quality information and education supports a young person’s personal development which enables them to exercise their rights. Within the GUSO consortium, different members have expertise in delivering SRHR information and education through different channels. These include; school curricula (such as The World Starts With Me), computer based education programmes, E&M health channels, peer education, community based information sessions, theatre performances, radio and television shows, information provision by community health workers and direct information through IEC materials and mobile platforms. Within the GUSO programme we will reach both in school and out of school youth with education and information as we see the importance of reaching those, often most marginalised groups, who are not enrolled in formal education.

Successful interventions to deliver SRHR information and education used by the SRHR Alliance over the past 5 years will be institutionalised and scaled up. These include, among others, the whole school approach, integrated peer education–outreach services, e & m Health.
As a result of this strategy **young people have access to quality SRHR information and education** through diverse channels. This intermediate step will contribute to reaching to over outcome of increased use of SRHR information and education by all young people.

3. We aim to **strengthen referral systems** between SRHR information and services. To do so, we ensure that SRHR information and education includes referral to SRH services and we create long-term structural cooperation between clinics and schools in intervention areas. Moreover, we strengthen online and mobile referral to youth-friendly service on online SRHR information platforms and through mobile helplines. This is an important strategy in our multi-component approach, as we have learned that linking SRHR information and education and SRH services is essential to ensure that young people are able to use the information they have been given and access the services they need. Through our SRHR information and education we will link young people to quality youth-friendly services that are provided both by public, private and private-not-for-profit service providers; including those provided by organisations such as PSI, MSI and IPPF.

As a result of this strategy we ensure that **young people are referred to the SRHR services they need** and are able to use the information they have been given.

**2.3.4 Outcome 4: Increased utilization of quality and youth-friendly SRHR services that respond to the needs and rights of all young people.**

Access for young people to quality SRHR services that respond to their needs and rights is essential to improve SRHR. Although our programme is not focused on service-delivery, we will strengthen existing services. Based on our experience, this pathway of change is based on the assumption that improving quality of, and access to, a wide range of SRHR services, including HIV-testing and safe abortion, will help meet young people’s needs and increase uptake. This strengthens the impact of providing SRHR information and education as educating young people about health alone is useless if they cannot access the services. In addition to governmental and private not-for-profit facilities, we will also strengthen for-profit private services if preferred by young people.

To increase utilisation and access to YFS, GUSO will give practical guidance on strategies and interventions to (non) governmental service delivery organizations, especially for vulnerable adolescents, introducing a youth-centred and life-cycle approach. GUSO will seek to encourage interventions across sectors that can transform adolescents’ sexual and reproductive lives through enabling their own leadership and participation. GUSO will focus on reaching the most vulnerable and underserved based on international experiences and evidence.

The following strategies are based on our learning from the field and research how to increase uptake of youth friendly services in order to help scale up and develop approaches for the different contexts of vulnerable adolescents.

1. To improve the access to high quality youth-friendly service for young people, the GUSO programme will implement different interventions to **increase the capacity of service providers, peer providers and health institutions in youth-friendly service provision**. We will focus on a variety of service delivery mechanisms, including outreach, peer provision, school health, (government) clinics, mobile helplines and E&M health.
Outreach and peer provision: As part of the youth-centred and the meaningful youth participation approach in GUSO, we will deliver and pilot different models for peer provision. Peer provision fits into the definition of community health workers, in terms of their level of formal training to provide care. According to WHO guidance: “a community health worker is an individual who performs functions related to health-care delivery; was trained in some way in the context of the intervention; but has received no formal professional or paraprofessional certificate or tertiary education degree”. This is important, considering that while there is no sufficient evidence to support peer provision programmes in the context of SRH, there is a significant body of research supporting the provision of SRH services by community health workers and providing guidance on how to implement such initiatives in a successful way.

School health model: Introducing access to SRH services in schools has many advantages. School health services operate where most adolescents are, and are accessible to families. They overcome barriers such as transportation, inconvenient locations or appointment systems. Second, there is some evidence, that school health services are effective especially for sexual and reproductive health and in the prevention and management of infectious disease among adolescents through immunizations. School health services have the potential to reach the underserved, low-income, and high-risk populations with basic health care.

Contraceptive service provision through health professional in schools is an effective intervention to reduce pregnancy before the age of 18. The services should be mandated by a formal arrangement between the educational institution and the provider health care organization. Evidence mainly from high income countries suggests that school health services demonstrate the capacity to address the critical needs of adolescents in a holistic way.

Youth friendly services in governmental and private facilities: To ensure sustainable provision of youth friendly services, the GUSO programme will build the capacity of both governmental and private health care providers to deliver youth friendly services. To address the barriers created by services providers' negative attitudes towards young people's SRHR, especially for young unmarried people, value clarification sessions supplemented by capacity building of service providers will be conducted. To be able to do this, the GUSO programme will use different proven and effective tools and methodologies, such as the SRHR Alliance Essential Packages manual; IPPF Provide tools and the Positive, Health, Dignity and Prevention (PHDPP) tool. Moreover, we will provide on-the-job training and supportive supervision to ensure follow-up and sustainable change.

E&M Health and innovations: Young people often prefer to access services via non-traditional channels; such as mobile phones. The GUSO programme will strengthen the capacity of services providers to deliver SRH services to young people trough helplines, such as for example the Telemedicine approach, and other E&M health models. Moreover, we will pilot innovative service delivery models, such as working with community based entrepreneurs who sell commodities to youth in the communities. As a result of this strategy, we expect that SRH services are better adapted to young peoples' needs and respect young people's sexuality without judgement, stigma or discrimination. This increased quality of services is an intermediate step to achieve the overall outcome of increased utilization of SRH services by young people.
2. **Social Accountability:** A second strategy to increase the utilization of SRH services by young people is focusing on social accountability, which actively involves young people and communities in quality monitoring of health services and (multi-stakeholder) dialogue for improvement. Social accountability is an interactive process that aims to increase young people’s influence (voice) and to strengthen the response of the local SRH service providers and decision-makers. Social accountability breaks social and systemic barriers in contexts where national policies seem to be adequate, but where, in reality, these policies are insufficiently implemented and where inequality prevails. Communities are mobilised and empowered to understand their right to, for example, youth friendly services. Knowing their rights and being aware of effective methods to voice their needs, helps young people to create an environment where governments and service providers implement policies and improve services. Within the GUSO programme, different social accountability tools will be used; such as Community Score Cards, Community Dialogue, Community Based Monitoring and Mobile Mapping. Specific focus will be on how the ensure MYP within social accountability mechanisms. As a result of this strategy, we expect that young people and communities engage with service providers and local authorities in improving the quality of services through social accountability mechanisms. This is an intermediate step in achieve the overall goal of increased utilization of SRH services by young people.

2.3.5 **Outcome 5: Improved social-cultural, political and legal environment for gender-sensitive, youth-friendly SRHR.**

This pathway of change is based on the assumption that to improve SRHR, a supportive socio-cultural, political and legal environment, which protects young people’s rights, and enables them to access SRHR information, education and services, free from stigma and discrimination, is essential. This requires key stakeholders at all levels – local, national and international to understand, support and prioritise SRHR of young people.

In the face of growing opposition to youth SRHR, collaboration between progressive CSOs helps counterbalance conservative forces. Based on our experience, we also assume that strategic alliances are critical to push the youth SRHR agenda forward, especially on sensitive issues. Our partners indicated they feel more confident to address SRHR and sensitive issues when working together, and better able to protect the interests of vulnerable and marginalised young people.

To realise this outcomes, the GUSO programme will implement the following strategies;

1. **Evidence-based advocacy:** We will work closely with our partners and the Country Alliance to ensure collective evidence-based advocacy to influence (development, implementation and adaptation of) SRHR policies and laws at local, national and international level. We will implement targeted advocacy activities both aiming at influencing decision making as well as holding government accountable for the implementation of existing policies and international agreements. For effective policy implementation, we will also provide technical support to (local) government authorities.

   Both individual partners as Country Alliances will play a role in advocacy. As described under outcome 1, joint advocacy at Country Alliance level will be essential. Moreover, we will also implement advocacy initiatives at national level in The Netherlands and the UK, to give a voice to agenda of the GUSO partners and Country Alliances. At international level
we will focus both on building the capacity of partners and Country Alliances to advocate at international level, as well as direct advocacy by GUSO consortium member. In this respect, we foresee collaboration, synergies and complementarities between GUSO and our partnerships created under de Dialogue and Dissent framework (Right Here, Right Now and Beat the AIDS Epidemic). Moreover, we see a close collaboration with the MoFA in national and international advocacy, leading to a joint agenda in national and international process related to SRHR and young people. As a result of our advocacy strategy, we ensure that **policy makers support and prioritise youth SRHR**. This is an intermediate step in achieving an improved environment for SRHR.

2. **Awareness raising campaigns and (youth-led) community awareness activities:** A second strategy to create an enabling environment for youth SRHR is to create public support through awareness raising campaigns and (youth-led) community awareness activities. By providing communities and the general public with information on youth SRHR and involving men and religious/traditional leaders, we will break taboos and enhance community support. At community level we will focus on specialised trainings and value clarification for community based organisations (CBOs); individual and group meetings on SRHR topics such as youth sexuality, abortion and youth-friendly services, targeting religious leaders, community leaders, parents, partners, extended family members and young people; and awareness-raising events for the general public, such as theatre performances, rallies, quizzes and debating competitions. To gain support for SRHR among a broader audience, GUSO will focus on mass media awareness campaigns. Social media, radio and television campaigns –often in local languages and with support from SRHR ambassadors such as youth icons or other key influencers- to build public support. As a result of this strategy (young) key influencers will act as SRHR ambassadors and bring SRHR to the forefront and **communities and key gatekeepers (religious leaders, parents, teachers, peers) increasingly accept and support young people’s SRHR**. This intermediate step will lead to an improved socio-cultural environment for SRHR.
The Get Up Speak Out Consortium currently partners with (11) Country Alliances in Ethiopia, Ghana, Kenya, Malawi, Senegal, Tanzania, Uganda, Bangladesh, India, Indonesia and Pakistan. As alliance building is central to our ToC, the added value and potential impact of Get Up Speak Out is greatest in the countries where the UFBR and ASK programmes were implemented. Mid-term evaluations demonstrated the effect and potential of our multi-component approach in these countries. Therefore no new GUSO programme countries were considered.

Given the fact that the approved budget for the Get Up Speak Out programme is considerably less than the combined budgets of UFBR and ASK, the consortium concluded that it is more effective and efficient to reduce the number of countries as the Consortium is keen not to fragment the funding, but go for robust sustainable change.

The decision which countries not to include in the Get Up Speak Out programme was based on an extensive consultation process. In March 2015 each of the 11 Country Alliances prepared a Consultative Letter outlining their vision for the 2015-2020 period. The Letters were based on progress made thus far and key lessons learned from the UFBR and ASK programmes. The Alliance members in the Netherlands/United Kingdom reviewed the realism of these plans in relation to:

- the evolving Theory of Change of the GUSO programme;
- the perceived relative strength of the Country Alliances; and
- the added value of the Country Alliance; opportunities to scale up in collaboration with other actors, including Dutch alliances; opportunities to match with countries of Dialogue and Dissent Strategic Partnerships (e.g. Rutgers: Right Here Right Now and STOP AIDS NOW!: Beat the AIDS Epidemic); justification of individual Alliance members for specific countries.

The Get Up Speak Out Consortium compared the outcomes of both exercises and combined these with criteria used to select the UFBR countries in 2011, incl. the prerequisite that a minimum of 3-4 Consortium members (and partners) to ensure the implementation of the full Theory of Change. This led to the decision to phase-out of India. Another factor was the availability, notably in Bangladesh, of funding from other (non-SRHR Strategic Partnership) sources. The country selection was further complicated by the withdrawal from Amref in the Get Up Speak Out programme, which caused a gap, notably in the Tanzania and Senegal Alliances, a gap that could not be filled by the remaining Consortium members. Overall this led the Consortium to cease activities in Bangladesh, India, Senegal and Tanzania under the Get Up Speak Out programme.

Countries
### Risk Analysis

<table>
<thead>
<tr>
<th>Potential Risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased government control over CSOs thereby limiting freedom to operate, freedom of speech and sphere of influence.</td>
<td>High</td>
<td>Medium</td>
<td>The Consortium and partners operate within the applicable legal framework and thus aim to avoid controversy and possible ramifications. Advocate at all levels, together with Dutch Embassies/missions and other partners to ensure ample space for civil society to perform its critical role.</td>
</tr>
<tr>
<td>(Staff of) Implementing partners do not share the norms and values of SRHR Alliance despite capacity building and value clarification efforts.</td>
<td>Medium</td>
<td>Low</td>
<td>If after training and value clarification it is clear that partners hold values that compromise rights-based programming, we will reassess the collaboration and if required the partnership will be terminated. If required a new partner will be identified.</td>
</tr>
<tr>
<td>Natural disaster (floods droughts and earthquakes etc.) or humanitarian crises (conflicts, epidemics, famine etc.).</td>
<td>Medium</td>
<td>Medium</td>
<td>Advocate for disaster preparedness plans, especially ensuring SRHR of vulnerable groups are safeguarded. In case of disaster or crisis we will link to emergency relief organisations to ensure SRHR is prioritised. Safety of our (partners') staff is our primary concern. We will develop evacuation plans for high-risk areas.</td>
</tr>
<tr>
<td>Political destabilisation.</td>
<td>Medium</td>
<td>High</td>
<td>We will monitor the political stability in partner countries, particularly those at risk of destabilisation, and consult closely with Embassies. We will have contingency plans in place for (temporary) scale back.</td>
</tr>
<tr>
<td>Partner staff are threatened, stigmatized or penalised for activism on young people's SRH Rights or sensitive topics like abortion or LGBT-rights.</td>
<td>Low</td>
<td>Medium</td>
<td>We estimate this as low risk as we address sensitive issues as part of the broader SRHR agenda but do not position ourselves as an activist group on a specific issue. If one of our partners' staff members experiences threats or legal problems, the Consortium will determine whether it can provide (legal) support, link with human rights organisations and work closely with the MoFA and Embassies for diplomatic support.</td>
</tr>
<tr>
<td>For a variety of reasons (for example because of a lack of interest or the association with SRHR negatively impacts their position within the family, community and among peers) young people are not motivated to commit themselves to the GUSO programme.</td>
<td>Low</td>
<td>High</td>
<td>All Consortium members and partners have a Child Protection policy. Through the multi component approach the GUSO programme aims to create a conducive environment for young people to actively engage in the programme. The Consortium and Country Alliances will always consult young people themselves, caregivers, stakeholders etc. on how to engage young people, before and during interventions The envisaged involvement of young people in the entire programme cycle, offers ample opportunity for young people to be involved in a variety of activities and to develop themselves</td>
</tr>
<tr>
<td>Partner organisations are fraudulent or corrupt.</td>
<td>Low</td>
<td>Low</td>
<td>It is a prerequisite for all organisations to have anti-fraud, corruption and complaint protocols. In case of continued misappropriation of funding, partnerships might be terminated by the Consortium (member) and, if required, new partners may be identified.</td>
</tr>
<tr>
<td>Internal disagreement between Consortium Members and/or in-country Alliance partners that hampers effective programme implementation or threatens the continued existence of the Consortium and/or in-country Alliances.</td>
<td>Low</td>
<td>High</td>
<td>Consortium and Alliance wide shared vision, mission, objectives and ambitions. Transparency at all levels (from Steering Committee to partnerships) through structural meetings and exchanges, Linking&amp;Learning, reviews and evaluations.</td>
</tr>
</tbody>
</table>
Introduction
To deliver the multi component approach as described in the previous paragraphs, the consortium members will bring together its expertise, experience, partners, networks, methodologies and target groups. The previous years of collaboration in ASK and UFBR have shown and provided insight in how the different consortium members can best complement each other’s efforts and thereby maximize impact and efficiency. Starting point of the partnership development in GUSO is to keep what works and adjust what can be improved. Further, the consortium made meaningful youth participation a more prominent focus, also in the consortium governance structures and coordination.

More specifically, each consortium member brings in expertise, people and networks that jointly form a solid base for achieving the planned objectives and outcomes. In addition to overall partner and project management, each member will bring in specific expertise, ranging from comprehensive sexuality education, youth-friendly services to integration of SRHR and HIV, community empowerment and youth mobilization. Next to complementarity in SRHR thematic knowledge and expertise, the different consortium members also complement each other in applied strategies and approaches. For example, Rutgers is well-known for comprehensive sexuality education programmes in schools, dance4life works with youth culture elements to educate and empower young people to become active agents for change, both in and out of schools. Simavi and STOPAIDSNOW! apply different strategies to reach young people out-of-school. CHOICE capacitates young people to advocate for their SRHR, using meaningful youth participation and youth-led interventions. dance4life is capable to mobilise large groups of young and creates public awareness and support through (digital) campaigns and with support from SRHR ambassadors. Simavi focuses on creating an enabling environment for young people’s SRHR, using community empowerment and social accountability. IPPF brings a large network of (private)service providers and expertise in youth-friendly services, advocacy, safe abortion and community awareness. STOP AIDS NOW! brings the perspective on HIV through (Y)PLHIV networks, and a focus on integrating HIV in SRHR as well as capacity development on quality of SRHR education and HIV prevention programmes for youth.

Finally, Rutgers and IPPF have rich experience in setting up and conducting Operational Research (including the Explore methodology for involving young people as researchers in SRHR), which will feed the evidence based advocacy of GUSO members and partners at different levels (e.g. CHOICE as a key player in youth-led advocacy at international level, IPPF at international level, Rutgers, dance4life, Simavi and STOPAIDSNOW! for advocacy at national and in-country level).
5.1 Strategic Partnership between the GUSO Consortium and the Ministry of Foreign Affairs

Over the years, the Minister has shown leadership on SRHR. We thus envision an important role for the Minister in GUSO. The SRHR Alliance already works in partnership with the Minister, delegations, embassies and thematic departments. We aspire to strengthen these collaborations further to increase our impact. The nature of our cooperation will vary per country, reflecting the local context. In programme countries, the Minister may play a broker role, providing entry to governments, business sector, bilateral and multilateral donors, and facilitating engagement. The Minister plays a diplomatic role to support the SRHR Alliance in influencing national governments on youth SRHR. Internationally, the Minister participates in relevant SRHR platforms, strengthens links between like-minded governments and increases space for CSOs to participate and address SRHR. This facilitates and reinforces the GUSO ToC as well as other Strategic Partnerships. These partnerships need to be further developed during the country programme development phase (January-June 2016) in which the Ministry and Embassies will be invited to participate.

The consortium sees a strong added value of engagement with the MoFA and embassies to strengthen and achieve the envisaged outcomes of the GUSO programmes in the following areas:

- The Consortium, Country Alliances and the MoFA play complementary roles in influencing national governments and international decision taking bodies. The consortium will support civil society to advocate for young people’s SRHR and also engage in direct advocacy campaigns and initiatives. The MoFA, directly and indirectly through its embassies and Permanent Missions, could reinforce these efforts by entertaining governments to improve and implement legislation and policies.

- This Consortium focuses on demand, quality of SRHR services and the enabling environment. The MoFA’s contact with multi-lateral agencies (such as UNFPA, UNESCO and UNICEF) and governments could contribute to ensure the adequate supply (SRH services and SRHR information and education) side in line with SRHR Policy Framework in which the Minister explicitly states that MoFA funding should not be allocated for these purposes.

- Embassies, because of their thorough knowledge of the context and stakeholders in countries, are important partners and resource persons during the development of the country specific programs, and could provide feedback and insights during planning and reflection meetings, or sharing and learning activities.

- Embassies can facilitate collaboration with other relevant international partners and INGOs, receiving bi-lateral financial support from the MoFA.

- Support in youth-led advocacy. At different levels they can play a role in facilitating access to important networks and influential bodies where youth can raise their voices and bring their SRHR to the table.

- Evidence (research) on successful approaches will be shared with the MoFA with the intention to launch international appeals to scale up such interventions.

- Safe abortion & LGBT. Together with embassies and the MoFA contextualized approaches and strategies could be developed to address these sensitive SRHR issues.
5.2 Role and responsibilities of consortium members
The Essential Packages Manual provides Consortium members and partners guidance on number of agreed upon values and principles. Within the overall GUSO ToC and the country specific elaboration of this ToC and resulting GUSO programme, Consortium members and their respective partners are jointly responsible for the agreed upon deliverables embedded in the GUSO country programme.

At the start of the GUSO programme, Consortium members are responsible for partnership (grant) management. It is envisaged that this relationship will evolve in the course of the programme to partnerships in which Country Alliances have a greater autonomy in deciding how GUSO programme funding will be allocated. This is in line with GUSO’s objective to build sustainable alliances in-country, which have ownership and function as independent entities.

Apart from partnership (project and contract) management, each consortium is responsible for certain broader programmatic and alliance objectives, based on each members’ expertise and capacity. These contributions include:
- Alliance Building/coordination
- Organisational capacity strengthening and institutional development
- Technical Advice and training (different topics, based on expertise)
- Planning, Monitoring, Evaluation and Learning
- Operational Research
- Lobby and Advocacy

5.3 Role and responsibilities of the lead agent
Next to roles and responsibilities as consortium member, Rutgers as the lead applicant will take up role and responsibilities related to the overall grant management. Main duties include:
- Act as point of contact, representative and responsible party towards the Minister and Ministry with regard to GUSO Programme.
- Distributing and paying out the grant funds.
- Monitoring overall performance and correct implementation of the GUSO Programme and taking adequate measures, including imposing sanctions for non-performance of activities or not achieving results as agreed.
- Collecting information to be provided to the Minister and providing the Ministry with the required reports.
- Chair of the financial working group.

Rutgers, as the lead agent is also responsible for consortium coordination and communication. These tasks are executed by the Consortium Manager and team (further referred to as Consortium Secretariat).

5.4 Roles and responsibilities of the Consortium Secretariat
To ensure that Get Up Speak Out will be more than a sub-granting system between different organisations, there will be a consortium secretariat, based at Rutgers as lead agent, responsible for and focusing on coordination, partnership building, external communication, facilitation of a joint agenda for learning and supervision of NPCs, Youth NPCs and Country Focal Points. The Consortium Secretariat will also be the focal point for the MoFA.
5.5 Governance structure

Based on our collaboration experience in the UFBR and ASK programmes, the governance structure was reviewed to improve efficiency and effectiveness and to align the structure with the envisioned gradually increasing independence of the country-alliances. This resulted in the following modifications in the existing governance structure:

1. **A lighter coordinative structure where feasible.**
   - The number of structural working groups and consultation/meeting at Consortium level was reduced: these will only take place if required.
   - Instead of one (1) country lead per country, we will work with country focal points (a part-time coordination function) that may deal with multiple countries (depending on size of country programmes).
   - The joint activity budget will no longer be managed centrally by the Alliance Office but by the aforementioned country focal point and NPC.

2. **Transfer ownership and accountability to the countries, including preparing in-country alliances for continuation as independent entities latest by the conclusion of the program.**
   - The intention is to move from a situation of contractual relationships between Consortium members and their in-country partners to a situation in which country alliances to a large extent independently manage a country grant (including budget allocations per partner) in line with overall GUSO programme objectives and the specific country GUSO programme.
   - Similarly coordinative duties will be gradually transferred from the country focal points to the NPCs.
   - Establishment of a mechanism to safeguard GUSO programme objectives (e.g. rotating SC member from country in the consortium steering committee, instatement of an advisory group with experts from the countries).

3. **A step-by-step change to more in-country ownership and accountability between 2016 and 2020.**
   - The reason for applying a gradual approach is based on the realization that transferring responsibilities should go hand in hand with a process of capacity building and targeted efforts to strengthen in-country programme management capacity. Furthermore Consortium will adopt a tailored approach based on the strength of the Country Alliances.
Please find below the organogram at the start of the programme (2016) and one possible scenario for the end of the program (2020) which reflects the envisioned change in governance structures and programme steering related to increased in-country ownership and accountability of country alliances.

Notes:
1. NPC is accountable to ED/Head of Programmes of the host organisation for daily management issues.
The governance structure for the GUSO programme consists of some key positions/entities. These are reflected in the organogram and are briefly described below.

- **Consortium Steering Committee**: Consisting of Directors of Consortium Members is responsible for strategic direction and issues related to the management of the consortium and the programme. Participation of the Ministry in the periodic meetings on GUSO programmatic issues is being considered.

- **Consortium Programme Team**: Consisting of Programme Managers of Consortium members, is responsible for GUSO programmatic issues and direction (in line with overall goals and objectives), management of GUSO decisions in their own organization and prepare decision-making by SC.

- **Consortium Manager and team**: Consisting of Consortium Manager, Consortium Officer, Technical Advisor Alliance Building is responsible for coordination, partnership building, external communication, facilitation of a joint learning agenda and supervision of NPCs, Youth NPCs and Country Focal Points. The Consortium Secretariat will also be the focal point for the Ministry of Foreign Affairs.

- **Country Focal Point**: The Country Focal Point (CFP) is the counterpart in the Netherlands/United Kingdom for the National Programme Coordinator in the coordination of the GUSO country programme. The CFP is the liaison between the NPC and Programme Officers and Technical Advisers in the Netherlands/United Kingdom. In performing these tasks, the CFP collaborates closely with the Consortium Manager.

This set-up is largely mirrored for the Country Alliances:

- **National Steering Committee**: Consisting of directors of in-country partners, holding final responsibility for implementation of and achieving the objectives of the GUSO-programme in their country.

- **National Programme Team/technical Programme Committee**: Consisting of Programme staff (e.g. project managers of in-country partners), is responsible for GUSO programmatic issues and direction and prepared decision-making by SC.

- **National Programme Coordinator**: is responsible for the coordination of the GUSO programme and manages the process of collaboration among the partners in a specific country. The NPC coordinates what has been agreed by the country alliance partners and manages the planning and execution of joint activities of country alliance partners. The NPC represents and profiles the alliance in meetings and events in the country and is the driving force behind the joint advocacy agenda of the Country Alliance. The NPC is hierarchically accountable to the Consortium Manager (Netherlands), and for daily management issues accountable to the line manager (ED or Head of Programmes) of the host organization.

- **Youth NPC**: Driver and coordinator of youth movement building in-country.

However, should Country Alliances already have (e.g. Kenya) different operational governance structures in place, these will be respected.
M&E Plan

Introduction
PMEL in GUSO will build on experiences from ASK and UFBR where methodologies for financial and programme planning, monitoring and reporting have been captured in toolkits and systems. It is intelligible that these will be adjusted and further developed to fit the specifics of the GUSO program. The newly adapted Essential Packages manual provide guidelines and inspiration for roadmaps and quality control. PMEL within GUSO serves purposes of accountability, learning (at multiple levels), informing decision making and steering (adapting) the program.

PMEL will be organised around and oriented on both results and processes. To monitor progress, and measure realised results, indicators at outcome level are used, that will provide insights in the progress towards anticipated changes. A combination of the more regular PMEL methodologies, Operational Research, the learning agenda, and an external evaluation will be used to measure progress and processes.

GUSO will monitor processes within country specific programmes by means of milestones or process evaluations. Process monitoring will be country specific, but is likely to focus on (amongst others) synergy between components of the program, assumptions within the TOC, innovative processes, and quality of implementation. Country specific PMEL frameworks will be developed based on the country programmes, which will be formulated by partner organisations during the programme development workshops in Q1 2016. In each country, and at Dutch/UK consortium level, separate PMEL and OR budgets are reserved.

6.1 Objectives and indicators
Results of the GUSO programme are formulated at the level of impact, long term objectives and five interrelated and mutually reinforcing outcomes (as elaborated in the ToC). Throughout the programme the GUSO partnership will monitor the progress of achieving results and the processes leading towards results. In the table below the five outcomes described in the GUSO TOC have been specified into a number of measurable objectives.
### Table 5: Outcomes and measurable objectives

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Measurable objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 1: Strengthened and sustainable Country Alliances comprehensively address the SRHR of young people, including sensitive issues</td>
<td>Country alliances are better able to implement comprehensive SRHR programming because of strengthened thematic/technical and organisational capacities.</td>
</tr>
</tbody>
</table>
| Outcome 2: Empowered young people increasingly voice their rights       | Country Alliances have functional structures for meaningful involvement of youth in all aspects of programming;  
  • for fostering youth SRHR movements,  
  • for fair representation and regeneration of an active pool of young people and youth advocates  
  • creates opportunities for increased responsibility and personal development,  
  • and supports young people to be actors of change with their society.  
  Young people are actors of change and increasingly influence positive change processes in SRHR in their society. |
| Outcome 3: Increased utilization of comprehensive SRHR information and education by all young people | Increased number of young people are reached through quality SRHR education and information channels.  
Country Alliances have set up sustainable structures for delivery of SRHR education and information, including referral to SRH services. |
| Outcome 4: Increased utilization of quality and youth-friendly SRHR services that respond to the needs and rights of all young people | Increased accessibility of quality SRH services and contraception for young people.  
Increased satisfaction with SRH services by young people. |
| Outcome 5: Improved socio-cultural, political and legal environment for gender-sensitive, youth-friendly SRHR. | Increased acceptability for young people’s rights to, and use of, SRHR education/information and services within communities (including care-givers/parents).  
Country alliances have contributed to positive SRHR policy and/or legislation changes. |

After country programme development, which will be owned and led by GUSO country alliances, country specific indicators, (including milestones), will be developed/selected to measure progress towards the measurable objectives. Baseline data (either existing, or newly acquired) will be used to specify these indicators. Developing the indicators with our local partners is key to ensuring indicators are programme specific and relevant, that targets are realistic and measurable, and to have commitment and ownership of the country alliances.
The process of developing country specific indicators will be informed by earlier experiences of UFBR and ASK, the roadmaps described in the updated essential packages, recent insights and processes in the development of SRHR indicators and SDG indicators. Where possible and relevant, indicators will be gender sensitive, and include aspects of inclusion. A menu of indicators will be developed to inspire and support partners in indicator development, and to support (where possible) the use of similar indicators in the different countries. This menu will include both quantitative and qualitative indicators. Examples of indicators in this menu are provided below.

### 6.1.1 Measuring Results

In each country, a sample of geographical areas will be selected, representative for all intervention strategies and partners within the country program, where results at the outcome level will be measured. For results in Outcome 1, qualitative and participative and process oriented methodologies are more appropriate. For Results in outcome 2, an operational research trajectory is most suitable. Programmatic results for results in outcome areas 3, 4 and 5 can be measured through more regular PME methodologies, both qualitative and quantitative, and where appropriate, retrospectively. These findings will be complemented by operational research on the effects of the multi-components approach, programmatic assumptions and processes that supported or hindered implementation. To ensure good quality and independent data, we are exploring with research institutions from the onset of the programme for baseline, mid-terms and end-line measurements.

- **Baselines:** For relevant outcome indicators, in each country baseline measurements will be executed. The UFBR and ASK end-line evaluation data will be used as input for baselines for the GUSO programme where outcomes correspond. It will be supplemented by additional studies. Baselines will be executed before implementation of related interventions starts. Because not all interventions will start at the beginning of the program, a number of baseline measurements might take place in due course of the program.

- **Mid-term:** Comparable to the baselines, mid-term evaluations will be executed for a selected number of outcome indicators. This selection will depend on the nature of the indicators and possible changes in the programme.

- **End-lines:** In each country, the GUSO programme will be evaluated. This evaluation will include and end-line measurement of outcome indicators. The GUSO Alliance will discuss and provide the mid-term evaluation data for the external review of IOB.

- **Results at the level of the long term objective:** The long term objectives of GUSO are formulated as: Young people, especially girls and young women, are empowered to realise their sexual and reproductive health and rights (SRHR) in societies that are positive towards young people's sexuality. The Consortium aims to research its (contribution to) the long term objective in a few selected contexts. These studies are intended to research whether the programmes outcomes indeed contribute to the long term objective. It will focus on changes at beneficiary level to improve the effectiveness of interventions on health and/or empowerment indicators, for example contraceptive use, self-efficacy, autonomy, unplanned pregnancies.
6.1.2 Monitoring progress and processes

The PMEL framework will include monitoring the following:

1. Progress towards results (context-specific milestones).
2. Assumptions of country based theory of change, including the synergy between the different programme components, and implementation processes.
3. Identified risks and relevance of the strategies
4. Quality of the implementation of interventions. Essential packages can be applied as guidelines/inspirations to monitor the quality; blended learning processes will promote adaptations of lessons learned through these processes.

To ensure the quality of data collection, the following criteria will be met:

- Validity and reliability are secured by careful design of quality instruments and by triangulation (using different sources of verification for one indicator), quality data collection, entry and analysis.
- Usefulness is secured by developing the specific objectives of the baseline and end-line together with partner organisations and country alliances.
- Objectivity and independence is secured by careful collection of information, and involvement of external consultants.
- Transparency is secured through description of processes in the ToR and the final reports.
- Representativeness is secured by quality sampling procedures.

6.2 Data collection methodologies

6.2.1 Regular monitoring

Data collection methodologies will include the more regular monitoring methodologies, that track overall progress, targets, and ensure appropriate allocation of resources. These will be based on experiences from UFBR/ASK programmes, and aligned to existing monitoring systems and processes. Besides the regular monitoring, operational research and the learning agenda are important approaches to gather insights in processes and progress towards results.

6.2.2 Operational Research

In the ASK programme, more than 30 operational research tracks\(^\text{22}\) were implemented, some smaller, focusing on an individual partner intervention, some bigger, involving multiple partners within one country, some across a number of countries. Operational Research in ASK has proven very effective in informing (development and/or implementation) of interventions, define and build common understanding of SRHR concepts, encouraging sharing and learning and promoting visibility by sharing and disseminating results. In addition, operational research has supported meaningful Youth Participation in the programmes. Based on these positive experiences, operational research will remain an important strategy within GUSO:

- to provide insights in the processes and explanatory factors of results, including synergetic processes and assumptions of change
- to gain better insights in different aspects of young people’s SRHR for the development of strategies and interventions, including the use of targeted and contextualised interventions to address the needs of specific groups of young people. Too often it is assumed that young

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\(^{22}\) Research track is defined here as delivering an individual research report.
people are a homogenous group that will all benefit from the same intervention. However, this is not the case and we need to learn more about what young people need and how to address these needs in the most effective and efficient way

- to monitor implementation processes, particularly of new and innovative interventions
- to monitor progress towards results of selected interventions
- to compare effectiveness/efficiency of different intervention strategies

6.2.3 Learning agenda
Reflection, learning, steering and adaptation are integrated within the programme cycle. Especially within alliances and consortia, sharing and learning are important to continuously address the added value and synergy of the investments of the different partners. Learning enables the consortium to generate in-depth insights on implementation, success factors and inhibiting factors and challenges, and to fine-tune programming. It will facilitate collaboration and harmonisation, and the identification of possible new opportunities. Learning will be organised at different levels:

- country alliance level
- south to south learning
- international learning (between partners and members)
- Dutch/UK level.

Comparable to the ASK and UFBR program, planning and reflection meetings will address: assessments on progress, checking assumptions and re-assessing relevance, monitoring of risks, assessing sustainability strategies, and need for adaptations in strategies and programme planning. Likewise, at Dutch/UK level, annual planning and reflection meetings will be organised.

- Learning will be promoted on specific thematic areas that come up during the course of the program. Like in UFBR and ASK, where learning meetings and/or trajectories were organised on SGBV, Sexual Diversity, CSE and Gender, or like the ASK operational research symposium organised in Kisumu in 2015. The learning agenda will stimulate sharing the lessons learned of innovative approaches piloted, and of Operational Research findings.
- In addition, the Consortium will focus on one or two learning agenda topics that focus on partnership processes. Through the learning agenda the organisations will reflect on the added value of the Northern members for the Southern partner organisations, and on the partnership with the MoFA.
- In addition, the learning agenda. Another possible learning agenda theme is the ability of the Consortium to stimulate gender transformative thinking with intermediates and how this influences the quality and inclusiveness of the services provided.

6.3 GUSO and IATI
GUSO will be reported in IATI following - to a large extent - the guidelines from the MoFA. A model will be developed by Rutgers in collaboration with the consortium members for responsibilities in IATI reporting. This also include at what level results will be reported in IATI.

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23. Intermediaries are persons involved in implementing intervention activities and providing support in the GUSO programme. These can be programme staff, health staff, teachers, peer educators, community volunteers, etc.
6.4 Budget and process
A fixed percentage of country budgets will be allocated for monitoring & evaluation, operation- 
al research and sharing and learning. A similar percentage will be set aside from the budget of 
the Northern members, to invest in PMEL and operational research. The development of country 
specific PMEL frameworks will be discussed during the country workshops, further developed 
in country, and included in the final country programme that will be submitted for assessment 
and approval.

Examples from the country indicators menu

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Examples of possible country specific indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country alliances are better able to imple-</td>
<td>• Country alliances implement high-quality, youth friendly and</td>
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<tr>
<td>ment comprehensive SRHR programming</td>
<td>evidence based SRHR programmes</td>
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<tr>
<td>because of strengthened thematic/technical and</td>
<td>• Country Alliances have strong SRHR capacity and provide</td>
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<tr>
<td>organisational capacities.</td>
<td>high-quality, gender-transformative technical assistance for</td>
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<tr>
<td></td>
<td>CSOs, local authorities and other key-stakeholders.</td>
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<td></td>
<td>• Country alliances seek and establish strategic collaborations</td>
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<td></td>
<td>in advocacy and campaigning</td>
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<td></td>
<td>• Partner organisations demonstrate progress in key principles</td>
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<tr>
<td></td>
<td>and SRHR values</td>
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<tr>
<td>The alliance has improved functional struc-</td>
<td>• Partner organizations increasingly engage young people in</td>
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<tr>
<td>tures that enforce a fair representation of</td>
<td>all aspects of SRHR programming.</td>
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<tr>
<td>young people, create opportunities for young</td>
<td>• Each country alliance includes a youth organization, with</td>
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<tr>
<td>people to be meaningful involved in all as-</td>
<td>representation in the Steering committee.</td>
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<tr>
<td>pects of programming, and supports young</td>
<td>• More country alliances operates as youth-adult partnerships</td>
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<tr>
<td>people to be actors of change within their</td>
<td></td>
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<tr>
<td>society.</td>
<td></td>
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<tr>
<td>Young people are actors of change and</td>
<td>• Youth organizations have an increased capacity in SRHR and</td>
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<tr>
<td>increasingly influence positive change pro-</td>
<td>SRHR programming</td>
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<tr>
<td>cesses in SRHR in their society</td>
<td>• Young peopleed work more effectively together to share infor-</td>
</tr>
<tr>
<td></td>
<td>mation and advocate for SRHR.</td>
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<tr>
<td>Increased nr of young people are reached</td>
<td>• Teachers, peer educators and educational institutions have</td>
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<tr>
<td>through quality SRHR education and informa-</td>
<td>more rights-based, gender-transformative, positive attitudes</td>
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<tr>
<td>tion channels.</td>
<td>• Quality of the provision of comprehensive SRHR information</td>
</tr>
<tr>
<td></td>
<td>is improved.</td>
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<tr>
<td>Country Alliance have set up sustainable</td>
<td>• % of young people that have access to quality SRHR informa-</td>
</tr>
<tr>
<td>structures for delivery of SRHR education and</td>
<td>tion and education through diverse channels is increased</td>
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<td>information, including referral to services</td>
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<tr>
<td>Increased accessibility of quality SRH ser-</td>
<td>• SRH services are better adapted to young people’s needs and</td>
</tr>
<tr>
<td>vices and contraception for young people &amp;</td>
<td>respect young people’s sexuality without judgment, stigma or</td>
</tr>
<tr>
<td>Increased satisfaction with SRH services by young</td>
<td>discrimination.</td>
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<tr>
<td>people</td>
<td>• Young people and communities engage with service provid-</td>
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<td></td>
<td>ers and local authorities in improving the quality of services</td>
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<td></td>
<td>through social accountability mechanisms.</td>
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<td></td>
<td>• Research findings provide insight in where and when young</td>
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<td></td>
<td>people access SRHR services.</td>
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<tr>
<td>Increased acceptability for young people’s</td>
<td>• Communities and key gatekeepers (religious leaders, parents,</td>
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<tr>
<td>rights to, and use of, SRHR education/infor-</td>
<td>teachers, peers) increasingly accept and support young peo-</td>
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<tr>
<td>mation and services within communities, and</td>
<td>ple’s SRHR.</td>
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<tr>
<td>by care-givers/parents</td>
<td>• (Young) key influencers act as SRHR ambassadors and bring</td>
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<td></td>
<td>SRHR to the forefront.</td>
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<td></td>
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<tr>
<td>Country alliances have contributed to posi-</td>
<td>• Policymakers increasingly support and prioritize youth SRHR.</td>
</tr>
<tr>
<td>tive SRHR policy and/or legislation changes</td>
<td>• (Young) key influencers act as SRHR ambassadors and bring</td>
</tr>
<tr>
<td></td>
<td>SRHR to the forefront.</td>
</tr>
</tbody>
</table>
The preliminary 2016-2020 budget was prepared in close consultation with all Consortium members. The Consortium members agreed to fix the 2016 budget and prepare a draft budget for the 2017-2020 period. Further detailing of the budget will be based on the outcomes of the in-country programme development workshops, while it is also anticipated that year-1 activities could further influence budgets in the years ahead. The Consortium members agreed that during the first three years 60% of the funds allocated by the Ministry, excluding the budget associated with the lead agency’s role and the alliance office (including alliance building), will be spent in the selected country. This percentage will be increased to 70% in the final two years of the programme in an effort to stimulate country ownership. Together with this goal we also agreed to allocate the country and consortium member budgets based on realistic division of the annual budget. For example: of the total country budget allocated (taking the 60-40 and 70-30 into account) we expect to spend 60% of the average annual country budget in year 1 and 111% of the average annual consortium budget in year 1.

**Country budgets**

In the 2016-2020 budget presented below we have budgeted on country level connected to the result areas from the ToC. As country specific ToCs and programmes will be developed in the 1st quarter of 2016, the Consortium members agreed to allocate only 40% of the available country budget to the countries. The remaining anticipated country budget is reflected in the budgetline “budget not yet allocated”.

The 40% allocated directly to the countries is based on a stratified division between countries based on historic size of the country budgets under the previous programmes financed by the Ministry of Foreign Affairs. The allocation of the remaining 60% will be based on the relative quality of the country specific ToC and corresponding country programme. After the country specific TOCs have been developed, analyzed and compared, the Consortium Members will determine the final budget per country. This appraisal will be based on a pre-defined criteria. Furthermore the Consortium members agreed that the 2018 mid-term evaluation will be used, amongst others, to assess the quality of the individual country programmes. The outcomes could lead to a revision of the budget allocation per country.

**Consortium member budget (Netherlands-International)**

The Consortium members intend to spend around 40% of the annual funds allocated by the Ministry in year 1, 2 and 3, excluding the budget associated with the lead agency’s role and the alliance office. For year 4 and 5 the consortium aims to reduce this proportion to 30% of the annual budget. The total budget allocated to Consortium members is set based on the above mentioned goals. Of this total the Consortium members have set an average annual budget available. Of this average annual budget the Consortium members agreed to spend more in
year 1-3 and less in year 4-5. The midterm evaluation, see above, will also be used to reassess this division. The amounts budgeted in the Netherlands/UK are based on the value added (contribution) of the individual Consortium Member in the realization of the Get Up Speak Out Theory Of Change. On total around 7% of the total budget is allocated for lead agent and alliance building activities.

The budgeted costs as presented in the budgetline Netherlands – International are the costs intended to be spent in the Netherlands – UK, however for the direct benefit of the programmes in the countries. The budget is set up in this way to provide optimal transparency on what is spent where, since the Consortium Partners aim to spend less in the Netherlands-UK and more in the countries over the years. Most of the budget in Netherlands – International is budget for supportive staff costs concerning programme implementation and coordination, technical expertise, PME and operational research.

Costing and reporting system

General: All Consortium members in the Netherlands/UK developed methodologies for determining the integral costs tariffs for calculating hourly rates of staff involved in the GUSO-programme. These rates are the basis for determining staff costs and budgets. The staff allocation of the individual Consortium Member is again based on its contribution to the realization of the GUSO ToC. An analysis of these methodologies revealed that all Consortium Members use a similar integral cost approach which means that there are no profit- and/or risk allocations included. The integral costs tariffs are calculated using the following formula:

\[
\text{Salary costs (including fringe benefits, pension etc.) / productive-billable hours} + \text{mark up organisation and indirect staff costs} = \text{integral costs tariff per hour}
\]

Please find below a more elaborate explanation of the components of this methodology:

• **Assumptions salary costs:** In the calculation of the hourly rate per employee, the following costs have been taken into account: gross salary; holiday allowance; year-end allowance; employer premiums for retirement and survivors’ pension, disability, early retirement, disability pension including the extra-legal part (obligatory according to collective labour agreements). The implications of applicable Collective Labour Agreements are taken into account, but may differ per Consortium Member.

• **Assumptions billable hours:** All Consortium members use a internally developed standard for the calculation of productive-billable hours per year. These are based on a 36 or 40 hours-work week, 52 weeks per year minus standard sickleave/holidays/bank holidays and indirect hours. Consortium Members developed assumptions on available hours based on historical data for calculation of the productive hours, which again might differ per Consortium Member.

• **Mark up organisation and indirect staff costs:** The mark-up per hour for indirect time and overhead expenses is pre-calculated in the budget cycle for all Consortium Members. This mark-up relates to the allowance for indirect costs which includes the organisation costs and the salary costs of indirect staff such as finance officer, HR officer and management supervision.

• **Justification by external auditors:** In previous years the methodologies used by the Consortium Members were audited through project audits and confirmed by an auditor’s opinions on financial statements. For the Get Up Speak Out consortium the justification of the methodology of integral costs tariffs will be a part of the audit protocol.
Uganda

PMEL and OR: 23.867
1. Alliance building: 33.742
2. Empowering young people: 44.809
3. SRH information: 67.484
4. SRH services: 41.753
5. SRH enabling environment: 33.742

Total sub: 248.836

Kenya

PMEL and OR: 23.867
1. Alliance building: 23.006
2. Empowering young people: 30.676
3. SRH information: 46.012
4. SRH services: 30.676
5. SRH enabling environment: 23.006

Total sub: 109.661

Indonesia

PMEL and OR: 10.858
1. Alliance building: 15.337
2. Empowering young people: 20.450
3. SRH information: 46.012
4. SRH services: 30.676
5. SRH enabling environment: 23.006

Total sub: 113.107

Malawi

PMEL and OR: 6.515
1. Alliance building: 9.102
2. Empowering young people: 20.450
3. SRH information: 46.012
4. SRH services: 30.676
5. SRH enabling environment: 23.006

Total sub: 108.661

Pakistan

PMEL and OR: 10.858
1. Alliance building: 35.717
2. Empowering young people: 40.433
3. SRH information: 46.012
4. SRH services: 30.676
5. SRH enabling environment: 23.006

Total sub: 113.107

Ethiopia

PMEL and OR: 6.515
1. Alliance building: 9.102
2. Empowering young people: 20.450
3. SRH information: 46.012
4. SRH services: 30.676
5. SRH enabling environment: 23.006

Total sub: 113.107

Ghana

PMEL and OR: 10.858
1. Alliance building: 15.337
2. Empowering young people: 20.450
3. SRH information: 46.012
4. SRH services: 30.676
5. SRH enabling environment: 23.006

Total sub: 113.107

Net not allocated

PMEL and OR: 162.874
1. Alliance building: 230.060
2. Empowering young people: 306.746
3. SRH information: 460.113
4. SRH services: 306.746
5. SRH enabling environment: 230.060

Total sub: 1.056.556

Subtotal countries: 2.877.676

5% 7% 2% 7% 1%

Netherlands - International

PMEL and OR: 307.707
1. Alliance building: 205.133
2. Empowering young people: 397.006
3. SRH information: 794.011
4. SRH services: 529.341
5. SRH enabling environment: 397.006

Total sub: 1.056.556

OUTCOMES

Alliance building: 658.300
Empowering young people: 603.380
SRH information: 805.439
SRH services: 603.380
SRH enabling environment: 470.505

Total sub: 3.214.849

5% 42% 40% 40% 38% 36% 40%