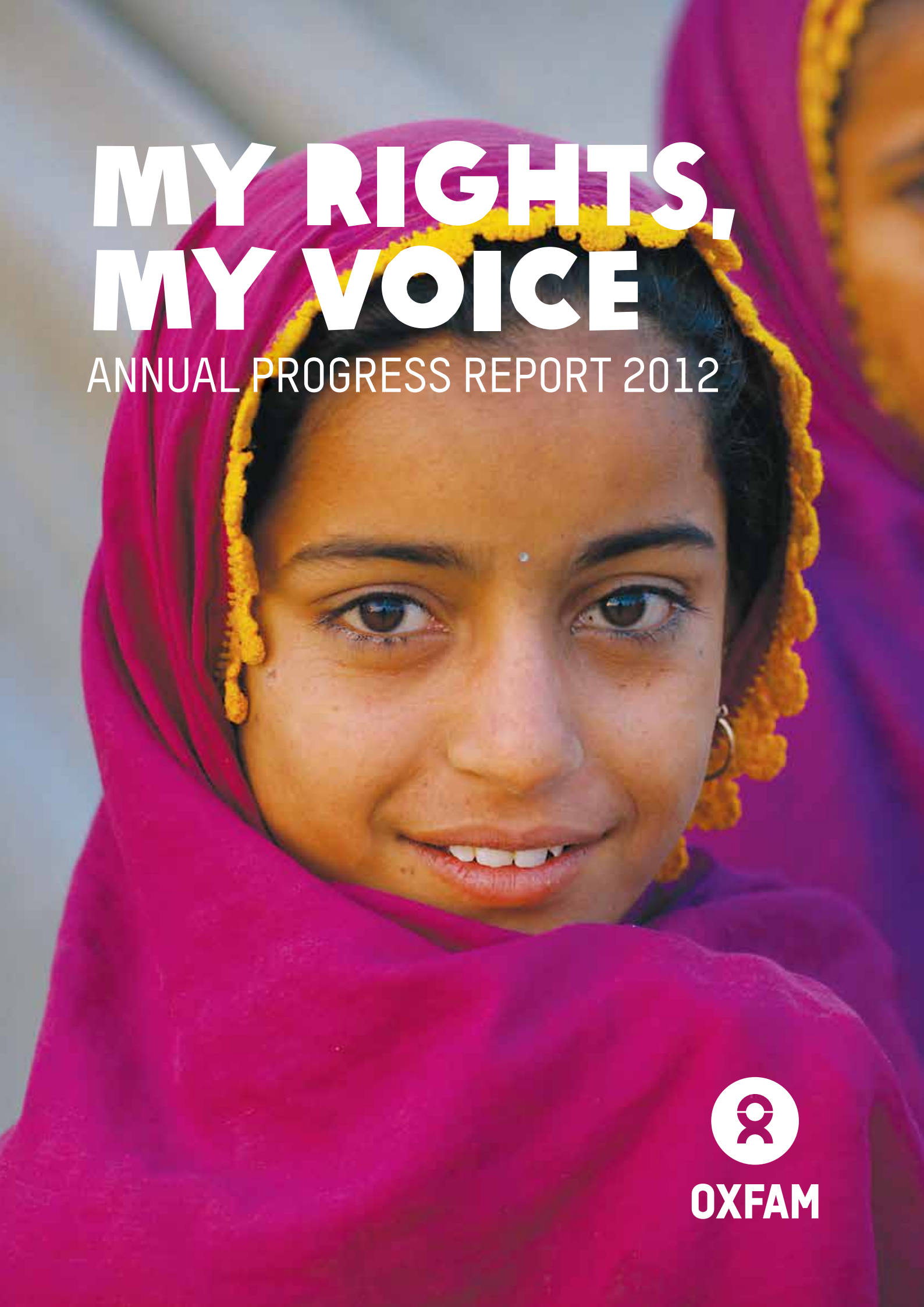

MY RIGHTS, MY VOICE

ANNUAL PROGRESS REPORT 2012

OXFAM

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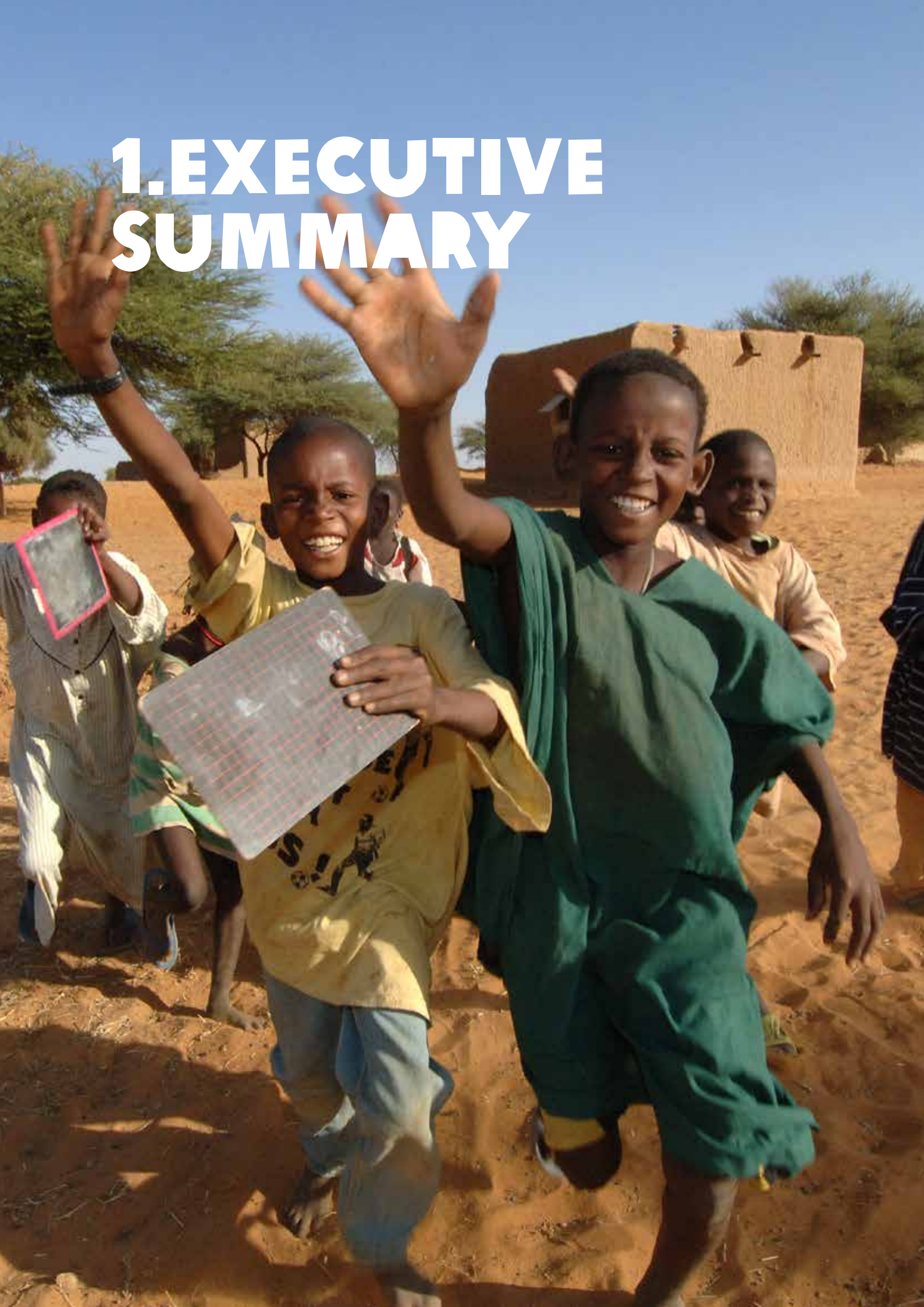
GLOSSARY OF ABBREVIATIONS

CBO	Community Based Organisation
CDC	Community Discussion Class
CHC	Children's Health Committee
CSO	Civil Society Organisation
Edutainment	Education through the medium of entertainment
ES	Essential Services
GCT	Global Coordination Team
GPF	Global Programme Framework
ICT	Information, Communications and Technology
LAL	Learning About Living
MDGs	Millennium Development Goals
MEAL	Monitoring, Evaluation, Accountability and Learning
MRMV	My Rights, My Voice
NGO	Non-Governmental Organisation
OM	Outcome Mapping
PDO	Public Defender's Office
Post-2015	The Post-2015 Development Agenda
PTA	Parent Teacher Association
RBA	Rights-Based Approach
SC	Steering Committee for the My Rights, My Voice programme
Sida	Swedish International Development Cooperation Agency
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health Rights
UN	United Nations
UNFPA	United Nations Population Fund
YAB	Youth Advisory Board
YHC	Youth Health Committee

1. EXECUTIVE SUMMARY



My Rights, My Voice (MRMV) is an innovative global programme engaging marginalised children and youth in their rights to health and education services. The belief behind the initiative is that children and youth have a right to not only to access good quality and free health and education services, but also to voice their needs, hold their governments – whose duty it is to provide and regulate such services – to account to deliver on these provisions effectively, and ultimately to be listened to as members of society and rights-holders: as *'active citizens'.*

Children and youth, especially girls and young women, living in poverty are among the most marginalised and voiceless within society. Traditionally, health and education development interventions have focused on 'delivering services' or only supporting governments and other agencies and institutions in providing these vital, life-changing services. Children and youth have been viewed, consciously or not, as 'beneficiaries,' 'recipients' or 'end users' of such services. MRMV challenges the notion of children and youth as being passive bystanders in development initiatives affecting their lives, and actively aims to engage these groups in ways that strengthens and supports their voice and rights to health and education. The programme recognises the vital role that children and youth – alongside their allies, such as parents, teachers and community nurses – can play in their own personal development and in that of their wider communities. With just over three billion people, close to half of the world's population, under the age of 25 and almost 85% of those living in developing countries, this is a potential cadre of change agents to be reckoned with.

With the looming Millennium Development Goals (MDGs) deadline of 2015, many countries are still not on course to meet goals relating to universal education, HIV and AIDS, maternal health and gender equality. Yet as we know, a lack of access to and poor quality of essential services perpetuates poverty and deepens inequality and marginalisation, further preventing young people from fulfilling their potential. Oxfam and its partners believe the greatest, most lasting impacts on the lives of children and young people will be achieved only if they themselves are supported to become actively engaged in voicing their rights to, and demanding and monitoring accessible quality education and health services in their communities as 'agents of change'. This vision is the foundation of the MRMV programme, an innovative global programme engaging marginalised children and youth in their rights to health and education services being implemented in: Afghanistan, Georgia, Mali, Nepal, Niger, Pakistan, Tanzania and Viet Nam.

The MRMV programme officially started on 15 December 2011 and completed its first year at the end of 2012. This Annual Progress Report analyses work undertaken and progress against our Global Programme Framework (GPF) (See Annex V). This period coincided with some major socio-political events in most of the countries where the programme is being implemented against the backdrop of the ongoing global financial crisis. These events included the coup d'état in Mali and subsequent conflict in the north of the country, food insecurity in Niger and Mali, and major political change and/or unrest in Georgia, Nepal and Pakistan.

Notwithstanding some setbacks, the programme as a whole is making progress. At the global level, we have also started to engage with post-2015 initiatives that are youth-led or aim to involve youth and children in the thinking and work regarding what will follow the MDGs. Furthermore, Oxfam's new strategic plan for 2013-2019 recognises the importance and necessity of involving young people as social change leaders.

PROGRESS

The first half of year one focused on the set up and early implementation of the MRMV programme. This involved a variety of activities, including: recruiting the necessary staff at country and global level, establishing new and renewing some strong existing partnerships, assessing and strengthening partner capacity in key areas, embedding an effective planning, Monitoring, Evaluation, Accountability and Learning (MEAL) and reporting system, and initiating and strengthening relationships with key stakeholders and authorities to gain access to target areas and communities in order to effectively implement MRMV programme activities. Once these programme foundations were in place we could start implementation towards our overarching goal of: 'sustainable changes in policies, practices and beliefs to meet the specific health and education needs and aspirations of marginalised children and youth, with a particular focus on the rights of girls and young women, to contribute to achieving the Millennium Development Goals'.

The emphasis and focus of our MRMV programme activities in the second half of the year was on awareness raising, increasing levels of knowledge and confidence, group formation amongst children, youth and their allies, and mobilising support from duty-bearers for the MRMV projects and their intended outcomes.

Underpinning the programme are four key objectives, outlined below with some of the key MRMV achievements over year one.

1 Children, youth and allies (parents, educators, health staff, etc) are more aware of the specific health and education rights of children and youth and with confidence voice these rights, needs and aspirations in a manner that strengthens equality.

Progress was seen against this objective, with more than 64,000 children, youth and their allies reached through awareness-raising activities, including through radio debates, child rights training, and communication materials. Information, communications and technology (ICT), digital communications and social media were used creatively to engage and increase awareness amongst marginalised children and youth in Nepal, Niger, Viet Nam, Pakistan, Mali and Georgia. We saw evidence of these same groups being able to articulate their needs and aspirations on health and/or education amongst their peers, allies and other actors, but more substantial evidence to monitor progress against strengthening voice is needed. Greater attention also needs to be given to increasing awareness and knowledge about the specific rights, needs and issues of girls and young women.

2 Children, youth and allies (parents, educators, health staff, CSOs, etc.) successfully apply improved individual and collective skills, confidence, resources and organisational skills to claim their rights to health and/or education in decision making spaces.

In year one, significant progress was made in establishing groups for marginalised children and youth: a total of 404 groups were set up. Four countries (Georgia, Nepal, Afghanistan and Niger) successfully reached their target number of groups. A strong example of success has been the selection of girls and young women to leadership positions, with 200 young women and girls taking up leadership roles in groups established under the programme. A limited number of examples exist on the development of shared agendas and collective voice that show that the established children and youth groups and/or the strengthened CBOs have a shared agenda. Notable examples come from Georgia and Nepal.

3 Duty-bearers and influencers (ministries, politicians, donors, international institutions, parents, teachers, health staff, religious leaders, NGOs, etc.) engage directly with marginalised children and youth and as a result take specific actions to deliver better access to and quality of health and education.

Some foundations were put in place towards this objective. There were instances of young women and men being recognised by duty-bearers as valid constituents and having

their voices heard on health- and/or education-related issues across all countries. This suggests there is room for children and youth to participate in consultations relating to activities affecting their lives. There was a big breakthrough in Pakistan where on the initiative of the MRMV project, religious leaders of the three major sects stated that Sexual Reproductive Health (SRH) information is important for young people and backed this subject being part of the curriculum.

4 Oxfam, partners and others have strengthened capacity to work on youth agency in country programmes, and Oxfam's global campaigning force has facilitated youth claiming and accessing better health and education.

It is too early in the programme to report any substantial progress on linking international campaigning to local activities. With regard to strengthened capacity of Oxfam and partners to involve children, a research study has been funded and published under the programme on youth as active citizens and 'youth audits' were undertaken at the end of year one by Oxfam teams and partner organisations. This internal audit process provided a baseline for the coming years against which progress on engaging children and youth in our own organisations will be measured. The MRMV programme is also strengthening its connections at country level to Oxfam's Essential Services campaign work.

Our initial results from year one indicate that the MRMV programme is on track towards achieving objectives 1 and 2, with small numbers but significant examples of duty-bearers and influencers engaging directly with marginalised children and youth in all countries, objective 3. Whilst these examples of engagement are few in number, the fact that they have taken place at such an early stage in the programme cycle is promising. Our assumption was that progress against objectives 3 and 4 would only be seen in years two and three, but we have already seen some early examples of work towards them; an indication of MRMV's potential to create and foster the space for this level of engagement to take place and sustain results after the programme's lifetime. Oxfam staff and partners have also strengthened their levels of awareness and skills in relation to engaging children and youth, with examples of highly innovative strategies being adopted to strengthen these relationships. After only six to eight months of solid implementation, the MRMV programme has indications of progress across all country projects.

In addition to our initial progress against the GPF there were developments in a number of other areas, including child safeguarding, employing innovative approaches to engage marginalised children and youth, and developing the concept of youth boards to inform MRMV country projects, which both supported country teams to strengthen their individual projects and further helped to develop the programme and improve its quality and impact, including around staff and partners' capacity.

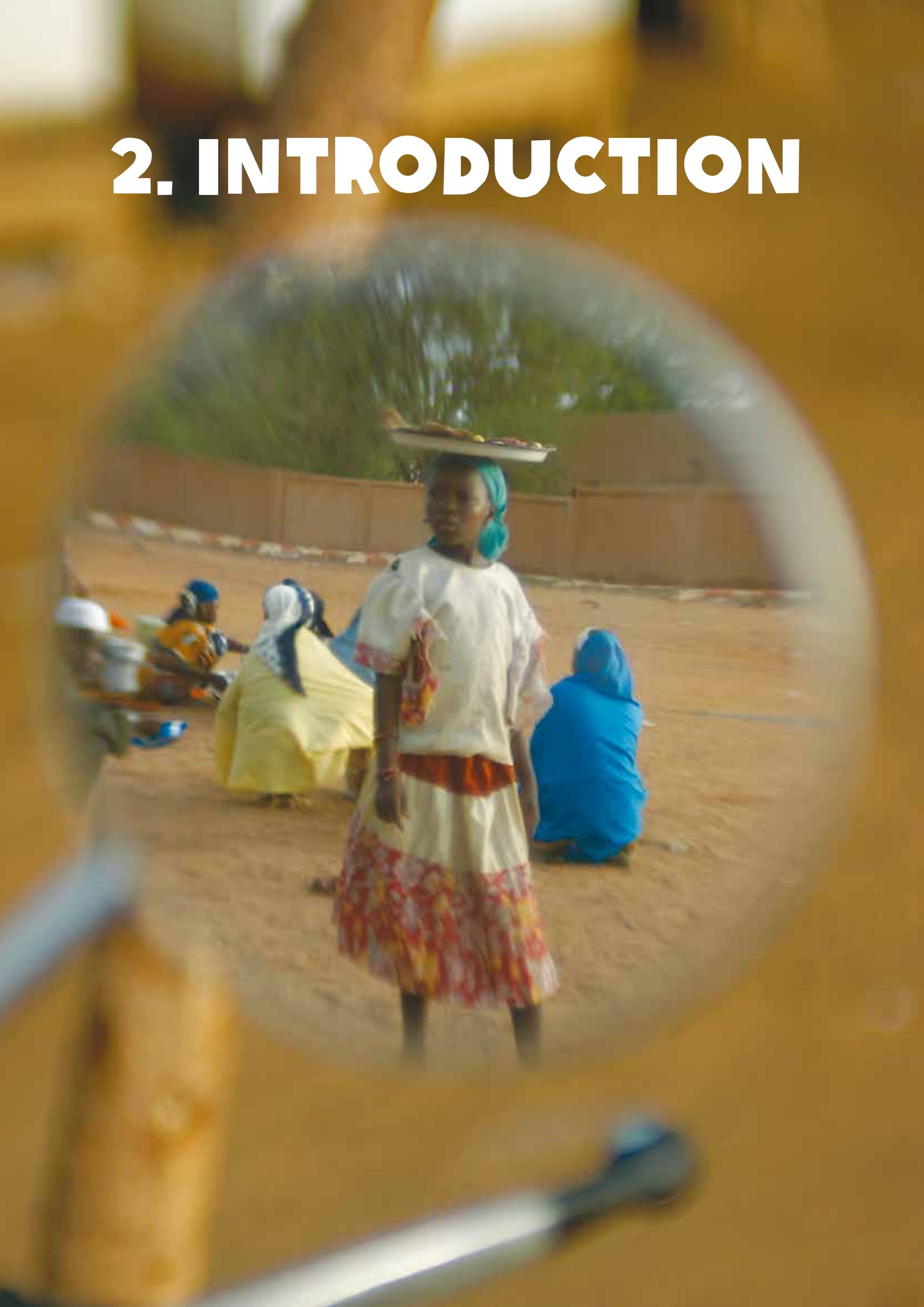
The programme's Monitoring, Evaluation, Accountability and Learning (MEAL) plan was formulated and rolled out, and a learning exchange was organised at the inception workshop in Nepal in March with nearly all Oxfam staff involved in the programme and a small number of partner representatives. Furthermore, the Global Programme Framework was reviewed to ensure it became G-SMARTY (Gendered, Specific, Measurable, Achievable, Realistic, Timebound, Youth- and child-focused) and was relevant to all country teams. Through uniform quarterly reports, all countries and the Global Coordination Team (GCT) reported against this framework. To foster accountability all countries have organised quarterly review meetings with their partners to discuss progress and review implementation plans and activities. In Georgia, Nepal, Pakistan and Viet Nam children and youth groups have also taken part in these review meetings. To further monitor our ability to engage and work with young people, we developed and adopted existing good approaches and ways of working, including an annual 'youth audit'. We can already see that there has been a positive shift in staff and partners' perspectives towards youth agency.

In the first year, strong emphasis was placed on ensuring a gender balance in all of our activities. Of the 61,666 children/youth reached by MRMV project activities, 54% (or 33,300) were girls and young women, even in the more conservative countries like Afghanistan. In spite of these figures, there is still significant work to be done in ensuring that quality gender analyses and gender relations are strengthened in year two, so that the programme does not measure success by numbers.

Cross-programme learning was minimal in the first year as country teams focused on setting up and the initial implementation of their projects, with the exception of an inception workshop and the establishment of the MRMV Ning web platform, an online space where all Oxfam staff and partners share updates and examples of good practice, blog, and foster and exchange ideas. However, some exchanges did occur between countries on thematic issues such as planning and implementing education activities and campaigns (Mali and Niger), and Sexual Reproductive Health Rights (SRHR) initiatives (Georgia and Pakistan). To further foster learning and innovation across the MRMV programme, to pilot new ideas and scale up good practice which will strengthen innovation and quality, the My Rights, My Voice Learning and Innovation Fund (MRMV Fund) was set up in year one.

This report provides an overview of progress against the MRMV Global Programme Framework and developments and highlights from the first year.

2. INTRODUCTION



BACKGROUND

Just over three billion people, close to half of the world's population, are under the age of 25.[1] The majority of these children and young people (almost 85%) live in developing countries.[2] As we have seen throughout history and in recent years – during the Arab Spring, with the rise of social media and networking, and with growing levels of youth unemployment – what happens to this vast, complex and diverse group of 0-25 year olds has a massive bearing on their individual lives, their societies, and upon our world. If we ignore or even underestimate the scale and potential of our global child and youth populations we run the risk of further exacerbating the inequality, marginalisation and voicelessness experienced by those living in poverty. Children and youth have very particular needs differing from adults, and each other. If we are serious in our work towards overcoming poverty and suffering then we must ensure that these needs are identified, recognised and addressed through our development interventions. Children and youth are not just the future – they are also the *now*.

Since 2000, some real gains have been made towards the Millennium Development Goals (MDGs), but many developing countries are still not on course to meet them by 2015. A lack of access to and poor quality of essential services perpetuates poverty and deepens inequality and marginalisation, further preventing young people from fulfilling their potential. This is especially true for girls and young women who experience discrimination and injustice due to gender inequality, missing out on education and having limited or no access to health care as a result. In addition to this, children and young people are rarely listened to and disenfranchised as legitimate rights-holders. They are rarely at the forefront or central to decision-making processes affecting their lives and do not always have the relevant information about their choices or rights. This is especially true for marginalised children and youth: lacking basic rights awareness and access to opportunities; often living in remote or marginalised areas, with limited access to health, education and other services; who experience different types of discrimination and exclusion based on a variety of complex factors such as ethnicity, age, and religious beliefs; and whose needs and aspirations – which are very different to those of adults – are for the most part overlooked or not taken seriously by decision makers and others. These trends must all be broken in order for children and youth to overcome the cycle of poverty many are born into and pass onto their own children. In addition to this, institutional, social and cultural hierarchies and perceptions (young people are 'too young', 'immature', 'lacking knowledge and experience') and the diversity among young people also limit the places and spaces for the vital articulation of their needs and concerns. These difficulties result in the reduced participation of children and youth, even in development initiatives intended to address their needs.[3]

Oxfam and its partners, working together in the fight against poverty and injustice, view poverty as not only relating to a lack of material resources but also a lack of voice, power and opportunities. Achieving accessible quality education and health services for children and youth is fundamental to tackling poverty and powerlessness; and the greatest, most lasting impacts on the lives of children and young people will be achieved only if they themselves are supported to become actively engaged in voicing their rights to, and demanding and monitoring accessible quality education and health services in their communities as 'agents of change'.

OUR VISION

My Rights, My Voice (MRMV) is an innovative global programme engaging marginalised children and youth in their rights to health and education services. The belief behind the initiative is that children and youth have a right not only to access good quality and free health and education services, but also to voice their needs, hold their governments – whose duty it is to provide and regulate such services – to account to deliver on these provisions effectively, and ultimately to be listened to as members of society and rights-holders: as active citizens.

Children and youth, especially girls and young women, living in poverty are among the most marginalised and voiceless within society. Traditionally, health and education development interventions have focused on 'delivering services' or only supporting governments and other agencies and institutions in providing these vital life-changing services. Children and youth have been viewed, consciously or not, as 'beneficiaries,' 'recipients' or 'end users' of such services. MRMV challenges the notion of children and youth as being passive bystanders in development initiatives affecting their lives, and actively aims to engage these groups in ways that strengthens and supports their voice and rights to health and education. The programme recognises the vital role that children and youth – alongside their allies, such as parents, teachers and community nurses – can play in their own personal development and in their wider communities.

Oxfam and our partners believe that the greatest and most lasting impacts on the lives of children and youth will be achieved if they themselves are supported to become active citizens. This translates as young people – and their

allies – being equipped with awareness and knowledge about their rights, having improved confidence and skills to speak up and out, and by creating and opening up spaces for them to come together, mobilise and to also influence decision makers. As active citizens, young people have the potential to become dynamic forces for transformational change in their lives, their families, their communities and ultimately their countries. Furthermore, by supporting the development and growth of youth groups, organisations, and networks, and strengthening their participation in decision-making processes, the interests and voices of children and youth will be heard long into the future.

OUR APPROACH

My Rights, My Voice is working through partner organisations and directly with marginalised children and youth (in all their diversity), their allies and with duty bearers around the world. The three-year programme delivers a holistic and contextualised vision of children's and youth's rights to health, including sexual and reproductive health (SRH), and education in eight countries – Afghanistan, Georgia, Mali, Nepal, Niger, Pakistan, Tanzania and Viet Nam – adapting activities and focus depending on the specific conditions of children and youth in those countries. Whilst the thematic focus differs from country-to-country – some work on health, others on education, some on SRH, a few on more than one of these issues – all of these country-level projects place marginalised children and youth, especially girls and young women, as 'active citizens' at the centre of their thinking, approaches and activities. In addition, a global layer connects and reinforces each country project with the aim of driving and supporting programme learning and innovation, influencing and partnering with global peers and stakeholders, and ensuring effective programme management and accountability, to ultimately deliver better outcomes and have the greatest impact on the lives of children and youth.

This approach of targeting young people is both a means to an end: to improve access and quality of health and education services, as well as enabling the untapped potential of young people to flourish and find direction and purpose in their own development. We also recognise education as being the foundation of active citizenship; increasing people's levels of awareness, knowledge, and confidence, strengthening literacy and people's ability to voice issues and speak out, supporting people's access to information, and broadening opportunities.

WHERE WE ARE

The MRMV programme officially started on 15 December 2011 and is principally funded by the Swedish International Development and Cooperation Agency (Sida), which shares our vision and ideas for a world where young people are aware, engaged and part of the fabric of civil society.

The programme completed its first year at the end of 2012, and this Annual Progress Report analyses work undertaken and progress against our Global Programme Framework (GPF). There have been challenges and surprises throughout the year, revisions and learning. Overall, we are making progress towards our objectives. We are inspiring young people, children and their allies (and are in turn being inspired by them) to join with us on a journey where they are the principal drivers in their own development and working towards transforming their societies, for the better.

3. CONTEXT

OVERVIEW

The first year of the MRMV programme has coincided with some major socio-political events in most of the countries where it is being implemented against the backdrop of the ongoing global financial crisis, political/state failure and high levels of youth unemployment. These events have impacted our national-level analyses, planning and implementation in different ways across the programme's diverse country and social contexts. These external events have challenged us to: improve our political economy and gender analyses, and monitoring; increase the frequency of revisiting our Theory of Change; and to further increase our review of potential risks and opportunities to boost the impact of our interventions both in the short and long term.

NATIONAL CONTEXTS

Major events in MRMV project countries throughout 2012 included the coup d'état in **Mali** and subsequent conflict in the north of the country, food insecurity in **Niger** and Mali, the parliamentary elections in **Georgia,** the dissolution of the constitutional assembly and parliament in **Nepal,** and political and civil unrest in **Pakistan.** These events intensified the national-level analyses undertaken by country teams, and in the case of Georgia – which experienced a major change in its government – led to the project team re-examining and revising their planned advocacy work. However, the deepest and most fundamental impact of a national context on the MRMV programme was felt in Mali. Following the coup and further escalation of conflict in the north of the country, the MRMV country and global teams, in conjunction with partner organisations, worked together to redesign the project. In response to the external context, and following extensive risk analysis work, reflection and planning sessions with partner organisations and situational analyses, it was agreed that the project would need to be redesigned. One component – due to be implemented in the northern region of Gao where the conflict was intense – was suspended (from April 2012) and – after further consideration – closed (late 2012-early 2013).

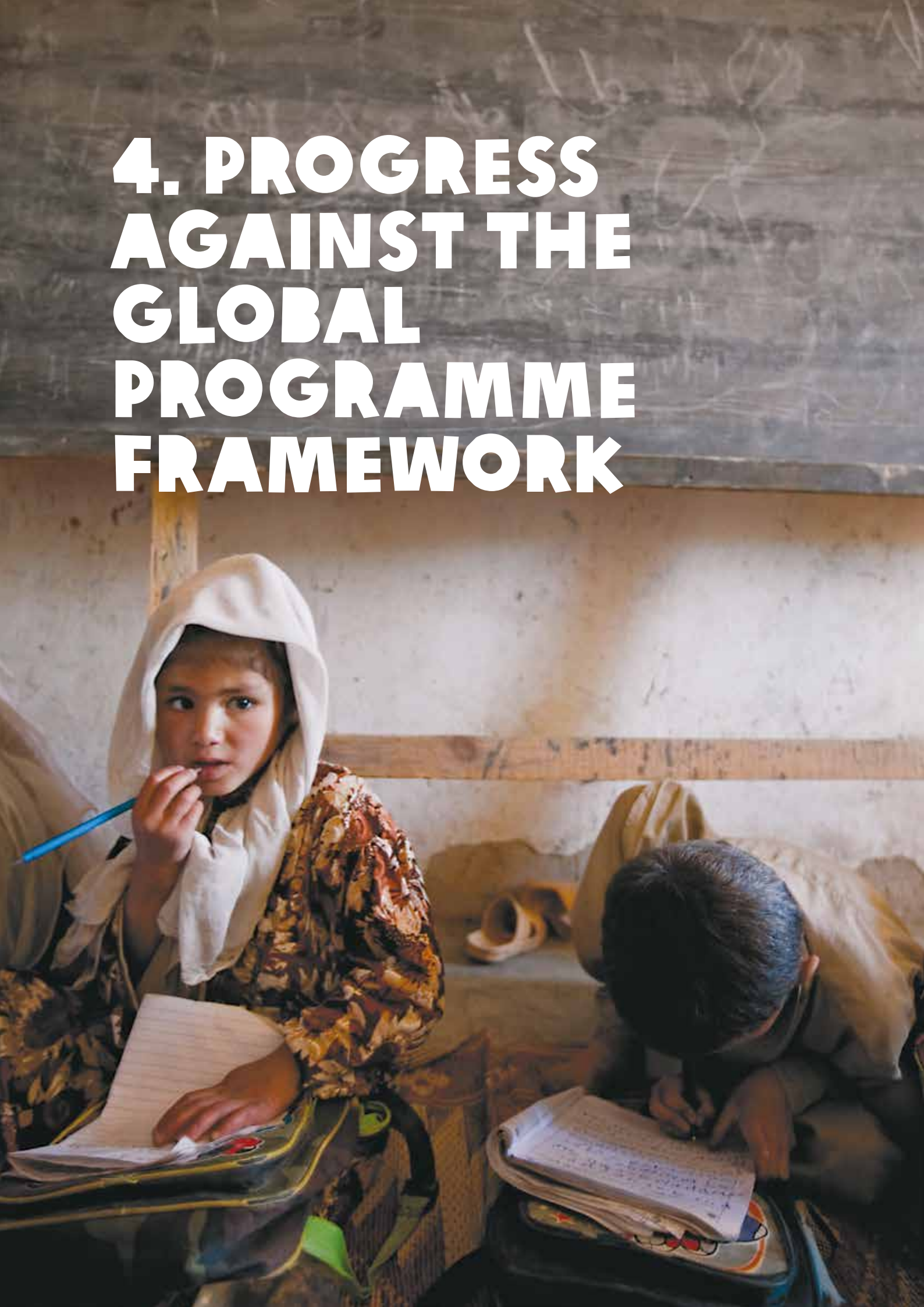
GLOBAL ENGAGEMENT

At the global level, we have been monitoring and beginning to engage with some of the numerous post-2015 initiatives that have started, specifically those that are youth-led or aiming to involve youth and children in the thinking and work regarding what will follow the MDGs. A global mapping exercise to identify potential global- and regional-level advocacy opportunities and partners for the MRMV programme and the young people we are engaging with started at the end of the first year.

ORGANISATIONAL CONTEXT

At organisational level, Oxfam has been developing its new strategic plan for 2013-2019, which recognises the importance and necessity of connecting and supporting young people as social change leaders and youth organisations and networks in their efforts to overcome poverty and injustice. The MRMV programme is currently Oxfam's only global programme working with partners and young people to do just this, and has the potential to act as an organisational 'blueprint' on how we design initiatives and develop strategies which engage and work with youth, youth networks and groups, and their allies across the global South.

4. PROGRESS AGAINST THE GLOBAL PROGRAMME FRAMEWORK



BACKGROUND

The information in this section outlines the progress of the MRMV programme against its Global Programme Framework (GPF) at the end of the first year. We are obligated to report on our global impact, but where we have seen strong country-level examples of progress these are also highlighted. The evidence for these results is based on two principal sources: country-level baseline surveys and quarterly monitoring reports at both country and global levels. It is important to note that baselines were carried out in seven of the eight countries implementing MRMV projects. These studies took place in Georgia, Niger, Tanzania, Pakistan, Nepal, Viet Nam and Afghanistan. However, the baseline report from Tanzania was missing information and the survey in Afghanistan was unable to start until December 2012 due to security considerations. Finally, the instability and conflict in Mali prevented a baseline from being carried out.[4] Therefore the consolidated baseline data for year one is based on five country analyses. All country teams and the global team completed quarterly monitoring reports as part of the programme's MEL plan and schedule. Each country completed at least three of the four quarterly monitoring reports over the course of 2012. All of this information forms the basis of the progress report and our assumptions and conclusions below. For further details regarding the quality of the country baselines and quarterly monitoring reports, please review Annex III.

THE GLOBAL PROGRAMME FRAMEWORK

The MRMV programme is working towards a Global Programme Framework with the overarching goal of: 'sustainable changes in policies, practices and beliefs to meet the specific health and education needs and aspirations of marginalised children and youth, with a particular focus on the rights of girls and young women, to contribute to achieving the Millennium Development Goals'. Under this sit the programme's four global objectives, each with two corresponding outcomes. These are outlined in Table 1.

Table 1: My Rights, My Voice Global Programme Objectives and Outcomes

OBJECTIVE 1 Children, youth and allies (parents, educators, health staff, etc) are more aware of the specific health and education rights of children and youth and with confidence voice these rights, needs and aspirations in a manner that strengthens equality.	**Outcome 1.1** Boys and girls, young women and men, and their allies are more aware and knowledgeable of their rights to health and/or education.	**Outcome 1.2** Boys and girls, young women and men articulate their needs and aspirations on health and/or education amongst their peers, allies and other actors.
OBJECTIVE 2 Children, youth and allies (parents, educators, health staff, CSOs, etc) successfully apply improved individual and collective skills, confidence, resources and organisational skills to claim their rights to health and/or education in decision-making spaces.	**Outcome 2.1** Through programmes executed by local partner organisations, boys and girls, young women and men, and their allies are organising themselves more effectively to claim their rights to health and education.	**Outcome 2.2** Boys and girls, young women and men, and their allies are capable of agreeing and voicing a shared agenda in open and closed decision-making spaces to claim their rights to health and education.
OBJECTIVE 3 Duty-bearers and influencers (ministries, politicians, donors, international institutions, parents, teachers, health staff, religious leaders, NGOs, etc) engage directly with marginalised children and youth and as a result take specific actions to deliver better access to and quality of health and education.	**Outcome 3.1** Duty-bearers and influencers recognise boys and girls, young women and men as a valid constituent with specific health and/or education needs and aspirations and consult with them on issues of health and/or education policy and services.	**Outcome 3.2** Duty-bearers and influencers take specific actions to improve access to and quality of health and/or education services for boys and girls, young women and men.
OBJECTIVE 4 Oxfam, partners and others have strengthened capacity to work on youth agency in country programmes, and Oxfam's global campaigning force has facilitated youth claiming and accessing better health and education	**Outcome 4.1** Young women and men have gained experience in relating to each other and in connecting to campaigners at global level who support their ability to claim their rights to health and education, thanks to the intervention of Oxfam and partners	**Outcome 4.2** Oxfam and partners have the knowledge and tools to better engage youth and children in programmes, campaigning and decision-making spaces.

Progress is measured against each of these outcomes. However, it is important to note that the outcomes, along with their indicators, are sequential. In most cases, the first must precede in order for the second to take effect. This is relevant because it means that a number of outcomes and corresponding indicators will be applicable and have greater significance in the second and third years of the MRMV programme, especially those relating to objectives 3 and 4.

SUMMARY ASSESSMENT OF PROGRESS TOWARDS GOAL ATTAINMENT

The first half of year one focused on the set up and early implementation of the MRMV programme. This involved a variety of activities, including: recruiting all necessary staff for the programme at country and global level; establishing new and renewing some strong existing partnerships, and assessing and strengthening partner capacity in areas such as project and financial management; embedding an effective planning, MEL and reporting system; initiating and strengthening relationships with key stakeholders and authorities to gain access to target areas and communities in order to effectively implement MRMV programme activities; and finalising all necessary systems and legal processes.

Over the course of year one and at such an early stage in this ambitious initiative, MRMV has been working towards the first set of outcomes (1.1, 2.1, 3.1) as outlined under the MRMV Global Programme Framework. The emphasis and focus of our MRMV programme activities in the second half of the year have been on awareness raising, increasing levels of knowledge and confidence, group formation amongst children, youth and their allies, and mobilising support from duty-bearers for the MRMV projects and their intended outcomes. From our quarterly monitoring reports there is evidence of good progress under outcomes 1.1 and 2.1, with strong examples from all of the MRMV country projects. We have also seen initial, but steady progress towards outcomes 1.2 and 2.2. Progress against objectives 3 and 4 will be seen in years two and three, but we have already seen a few examples of work towards them.
The information below outlines the MRMV programme's performance against its four objectives and corresponding outcomes over year one.

Our initial results from year one indicate that the MRMV programme is on the right track towards achieving objectives 1 and 2, relating to children, youth and their allies having increased awareness, knowledge, confidence and voice, and being organised to develop a shared agenda. We have also seen a small, but significant number of examples of duty-bearers and influencers engaging directly with marginalised children and youth. Whilst these examples of engagement are few in number, the fact that they have taken place at such an early stage in the programme cycle is both promising and indicative of MRMV's potential to create and foster the space for this level of engagement to take place. Oxfam staff and partners have also strengthened their levels of awareness and skills in relation to engaging children and youth, with examples of highly innovative strategies being adopted to strengthen these relationships. After only six to eight months of solid implementation, the MRMV programme has indications of progress across all country projects.

The information below outlines the MRMV programme's performance against its four objectives and corresponding outcomes in year one.

OBJECTIVE 1: INCREASED AWARENESS, KNOWLEDGE, CONFIDENCE AND VOICE

OVERVIEW

Out of all the MRMV programme objectives, the greatest level of progress was seen against objective 1 in the first year. This objective focuses on children, youth and allies' increased levels of awareness and knowledge regarding their rights to health and education (outcome 1.1), and their ability to articulate their needs and aspirations on health and/or education amongst their peers, allies and other actors (outcome 1.2). Progress was identified against outcome 1.1, and some positive steps were made towards outcome 1.2, but with limited evidence.

PROGRESS TOWARDS OUTCOME 1.1: AWARENESS AND KNOWLEDGE

PROGRESS SUMMARY
With more than 64,000 young people and their allies reached with awareness raising messages, information, and in some cases training in year one, good progress is being made towards realising outcome 1.1. However, we identified the need to increase awareness and knowledge about the specific rights, services and issues of girls and young women.

All countries presented convincing evidence that progress is being made towards achieving outcome 1.1. Through MRMV activities a total of 64,968 girls and boys, young women and young men, and their allies were reached through awareness-raising messages on children and youths' rights to education and health, including SRH, in year one. This figure is broken down to 61,666 children and youth, of which 54% were girls/young women, and 3,302 allies. There were

also some very initial examples of increased awareness around girls' and women's rights, most notably in Tanzania where we have seen evidence of more female students being aware of and exercising their right to participate in school governance structures. In all MRMV country projects – except for Afghanistan – schools provided the first entry point in reaching these young people through civic education, training sessions and awareness-raising communications. In Afghanistan, the project connected with young people through community meetings once elders had given consent for this engagement. Following this agreement with communities in Afghanistan, youth groups were established (for more information, see the country summary).

In the very early stages of each country project, all teams conducted meetings and discussions with key stakeholders, including teachers, health and education officials, community leaders and others in order to gain their support and permission to implement projects and engage with children and youth in target areas and communities. In Afghanistan, once support had been granted by village elders girls were actively supported to participate in MRMV groups and activities; this is fundamental to the project's success and sustainability. Once agreement was established with stakeholders , projects focused most of their activities on raising awareness and increasing the knowledge of children and youth, with less targeted emphasis on parents, caretakers and other allies at this stage. MRMV projects implemented a variety of strategies and activities within and outside of schools to raise awareness amongst young people and their communities on their rights to health, education and/or SRH. Adopted strategies, involved both standard approaches, such as circulating awareness raising information through leaflets and class lesson plans, to more innovative methods using Information Communication and Technology (ICT) and social media. Examples included a youth-targeted social media campaign on Sexual Reproductive Health Rights (SRHR) in Pakistan launched through Facebook, Twitter and YouTube. Other examples included broadcasting radio debate programmes on education involving parents, teachers and pupils in Tanzania and Niger, and civic education lessons for children, and child rights training for teachers in Viet Nam.

Tanzania and Viet Nam engaged the greatest number of allies through their awareness-raising participatory activities, which reached 3,029 allies. In the coming year, more active efforts will be made to increase the engagement and involvement of allies across all MRMV projects as they are strategically important in supporting and uniting with children and youth in their demand for improved access to and quality of health, SRH, and education services. They also have a critical role to play in providing access to their wider communities and supporting the opening up of spaces where young people can engage with duty-bearers and/or influencers. There was engagement on a group level in some countries (see outcome 2.1), but individual awareness-raising focused principally on children and youth.

Evidence from all countries that highlighted the importance of positively engaging local and national authorities at an early stage in project planning and implementation in order to gain support and permission to access government structures and institutions at local and national levels, such as schools and health posts, was proven accurate. Early engagement of government authorities also helps to increase the sustainability of projects as governments monitor progress, increase engagement with target areas and potentially take ownership of successful projects/pilots.

Monitoring considerations on the indicators under 1.1

According to our baseline data, levels of awareness and knowledge amongst children, youth and their allies in target areas for year one provided a rough global average of 38.2%, but we assume this level to be possibly lower in reality, based on survey results from several countries. In Pakistan for example, 57.1% of children and youth indicated that they had heard about SRH and rights, but when probed further their levels of awareness and knowledge were significantly lower than first assumed. Similar results also applied to their caretakers (parents and other allies). As expected, the percentage of allies claiming to have heard about youth rights is higher than levels amongst youth. However, again when probed, their levels of knowledge were also much lower. The country surveys planned for 2013 will focus on knowledge of education and health rights and services to allow us to probe deeper into our contribution towards outcome 1.1.

Analyses of country baselines and monitoring reports against global indicator 1.1c (see Table 2 below), revealed that none of the countries is monitoring increased awareness on the specific rights of girls and young women. All were successful in mobilising girls and young women to take up leadership positions in MRMV-established groups, both inside and outside of school (see objective 2). However, the absence of specific baseline information and monitoring results on the rights and needs of girls and young women indicates the need for much stronger gender analysis and monitoring across all countries in years two and three. In 2013, emphasis will be placed on measuring awareness on these specific areas across the programme.

Table 2: Progress against outcome 1.1 – awareness and knowledge

Outcome 1.1
Boys and girls, young women and men, and their allies are more aware and knowledgeable of their rights to health and/or education.

Indicator	Baseline (2012)	Outputs (2012)	Progress against Outcome (2012)
A. By December 2014, % increase in boys and girls, young women and men that can verbalise examples of country-specific laws, policies and/or services on health and/or education (age specific) as provided by the government (disaggregated by gender).	38.2% (1,343 out of 3,515 young people interviewed) had awareness about their rights. Girls and young women accounted for 48.6% of those who were aware and 63.3% of those who were unaware.	61,666 children/youth (54% girls) were reached with awareness-raising messages. These activities included training on rights in schools, children/youth groups, through radio debates, communication materials and social media.	Increased levels of awareness on child and youth rights, and on health and education services amongst young people and their allies in target groups/ communities were observed in all country monitoring reports.
B. Increase in allies that can verbalise examples of country-specific laws, policies and/ or services on health and/or education as provided by the government.	55.7% Baseline data only available from Pakistan and Viet Nam. Data regarding allies is grouped together (parents, teachers, CBOs and other allies), therefore it is not possible at present to disaggregate by gender.	3,302 allies reached with awareness-raising messages.	All country monitoring reports observed increased awareness amongst those allies reached on child and youth rights, and increased knowledge on health and education services and policies.
C. By December 2014, % increase in allies that can verbalise examples of specific rights, services and/or issues of girls and young women on health and/or education.	No baseline data collected; data will be prioritised and collected in 2013.	Messages emphasised rights of girls/young women	Not measured in year one.

PROGRESS TOWARDS OUTCOME 1.2: CONFIDENCE AND VOICE

PROGRESS SUMMARY
There is some evidence that young people involved in MRMV rights training, and children and youth groups are articulating their needs and aspirations on health and education with their peers, allies and other actors. However, more substantial evidence to monitor progress against outcome 1.2 is needed and will be available at the end of year two. Current evidence is only anecdotal.

Baseline results revealed that prior to MRMV interventions an average of 55% of young people spoke about their needs and aspirations with their peers, parents and allies. Even in a conservative country like Pakistan, more than 22% of young people participating in the MRMV baseline survey reportedly discussed SRH issues with their parents. Our monitoring reports confirmed this and showed us that health and education issues are already widely discussed at home, at school and within peer groups.

A small but significant example against this outcome can be seen in Georgia. In the first year of the MRMV project, 146 people reported child health rights violations to the country's Public Defender's Office (PDO), of which 96 claims were investigated and 18 reports appeared in a human rights report submitted to the national parliament. In contrast to this, no child health rights violations were reported in 2011.

Monitoring considerations on the indicators under 1.2
Indicator 1.2a was designed to provide information that could tell us about young people's levels of confidence when talking about their rights, needs and aspirations. Our baseline data indicates that already some 55% of young people were talking to their parents about health (including SRHR) and education rights. This high percentage indicates

that children's and youths' levels of confidence to speak about their rights, needs and aspirations is much higher than we anticipated, which is a very positive realisation and challenges us in our assumptions on this. Taking forward this learning we will revisit this specific indicator as it may need to be changed or sharpened.

In year two, we will probe more deeply into the quality of these conversations to ascertain the depths of young people's knowledge about their rights and services in their countries. Currently, what is not clear is the accuracy of this knowledge regarding rights and education and health information. In addition, research into the empowering value attributed to discussing health and education rights, needs and aspirations with peers, within the family and with others allies and actors will be conducted in selected countries. This may result in a more refined indicator to measure growing levels of confidence in young people to voice their rights, needs and aspirations.

Table 3: Progress against outcome 1.2 – confidence and voice

Outcome 1.2
Boys and girls, young women and men girls articulate their needs and aspirations on health and/or education amongst their peers, allies and other actors.

Indicator	Baseline (2012)	Outputs (2012)	Progress against Outcome (2012)
A. By December 2014, % increase in the number peers, allies and other actors that indicate that they have discussed education and health rights, needs and aspirations with girls, boys young women and men. Disaggregated by gender.	54.8% Baseline data is grouped together (peers, allies and other actors) Therefore we cannot disaggregate by gender. This data relates only to Nepal, Niger, Pakistan and Viet Nam.	There is indicative evidence that young people involved in MRMV rights training and children and youth groups are articulating their needs and aspirations on health and education with their peers, allies and other actors.	Anecdotal evidence[5] in all countries suggests that young people are discussing their needs and aspirations in a manner that implies that they are more knowledgeable about their rights than had been anticipated. Beyond discussions with their peer groups and allies, most notably their parents, there is also initial evidence of children and youth articulating their needs and aspirations with duty- bearers and other stakeholders (in all countries).

OBJECTIVE 2: IMPROVED SKILLS, ORGANISATION, AND UNITED VOICE TO CLAIM RIGHTS

OVERVIEW

The MRMV programme's second global objective focuses on building the capacity/skills of young people and their allies to successfully organise themselves collectively to voice and claim their rights to health and education. The first outcome (2.1) focuses on young people and their allies organising themselves more effectively to claim their rights; the second outcome (2.2) focuses on the same groups being able to agree and voice a shared agenda in open and closed decision-making spaces to claim their rights to health and education. Good progress was made towards outcome 2.1.

PROGRESS TOWARDS OUTCOME 2.1: INCREASED SKILLS, CONFIDENCE AND EFFECTIVE ORGANISATION

PROGRESS SUMMARY

Significant progress was made towards outcome 2.1, with 404 children's and youth groups established through MRMV. Six countries planned to set up groups specifically with and for children and youth over the course of the programme. Four countries (Georgia, Nepal, Afghanistan and Niger) reached their target number, with Tanzania's project reaching its midway target and the Viet Nam project making steady progress. A strong example of success in year one was the selection of girls and young women to leadership positions in nearly half of all MRMV groups.

Over the course of year one, children's and youth groups were established through the MRMV programme at a rapid pace due to their strategic importance as spaces to raise awareness amongst young people, increase their knowledge and confidence, and for them to connect with peers. These groups were also critical in creating an enabling environment for marginalised children and youth, including those from ethnic minority backgrounds (for example in Viet Nam) and who are internally displaced (in Georgia). Significant progress was also made in the numbers of girls and young women participating in these groups and taking up positions of leadership, which exceeded our expectations for year one. Across 404 groups established in the seven countries, 200 girls and young women have taken up leadership roles. Even in Afghanistan, where youth groups could only be established after intensive consultations with community-level actors, including community leaders, local religious leaders, teachers and parents, the number of girls leading the groups (68) exceeds that of boys (47).

Through MRMV project activities executed by Oxfam and our partner organisations, boys and girls, young women and young men, and their allies are beginning to organise more effectively. In addition to this, children and youth groups quickly started awareness-raising activities amongst their peers at school and community level. In Nepal alone, almost 100 groups were formed. These Children's Health Committees (CHCs), Youth Health Committees (YHCs) and Community Discussion Class (CDC) groups are now actively involved in awareness-raising activities in schools and the wider communities. There is evidence that some CDC and YHC members have also started assuming positions in other community structures such as School Management Committees, Citizen Ward Forums and Community Forest Users' Committees.

We have indications from all countries that children and youth involved in MRMV project activities and groups greatly welcomed the opportunity to be more proactively involved in collectively thinking about and sharing their opinions on health and education. When the space exists or is created, children and youth quickly assume roles and responsibilities within their groups and within the projects.

Parents and other allies have been an important target group in our work to strengthen and encourage existing groups of parents, caretakers and allies to actively pursue the rights of children and youth. In year one, progress has been made towards strengthening established structures such as Parent Teacher Associations (PTAs) and other community-based organisations (CBOs). In Georgia, 22 CBOs received training on child and youth health rights, and began to pursue activities to support youth and child rights. In addition, 182 Non-Governmental Organisations (NGOs) and CBOs, including PTAs, were approached and supported to take up child rights issues relating to health and education with the local authorities. In the coming years, they will be further strengthened to engage and support the rights of children and youth. Across all countries there were also extensive sensitisation meetings and trainings on child and youth rights involving community members and leaders, and involving parents and other target allies.

Table 4: Progress against outcome 2.1 – increased skills, confidence and effective organisation

Outcome 2.1
Through programmes executed by local partner organisations, boys and girls, young women and men, and their allies are organising themselves more effectively to claim their rights to health and education.

Indicator	Baseline (2012)	Outputs (2012)	Progress against Outcome (2012)
A. By December 2014, % increase in organised groups (youth clubs, CSOs, parent associations, health committees, etc) actively pursuing youth and child rights to health and/or education.	At the start of this programme we began working with 6 pre-existing groups: 2 CBOs in Georgia and 4 youth groups in Niger.[6]	404 child and youth groups were established through MRMV in target communities (in all countries except for Mali and Pakistan);[7] the programme worked through 204 CBOs (including PTAs) and NGOs. In all education-focused projects members of PTAs, school committees and teaching staff have been trained in youth and child rights.	Increased number of child and youth groups in project areas.
B. By December 2014, % increase in the number of girls and young women participating in these groups and taking up leadership roles.	In the pre-existing groups that MRMV worked with over year one (those in Georgia and Niger) girls and young women did not hold leadership positions.	200 girls and young women have taken up leadership positions in MRMV established groups in Afghanistan, Tanzania, Georgia, Nepal and Niger.	Girls and young women account for 48.8% of those holding leadership positions in groups established under the MRMV programme.

PROGRESS TOWARDS OUTCOME 2.2: SHARED AGENDA AND COLLECTIVE VOICE

PROGRESS SUMMARY
A small number of examples exist indicating that MRMV-established child and youth groups and/or strengthened CBOs have a shared agenda. All countries reported initial engagement between children and youth peers and examples of them developing a collective voice in decision-making spaces and processes. This was also true for their allies with whom MRMV is working. The baseline number of key formal/public decision-making spaces was established in year one.

While evidence towards this outcome is based solely on observations from country monitoring reports, indications of early progress were identified. In Georgia, Oxfam and partners worked closely with allies, including the Public Defender's Office, on the International Day of the Child bringing together young men and women to share an agenda on their and other young people's needs and aspirations for health services with high-level politicians and the First Lady of Georgia. In Nepal, YHCs facilitated meetings and engagement with community-level service providers. In one district the YHC successfully influenced the decision to relocate a community health post to a more appropriate location, so that more members of the community could benefit from this service.

The MRMV project in Tanzania provided another example of notable steps towards this outcome, from which other country teams can learn. The Tanzania project invested in the creation of local champions – local people with a keen interest in child and youth rights. The project trained these individuals in relevant laws, child and youth rights, and on education services and issues. These community champions now act as the linchpin between youth leaders in the school *'barazas'* (student councils) and the local community. One of their key functions has been to open up spaces at community meetings for student councils to participate and discuss their rights and issues with community elders. A total of 162 community champions (50% women) were trained in year one.

In 2013 and 2014, more attention will be given to organising parents, caretakers and other allies around the health and education rights of their children and youth as they will be crucial in supporting and strengthening the sustainability of children's and youth groups. They will also be instrumental in connecting young people to decision makers and other influencers (such as community and religious leaders, head teachers and local government officials), by potentially linking these newly-established groups and supporting them to access both formal and informal decision-making spaces. Special emphasis will also focus on strengthening awareness of and voicing the needs and aspirations of girls and young women.

Monitoring considerations

The baseline figures on indicators 2.2c and 2.2d have been established as planned. The numbers are primarily derived from official meetings (launch events, press conferences, etc) in which children and youth and/or their allies could voice their needs and aspirations on health and education in the presence of duty-bearers. Our analyses over the course of year two will allow us to monitor if there is an increase in the number of formal/public decision-making events/processes in which young people and/or their allies raise their collective voice to claim their rights to health and/or education.

Table 5: Progress against outcome 2.2 – shared agenda and collective voice

Outcome 2.2
Boys and girls, young women and men, and their allies, are capable of agreeing and voicing a shared agenda in open and closed decision-making spaces to claim their rights to health and education.

Indicator	Baseline (2012)	Outputs (2012)	Progress against Outcome (2012)
A. By December 2014, % of above groups with documented shared agendas (policy recommendations, agreed activities and purpose, etc).	Each of the 6 pre-existing groups that MRMV worked with over year one (those in Georgia and Niger) had a shared agenda.	All of the 404 children and youth groups that were established by MRMV in year one (in all countries except for Mali and Pakistan) are individually working towards developing a shared agenda for their group. Nepal and Georgia both have reported examples.	MRMV-established groups are individually developing and working towards shared agendas.[8]
B. By December 2014, % of above groups with documented shared agendas (as above) where the specific rights and issues of girls and young women are mentioned.	No baseline; to be undertaken in late 2013.	Not applicable in year one. This work will intensify in year two with increased levels of sensitisation, training and monitoring of gender issues within MRMV child and youth groups and groups involving allies (e.g. PTAs).	Not applicable in year one.
C. By December 2014, % increase (compared to project year 1) in the number of key formal/ public decision-making events/ processes (as defined relevant in each country) with children and young people raising their voice to claim their rights to health and/or education, disaggregated by gender.	56 recorded MRMV sponsored events took place involving children and youth across all 8 country projects. These events/ processes now constitute our programme baseline. Gender disaggregated data will be collected in year 2.	56 recorded MRMV sponsored events involving children and youth in formal/public decision-making events and/or processes.	Indications of initial engagement of youth and children in decision-making spaces where they were able to voice their rights to health and/or education.
D. By December 2014, % increase (compared to project year 1) in the number of key formal/ public decision making events/ processes (as defined relevant in each.	50 recorded MRMV sponsored events took place involving the allies (parents, teachers, caretakers) of children and youth across all countries. These events/ processes now constitute our programme baseline.	50 recorded MRMV sponsored events took place involving allies who voiced the rights of children and youth to health and/or education.	Indications of initial engagement of allies in decision making spaces where they voiced children's and youth's rights to health and/or education. For example, in Tanzania 162 village champions increased awareness on and promoted the rights of young people to education.

OBJECTIVE 3: DUTY-BEARERS AND 'INFLUENCERS' RECOGNISE AND CONSULT MARGINALISED CHILDREN AND YOUTH, AND TAKE ACTION

The programme's third objective is its most ambitious: duty-bearers and influencers engage directly with marginalised children and youth and as a result take specific actions to deliver better access to and quality of health and education. Year one focused on putting in place some of the foundations towards this objective. However, global programmes are complex and often full of surprises, and whilst MRMV has a long way to go before meeting this global objective there were examples over the course of the first year which provided glimpses of progress towards this objective at a very early stage in the programme cycle.

PROGRESS TOWARDS OUTCOME 3.1: RECOGNITION AND CONSULTATION

PROGRESS SUMMARY

Some small, but significant steps were made towards outcome 3.1 in a few countries in year one. There were instances where young women and men were recognised by duty-bearers as valid constituents and had their voices heard on health- and/or education-related issues. Early indications suggest there is room for children and youth to participate in consultations relating to activities that affect their lives, specifically relating to health and education services.

Oxfam and partners invested considerable time and effort in building and/or strengthening new and/or existing relations with government officials and politicians, especially those working on health, education and youth affairs in year one. In all eight countries, Oxfam and partners have been meeting with local-, regional- and national-level government officials, religious leaders, community leaders, education authorities and health service providers. In these meetings the purpose and vision of the MRMV programme was explained, permission was sought to undertake activities in target areas and communities, and/or active support for country-level MRMV projects was secured from these individuals and/or departments/institutions. Overall, a foundation was laid by Oxfam and partners to ensure that once children, youth and their caretakers are aware, confident, vocal and organised they will potentially express their views, needs and aspirations in spaces where they can engage with duty-bearers and where they will, hopefully, be listened to.

The MRMV project in Viet Nam piloted an initiative which has the potential to become a programme-wide model to support the work on formalising spaces for young people to raise their voices and share ideas, plans and aspirations. The project supported children and their schools (18 primary schools in total) to create a space for pupils to share their thoughts and ideas on their school's annual activity plans, extra-curricular activities and school environment. Children's ideas and views were collected via a mailbox entitled 'what I want to say' and through classroom discussions. Many of these suggestions were then integrated by teachers into more detailed activity plans for children with support from the MRMV team in Viet Nam.

In Georgia, Mali, Nepal, and Niger the MRMV teams used the opportunity of the public launch of the MRMV programme to create spaces where children and youth could meet and discuss their needs and aspirations regarding health and/or education with high-level officials and politicians, including heads of state. For example, in Mali youth activists met with the Minister of Education, in Niger schoolchildren met with the country's Prime Minister, and in Nepal young women and men met with the country's President.

Table 6: Progress against outcome 3.1 – recognition and consultation

Outcome 3.1 **Duty-bearers and influencers recognise boys and girls, young women and men as a valid constituent with specific health and/or education needs and aspirations and consult with them on issues of health and/or education policy and services.**			
Indicator	**Baseline (2012)**	**Outputs (2012)**	**Progress against Outcome (2012)**
A. By December 2014, local and national policy makers in target countries create, recognise, and/or formalise spaces for young people's voices (e.g. youth parliaments, child caucuses and youth fora).	No known examples in MRMV project areas.	Initial meetings/events bringing together youth, children and allies with duty-bearers (local- and national-level policy makers) in all countries, except for Pakistan.	A small number of examples of duty-bearers and influencers recognising children and youth as a valid constituency; and making time and space to listen to their needs and aspirations related to health and/or education.
B. Numbers of cases that bring evidence that duty-bearers include young people and/or children as a panel in their fact-finding and MEL systems relating to health and/or education policy and services in the project area.	No known examples in MRMV project areas.	Not yet applicable.	Not yet applicable.

PROGRESS TOWARDS OUTCOME 3.2: DUTY-BEARERS/INFLUENCERS TAKING ACTION

PROGRESS SUMMARY

It was not a surprise that the programme's most ambitious outcome saw little progress across countries in year one. However, a big breakthrough was reached in Pakistan, where on the initiative of the MRMV project, religious leaders of the three major sects took action in favour of young people's right to access sexual and reproductive health (SRH) information. They publicly stated that SRH information is important and SRH as a curriculum subject is not against the Quran.

In Pakistan, eminent religious scholars from the country's main Islamic sects publicly spoke out in favour of SRHR education in schools. They did this after being invited to write papers on SRHR and the Quran. This message was also communicated through the main national newspapers in Pakistan, which reported on SRHR as an important aspect of youth empowerment. As a result, we can make a small assumption that it might now be more difficult for the government of Pakistan to cite religion as a reason to not include SRHR education in the national curriculum. In year two, the papers produced by the religious scholars will be translated and shared as advocacy tools across the other Islamic countries where MRMV is being implemented.

In Georgia, young people met with government officials, including the Minister of Health, to discuss specific health-related issues and suggestions relating to them and their peers. The government promised to take forward a number of suggested actions. However, since this meeting there has been a change of government. The country team is now reviewing and updating its advocacy strategy to take these political changes into account.

Table 7: Progress against outcome 3.2 – duty-bearers/influencers taking action

Outcome 3.2 **Duty-bearers and influencers take specific actions to improve access to and quality of health and/or education services for boys and girls, young women and men.**			
Indicator	**Baseline (2012)**	**Outputs (2012)**	**Progress against Outcome (2012)**
A. By December 2014, number of documented country actions by duty-bearers on health and/or education in favour of youth and child rights enacted and/or implemented as a result of MRMV's advocacy and campaigning actions.	Not applicable.	4 examples were identified in 2012; in Pakistan religious leaders pledged support for SRHR in the school curriculum; in Georgia government officials gave public support to youth and child health rights; in Nepal the Minister of Education wrote to target schools encouraging heads to support MRMV activities, and two partners were invited to sit on the district- and national-level reproductive health coordination committees.	Initial examples of work towards this outcome.
B. By December 2014, number of policy recommendations made by children and youth within the context of the MRMV projects that are taken into account and implemented by duty-bearers.	Not applicable.	2 country examples (see the examples of Viet Nam under 3.1 and Nepal under 2.2).	Progress will become visible in year 2.

OBJECTIVE 4: OXFAM, PARTNERS AND OTHERS SUPPORTING YOUTH TO CONNECT TO GLOBAL CAMPAIGNS AND PROGRAMMES

OVERVIEW

The fourth objective of the MRMV programme relates to Oxfam, partners and others strengthening our ability to work with young people as agents of change in our programmes, and our organisational campaigning force facilitating youth to claim and access better health and education. While Oxfam has a long history of implementing health and education programmes from a rights-based perspective, it is only recently that Oxfam looked for ways to increase the meaningful participation of young people in its programmes. As this is a relatively new area for Oxfam and some of our partner organisations, capacity building and learning are key elements in the MRMV programme and will be a priority throughout.

PROGRESS TOWARDS OUTCOME 4.1: YOUTH NETWORKING, CAPACITY BUILDING AND ADVOCACY

PROGRESS SUMMARY
It is too early in the programme to report any substantial progress against outcome 4.1.

In year one some initial work was done to link local activities to Oxfam's global Essential Services (ES) campaign. Oxfam staff working on the ES campaign and programme supported half of the MRMV country teams through mentoring and training, and more specifically in the development of national power analyses and advocacy strategies in Niger, Georgia, Nepal and Tanzania (to be finalised in the first quarter of 2013). Work on political economy and power analyses was also undertaken in Mali. It is anticipated that all of the remaining countries will undertake a power analysis and develop an advocacy strategy in year two of the programme. An inventory and analysis of international youth networks started in December. This review will help the programme to link country-level youth groups established by MRMV with international youth networks. Both activities will feed into the development of a global-level MRMV advocacy strategy closely linked to the ES campaign.

Table 8: Progress against outcome 4.1 – youth networking, capacity building and advocacy

Outcome 4.1 **Young women and men have gained experience in relating to each other and in connecting to campaigners at global level who support their ability to claim their rights to health and education, thanks to the intervention of Oxfam and partners.**			
Indicator	**Baseline (2012)**	**Outputs (2012)**	**Progress against Outcome (2012)**
A. By December 2014, number of youth and advocates supported by Oxfam and partners to engage in policy processes at national, regional and/or international levels. (Target: M/F 40/60).	Not applicable.	Not applicable in year one.	Not applicable in year one.
B. By December 2014, evidence demonstrates that international/global advocacy by Oxfam and its partners has significantly contributed to national-level policy changes in favour of children and youth rights to health and/or education in at least 2 MRMV countries.	Not applicable.	4 country power analyses and 3 advocacy strategies developed. MRMV staff part of Oxfam Essential Services campaigns groups.	Too early to measure.

PROGRESS TOWARDS OUTCOME 4.2: KNOWLEDGE AND TOOLS TO ENGAGE CHILDREN AND YOUTH

PROGRESS SUMMARY

Progress against outcome 4.2 is expected in years two and three. In the meantime, a youth audit was undertaken at the end of year one by Oxfam teams and partner organisations implementing the MRMV programme. This internal audit process provided a baseline for the coming years against which progress on engaging and involving children and youth in our own organisations will be measured. To strengthen the capacities of Oxfam county offices and partners a research study has been funded and published under the programme on youth as active citizens.

To strengthen the capacities of Oxfam country offices and partners a research study on engaging and working with youth as active citizens was funded and published under the programme. The research was conducted by the University of Sussex and came up with nine guidelines to engage children and youth in international development programmes. An initial desk review was also conducted; following this the MRMV Learning and Innovation Fund supported field testing of the guidelines in Pakistan, with results expected in April 2013.

To create space for children and youth in the MRMV programme and country projects, country teams agreed to audit their involvement of children and youth in the different phases of the project cycle. The youth audit measures how organisations score against five broad youth-related themes: 1) organisational youth policies, 2) favourable youth involvement in positions of leadership, 3) capacity of the organisation to involve youth, 4) youth programming and accountability, 5) views of partners on Oxfam's capacities to engage and work with youth.

Except for Mali, all Oxfam country offices and their partners have completed the youth audit (see Annex IV). On average the programme scores 71.3 against a total of 100. This will be the baseline against which progress on the youth audit will be measured. On closer inspection, Oxfam and partners score low on youth policies (9.7 out of 20) and high on programming and accountability (19.7 out of 25), and on views of partners of Oxfam's youth capacities (16.5 out of 20). If we look at the individual countries then we see that Pakistan, Nepal and the Global Coordination Team score below average, while the rest score above.

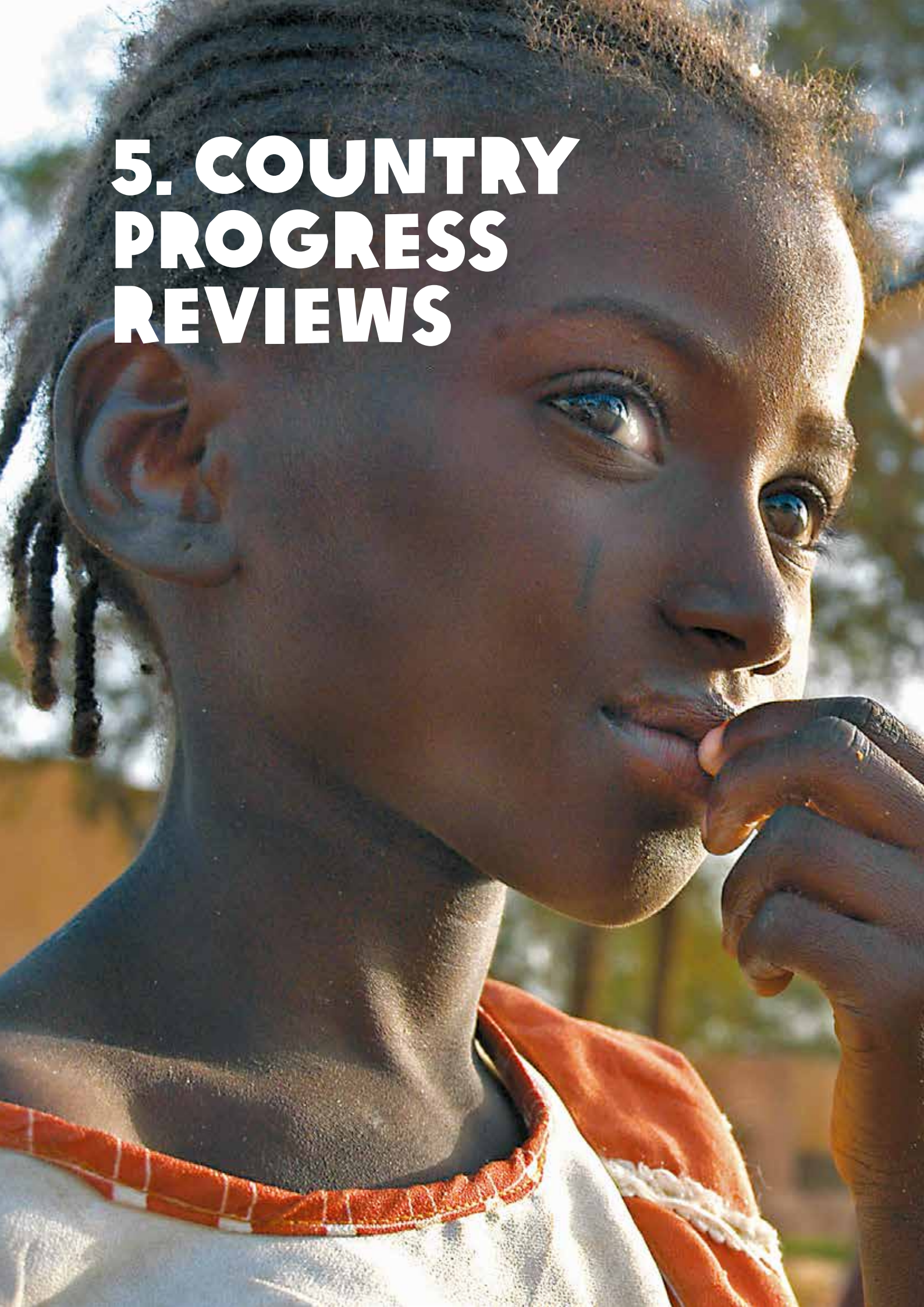
To instil the thinking, voice and creativity of children and youth in the programme, guidelines for Youth Advisory Boards (YABs) in all MRMV countries were developed. Georgia and Pakistan established a YAB in the first year (see page 40 for more details). These boards are meant to facilitate, strengthen and embed the direct involvement of youth in our thinking, planning, MEL and programme work. In 2013 youth boards should be established in all other countries.

Monitoring considerations on the indicators under 4.2
Within countries there are big differences between the scores of partners on the youth audit. Although the baseline is based on the average score, monitoring of progress on the audit will be at an individual partner level. We have identified a gap in our ability to monitor the tools and resources Oxfam produces to strengthen its own and others' capacity to better engage and work with children and youth. For example, over the past year an MRMV toolkit was produced for staff and partners, but this resource does not fall within our indicator framework. As part of our overall reflection on our Theory of Change, we will again review our indicators for the programme at the MRMV Annual Learning Event in 2013.

Table 9: Progress against outcome 4.2 – knowledge and tools to engage children and youth

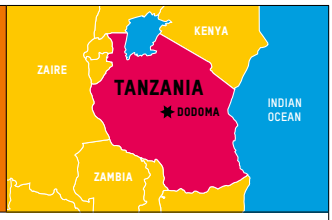
Outcome 4.2
Oxfam and partners have the knowledge and tools to better engage youth and children in programmes, campaigning and decision-making spaces.

Indicator	Baseline (2012)	Outputs (2012)	Progress against Outcome (2012)
A. By December 2014, MRMV country teams and partners improve performance on annual youth audit.	71.3 out of 100 was the average score of all youth audits submitted. This forms the baseline for the MRMV programme.	27 youth audits completed by Oxfam staff and partners in all countries except for Mali.	Monitoring towards this outcome has started.
B. Number of local and international partners working on child and youth rights to health and/or education has the resources and capacity to document their experiences and to publicise them beyond the national level.	At present, within the MRMV programme, it is mainly Oxfam (not partners) that has the capacity and resources to publicise experience beyond the national level.	1 desk study and 1 field research on youth involvement conducted.	1 desk study published
C. Number of young women and men involved in decision-making structure of MRMV and Essential Services campaign.	No examples at start of programme.	Guidelines for the establishment of Youth Advisory Boards (YABs) shared across the MRMV programme; 2 MRMV YABs established (in Georgia and Pakistan).	



5. COUNTRY PROGRESS REVIEWS

TANZANIA



COUNTRY STATISTICS

Population 44,929,002 (2012 Census)
Almost 65% is below the age of 25
(0-14 years: 45% (male 10,646,436/female 10,461,674);
15-24 years: 19.4% (male 4,553,069/female 4,559,629)[9]

PARTNERS

- Kagera Women Councillors' Network (KAWOCONET)
- Women Wake Up (WOWAP)
- Pastoral Women's Council (PWC)
- Rafiki Social Development Organisation (Rafiki SDO)
- Marafiki wa Elimu Dodoma (MED)

"During my campaign [to be elected as a school committee prefect] I was running to become a leader because I wanted to mobilise my fellow students to improve our school environment. I will be organising group meetings and class meetings with fellow pupils to discuss the problems we are facing. Afterwards, as a leader, I will contact the school management to present our demands and needs." Coletha, newly-elected school prefect who received leadership training at her school through the MRMV project

OVERVIEW

The MRMV project in Tanzania has been working with pupils (aged 7-18), their parents, schools, and education authorities to create and strengthen student councils (known locally as *barazas*). Through our partners, we have been empowering young people to understand their rights to quality education, providing mentoring and coaching – especially to girls – to strengthen young people's leadership skills and participation in student councils, so that they can hold schools and local authorities to account over the quality of their education.

YEAR ONE PROGRESS

There has been significant progress over year one with 33,678 girls and boys, young women and young men being reached through MRMV activities. At the end of the first year, there is anecdotal evidence that the importance of school barazas and democratic governance is widely acknowledged and increasingly understood among village leaders and target communities following a combination of sensitisation sessions, the selection and training of community-level 'champions' (162 in total, 81 women and 81 men) promoting and facilitating discussions on student leadership and democratic school governance, and through local communications including radio. There was also clear progress on supporting the participation of girls in democratic governance processes within schools and their election to positions of leadership.

KEY ACHIEVEMENTS

- More female students are aware of and exercising their right to participate in school governance structures, with some 1,076 female students contesting leadership positions in MRMV target schools and they have begun asking and answering critical questions concerning their education and leadership positions.
- There has been increased community awareness and engagement in school governance processes and the importance of involving young people in these, including through a combination of 12 specially-designed radio programmes, community sensitisation activities, and the selection of 'champions' leading public meetings on this issue.

CHALLENGES

- There has been tremendous progress towards the first and second programme objectives through strong community-level work, specifically in schools. The coming year will need to ensure that this is further strengthened by connecting young people in target districts, regions to national-level networks and alliances, and through national-level advocacy work. This will help to ensure that young people's voices are heard in local and national-level policy debates and decision-making spaces.

INNOVATION

- The project is trialling the use of Outcome Mapping (see page 39 for more information) as a monitoring tool with partners. This will help to strengthen the MRMV project team's and partners' analysis of how change happens and where they direct their advocacy efforts in years two and three.

VIET NAM

COUNTRY STATISTICS

Population 92,477,857 (July 2013 est.)
Almost 44% is below the age of 25
(0-14 years: 24.9% (male 11,924,283/female 10,824,773);
15-24 years: 19% (male 8,974,221/female 8,400,162)[10]

PARTNERS

(provincial, district and commune)

- Department of Education and Training (DOET)
- Youth Unions
- Women's Unions
- People's Councils
- Live and Learn (Viet Nam NGO)

"I'm really excited about the training course on child rights that promotes the participation of children. Activities from this Oxfam project are very useful and applicable to the school activities. Through the training, I could understand what the rights of children are and how to help them to claim those rights. It also helped me to facilitate group activities more effectively, with high levels of participation from children." Mr Do Thanh Nam, primary school teacher

OVERVIEW

In Viet Nam, MRMV is empowering children to understand their rights and creating opportunities for them to communicate with decision-makers so they can help shape an education that meets their needs. In the provinces of Lao Cai, Dak Nong and Ninh Thuan – among Viet Nam's poorest and with the highest ethnic minority populations – we are working with our local partners to promote dialogue and accountability between parents and children (especially girls), and schools and authorities. The project aims to reach 7,600 people directly and 25,000 indirectly (of which 50% will be girls and women, and 70% from ethnic minorities). It works on three levels: empowering children to express their needs; helping to improve school governance and management; and driving policy implementation.

YEAR ONE PROGRESS

Implementation of the MRMV project in Viet Nam began in July 2012 and a total of 2,693 children were reached directly, of which 1,555 were girls, over the course of the year. Levels of awareness on child rights increased in target schools and communities through extensive sensitisation and training activities for groups and individuals, including more than 300 representatives of PTAs, teachers and school managers. A 20-day youth voluntary campaign reaching out to 900 ethnic minority children (50% girls) took place in the third quarter. In seven project schools, 280 children were consulted on their school's annual activity plans and budgets. This led to them participate in the planning process by making suggestions and sharing their ideas, which informed the finalised plans. Pupils were also encouraged to use technology to support them in visualising their voice; a total of 150 ethnic minority children were trained in information technology and news-writing skills to do so.

KEY ACHIEVEMENTS

- Children and their schools were supported to create the space and increase pupils' voices to share their thoughts and ideas on their schools annual activity plans, extra-curricular activities and environment. Children's ideas and views were collected via a mailbox entitled 'what I want to say' and through classroom discussions. Many of these suggestions were then integrated by teachers into more detailed activity plans.
- An enabling environment has been created in many target schools where children from ethnic minority backgrounds have the space and support to share their opinions publicly.
- More female students are aware of and exercising their right to participate in school governance processes. The number of female students being able to name laws and regulations on child rights increased from 10.9% (baseline survey conducted in July 2012) to roughly 20%. Furthermore, approximately 22% schoolgirls were consulted on school planning (in baseline survey, 8.7%).

CHALLENGES

- As in the case of Tanzania, great progress towards the first and second programme objectives has been made over the first year. Work in year two will also need to include an analysis of what national-level advocacy work can be supported as part of the MRMV project in Viet Nam so that young people's voices are strengthened and heard in decision-making spaces at the national level.

INNOVATION

- An innovative small grants scheme was established to support initiatives by local NGOs, CBOs and research institutions to promote child rights.
- The use of digital technology by children has been an interesting and inspiring way through which the MRMV project team has supported young people to share their views on their lives and environment.

AFGHANISTAN

COUNTRY STATISTICS

Population 31,108,077 (July 2013 est.)
Almost 65% is below the age of 25:
0-14 years: 43.2% (male 6,671,683/female 6,460,034);
15-24 years: 21.6% (male 3,357,679/female 3,226,394)[11]

PARTNERS

- Afghan Civil Society Forum Organization (ACSFO)
- Humanitarian Assistance for Women and Children of Afghanistan (HAWCA)
- ASCHIANA

"It is quite clear that youth are the backbone and productive pilot of the society and the country. We really appreciate and thank this initiative that has gathered all the youth under one roof to advocate for a better life. Through this programme, many youth have come to know their rights and know how to advocate for their rights, paving the way for other youth and communities to have access to education and health."
Eng. Obaidullah, MRMV committee member, Kabul

OVERVIEW

The MRMV project in Afghanistan is working towards building a strong youth movement to empower children and young people to claim their rights to quality health and education. In two rural provinces (Daikundi and Badakhshan) and two urban (Balkh and Kabul), Oxfam and partners are supporting young people aged 12-25 to drive policy change that will improve their access to quality health and education services. With a special focus on involving young women and girls, the project has five approaches: increasing youth leadership and collective action; enabling young people to demand better health and education; raising wider awareness of youth rights; supporting policy change; and strengthening civil society to advocate for youth rights.

YEAR ONE PROGRESS

Over the course of year one, the MRMV project has reached 1,366 young women and 1,456 young men. Since last summer, 55 youth groups have been established across Balkh and Kabul provinces and 60 across Daikundi and Badakshan. These youth groups have involved 2,822 young people, of which 48% were women.

Partners conducted extensive formal and informal meetings with all project stakeholders, including government departments such as the Deputy Ministry of Youth Affairs, the Ministry of Women's Affairs and the Ministry of Education, youth, key community members and parents. These meetings resulted in acceptance of the MRMV project's goal, objectives and activities as well helping to raise awareness on the rights of youth, especially girls and young women, among village elders. These foundations also led to the active support of village elders in allowing girls to participate in youth focus groups, even in the more conservative areas, which is fundamental to the project's success and sustainability. This cannot be underestimated in a country such as Afghanistan where staff and partners are working in very complex communities on sensitive issues. This lengthy but vital stakeholder involvement paved the way for the organisation and establishment of youth focus groups in all target areas. Consequently, young women and girls make up 48% of youth focus groups, separated by gender due to sensitivity. Another important activity in year one was the mapping of youth-related activities undertaken by government ministries with a focus on health and education provision. This data was shared with youth groups, which are now fully aware of available budgets and plans of government departments pertaining to education and health.

KEY ACHIEVEMENTS

- Communities and leaders have increased awareness on the importance of and support for young women and girls participating in youth groups; by the end of year one, young women and girls made up 48% of all groups.
- Government authorities have shown willingness to share their annual activity plans and budgets for education and health services with youth and communities.
- Government authorities have pledged to value children's and youths' rights to access quality education, better health services and employment opportunities.

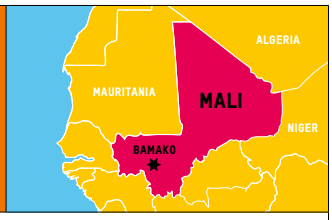
CHALLENGES

- Afghanistan is a very complex and conservative society. Ensuring that young women and girls are supported to participate in youth groups in a meaningful way and voice their needs and ideas will need to be managed well throughout the programme's lifetime, in a way that mitigates risk and strengthens participation and rights.

INNOVATION

- The setting up youth groups involving girls and young women as part of this project is highly innovative given the context.

MALI



COUNTRY STATISTICS

Population 15,968,882 (July 2013 est.)
Almost 67% is below the age of 25:
(0-14 years: 47.8% (male 3,718,591/female 3,689,889);
15-24 years: 18.9% (male 1,390,246/female 1,536,477)[12]

PARTNERS

- Coalition COSC-EPT
- One World UK – One World UK manages five additional partners as part of this work:
  -Butterfly Works
  -Reseau Africain pour l'Education et la Sante (RAES)
  -Forum for African Women in Education (FAWE)
  -Association Malienne pour la Promotion de la Planification Familiale (AMPPF)
  -Association de Soutien aux Activites de Population (ASDAP)

"I've gained a lot of knowledge from this project as a member of the youth coalition working with the Education For All national coalition, and I've been an active member of the project implementation meetings. We now have the opportunity to access information by ourselves on our health and sexual reproductive health, which we were ashamed to ask for before. We are also more aware about our basic rights to quality education and health. We would like the project to continue to strengthen awareness and engage various stakeholders, mainly our parents and religious leaders, on children's – mainly girls' – rights to education and good health." Jeanne, young person involved in the MRMV project

OVERVIEW

The aim of the MRMV project in Mali is to empower Malian children and youth to protect and claim their rights to education and health and become active citizens. The project proposal was made up of three integrated approaches, seeking to increase the quality of education and tackle some of the major socio-cultural constraints (lack of knowledge and empowerment around SRH, early pregnancy/marriage) which prevent children and young people, in particular girls, from accessing and completing school.

YEAR ONE PROGRESS

The socio-political situation and conflict in northern Mali has defined much of what has been possible regarding implementation in year one. After the coup in March 2012 and following events, including the intensification of conflict in the north of the country, much of the MRMV project work in Mali was put on hold. In the case of our planned work with communities, schools and pupils in the region of Gao, in the north of the country, work was initially suspended due to the security situation and political instability. The project had to be reviewed and revised on two separate occasions and project revisions were subsequently submitted to Sida and approved (in July 2012 and February 2013 respectively). The fundamental change to the project in year one was the ending of our education work and partnership in northern Mali, which was a very difficult decision to make. However, despite losing a major component of the project, the remaining two areas of work were able to initiate basic activities. The 'Learning about Living' (LAL) component is now fully underway. The MRMV project team and our advocacy partner COSC-EPT also managed to secure the support of the Minister of Education for the project and one of his senior members of staff is actively participating in it.

KEY ACHIEVEMENTS

- Gaining the support of the Ministry of Education for the MRMV project in Mali.
- Start of implementation of the LAL component after dedicated SMS and phone numbers were secured from telecom service providers.
- Web platform ready to be activated and installed on desktops in selected schools.

CHALLENGES

- Ensuring the advocacy and LAL components of MRMV remain relevant to the experience and contexts of young people at such a challenging time for Mali.
- Ongoing political instability and conflict in the north of the country, and dependence on the international community for security and funding.

INNOVATION

- The LAL component of the project has started to provide targeted young people in Mali with a confidential texting service called 'Youth Call,' whereby they can receive SRH information from trained counsellors. They can also access information via email.

NIGER

COUNTRY STATISTICS

Population 16,899,327 (July 2013 est.)
58.1% is below the age of 25:
0-14 years: 50.1% (male 4,134,198/female 4,056,350);
15-24 years: 18% (male 1,456,050/female 1,492,357)[13]

PARTNERS

- Volontaires pour l'Intégration Educative (VIE Kandé Ni Bayra)
- Santé de la Reproduction pour une Maternité Sans Risques (SRMSR Dimol)
- Associations Syndicats et ONG de campagne Education Pour Tous (ASO-EPT)

"I am capable of fighting for the recognition of the sexual reproductive health and education rights of youth because I learned that we must demand them for ourselves but it is also an obligation for us to do so for the young." Mlle Roukaya Saidou Idé de SAY, MRMV partner representative

OVERVIEW

The MRMV project in Niger is working with youth organisations as well as school management committees and community leaders in the Tillabéry region. The project provides awareness-raising activities on the right to education and SRH to empower youth and especially young women and girls. The programme employs 'child to child' methodologies whereby an older child helps her/his younger siblings, neighbours or friends to spread the message. To facilitate these methods, attractive youth spaces are created where children and youth can meet to discuss issues that affect them. The project works intensively with school management structures and combines this approach with national-level advocacy work for lasting changes in the education system.

YEAR ONE PROGRESS

The project started with the establishment of spaces for youth to come together in Say. By the end of 2012 children and youth could meet with each other in 64 spaces in Say, Torodi and Tera where they have access to information and can discuss health and education issues with their peers. Discussions are facilitated by 90 young facilitators (54 girls and 36 boys) trained in issues relating to SRHR and education rights. To link local groups to national networks a partnership between the project and the Conseil National de la Jeunesse (CNJ) has been established. The school system has become part of the supporting structure through contacts with 32 schools and with five school inspectors in the project area.

ACHIEVEMENTS

- In 2012, 29 radios debates aired on local radio stations on education and SRHR, which cleared the ground for public debates on the SRHR of young people in villages, a topic that was long considered taboo.
- The programme *Jeunesse au Micro* (Youth at the Microphone) was produced with youth from Say and Torodi on their rights to SRHR and education, and was broadcast on national TV.
- Three girls involved in the MRMV project won an award that allows them to continue their education in secondary school. The award was handed to them by the Prime Minister of Niger.

CHALLENGES

- The situation in the Tillabéry region will need close monitoring as it borders Mali and is already hosting many refugees, putting a strain on the implementing capacity of Oxfam and partners.

INNOVATION

- The project has created the concept of spaces where youth can meet and have access to radios, a telephone, reading material on education and SRHR, discuss issues amongst themselves and get more information if needed. This initiative is also providing internet access to youth in target areas which allows them to connect globally and share experiences all around the world.

GEORGIA

COUNTRY STATISTICS

Population 4,555,911 (July 2013 est.)
Almost 30% is below the age of 25:
0-14 years: 15.5% (male 378,551/female 329,790);
15-24 years: 14.4% (male 336,947/female 322,581)[14]

PARTNERS

- Welfare Foundation (WF)
- Association of disabled children and mothers of disabled children (DEA)
- Public Defenders office (PDO)

"This was a fantastic opportunity for me to address ministers and MPs with my presentation on child health rights. After the event, all of us [child members of youth advisory board] were so happy and proud of what we are doing. The Minister of Health promised that he will consider my recommendations and even visit one of the children's hospitals with me to see how child-friendly Georgian hospitals are." Giorgi, 16, MRMV Youth Advisory Board member. Through the MRMV project, Giorgi and other young people addressed government officials and policy makers responsible for Georgia's health care services with their presentations about their rights to health and education.

OVERVIEW

The MRMV project in Georgia is working with children and youth below the age of 25 from internally-displaced communities. With these children and youth, Oxfam and its partners are working towards sustainable changes in policies, practices and beliefs relating to child and youth health rights. Children and youth are the prime agents of change. Through the establishment and development of youth clubs, young people learn how to organise events and have a meaningful role in campaigning and awareness-raising activities related to health. Furthermore, the project supports family doctors and CBOs to report health rights violations to the Georgian Public Defender's Office (PDO). The capacity of the PDO to resolve these claims and to advocate for the consolidation of the health rights of children and youth in Georgia will also be strengthened as part of the project.

YEAR ONE PROGRESS

The project started in March 2012 with the formation and training of 30 youth groups; 22 CBOs and 25 family doctors have also received training on health rights and how to report rights violations to the PDO. Over the course of the first year, the capacity of the PDO was built to address reported health rights violations. In the areas where MRMV is being implemented, there has been an increase in awareness and understanding of child and youth health rights through the dissemination of leaflets, which young people were involved in developing through their youth clubs.

ACHIEVEMENTS

- Local TV and radio stations had a keen interest and showed videos and informed listeners about the MRMV project.
- On International Child Day the project, together with the PDO, NGOs and UNICEF created spaces for youth representatives to address the First Lady and other high-level politicians on their health needs and aspirations.
- In the first year of the MRMV project, 146 people reported child health rights violations to the PDO. Of these, 96 claims were investigated, and 18 reports appeared in a human rights report submitted to the national parliament. In contrast to this, no child health rights violations were reported a year earlier in 2011.

CHALLENGES

- A new government has come to power. As a result there have been changes to key ministries with whom the project had formed strong connections. New working relationships have to be established with newly-appointed policy makers and government officials.

INNOVATION

- Downward accountability has become an integral part of project monitoring. Through regular information-sharing meetings with youth club members, their opinions help to inform the project. As a result the agenda of the Child Health Rights Forum was developed according to youth-led initiatives and suggestions.

NEPAL

COUNTRY STATISTICS

Population 30,430,267 (July 2013 est.)[15]
56% is below the age of 25:
0-14 years: 33.5% (male 5,108,258/female 4,918,259);
15-24 years: 22.5% (male 3,350,311/female 3,362,958)[15]

PARTNERS

- Association of Youth Organisations Nepal (AYON)
- Women's Empowerment Action Forum (WEAF)
- Women's Association for Marginalised Women (WAM)
- Social Awareness Concerned Forum (SAC)

"We had never discussed our problems together like this before. As we started coming to the class we knew that all of us women have the same problems, but never shared and talked about them. The Community Discussion Class has been a place for us to get to know each other and discuss our common problems." Laxmi, CDC participant, Banke district, Nepal

OVERVIEW

The MRMV project in Nepal will improve children's, youths' and young mothers' right to health in three rural districts in the least developed mid-western region of Nepal covering nine Village Development Committees and 81 wards. Free health services should be available, but accessing such services is a daily challenge for children, youth and young mothers due to a lack of awareness about entitlements to free services and low levels of confidence to demand them. The project aims to support vulnerable children and youth (aged 12-18) and young mothers (aged 16-35) to become agents of change, informed, confident and organised to demand better health care that meets their needs.

YEAR ONE PROGRESS

In 2012, 18 Children's Health Committees (CHCs) and 81 Youth Health Committees (YHCs) were established, with members gaining increased awareness regarding the health care provisions they are entitled to and trained in health rights. The project also supported the participation and leadership of young women, with 100% of the YHCs being led by young women and 66% of the CHCs led by girls. The CHCs started health campaigns in their schools together with their teachers. YHCs also helped to facilitate this process and were able to engage with community-level service providers. Over the course of the year, the project team and partner representatives built strong working relationships with national to community-level policy makers and service providers to raise awareness on health rights and to ensure support for the work of the MRMV project.

ACHIEVEMENTS

- At the national level the President and other high-level politicians have pledged their support to address the issues raised by the MRMV project in Nepal.
- MRMV project partners have been included in the government's Reproductive Health Coordination Committees at district level.

CHALLENGES

- With upcoming elections it is crucial to maintain good relations with the government and other key health officials.
- Partner representatives sitting on national or district-level government committees should ensure that the voices of children and youth are heard within these decision-making spaces.

INNOVATION

At community level progress on MRMV activities is being monitored by youth groups themselves. 'Social mobilisers' from the communities monitor the activities. YHCs also monitor the allocation and expenditure of local government funds and have successfully lobbied for changes in spending at community level.

PAKISTAN

COUNTRY STATISTICS

Population 193,238,868 (July 2013 est.)
56% is below the age of 25:
0-14 years: 34.7% (male 33,941,828/female 32,130,001);
15-24 years: 21.7% (male 21,283,907/female 19,951,750)[16]

PARTNERS

- Women Empowerment Group (WEG)

"Normally NGOs start implementing and then involve us. You are the first ones to ask our views before starting the programme" Religious scholar, Lahore

OVERVIEW

The MRMV project in Pakistan is an 'Edutainment' campaign, applying mass communication strategies that combine entertainment with education and social change interventions. The campaign aims to influence and mobilise caretakers with information and messages on SRHR to advocate for the inclusion of comprehensive SRHR education in the formal school curriculum. The project is part of the broader Green Rose Alliance work, which connects actors in promoting SRHR. The Alliance consists of organisations working on SRHR, CSOs expert in community mobilisation and youth networks engaged in active youth participation in nine targeted district areas. The wider Green Rose Project is funded by two donors: Research and Advocacy Fund (RAF) and Sida.

YEAR ONE PROGRESS

In the first year, the MRMV project has worked towards the launch of the campaign in November 2012. This was achieved after extensive engagement with the media and by informing and mobilising youth – via education institutions and social media – to get involved in the programme. Religious leaders from various sects of Islam were involved in gathering, documenting and promoting the evidence from Quran and Sunnah in support of young people's access to information and education on SRHR. Their audio and video testimonials have been used as a tool to raise awareness among other stakeholders including government, parents, teachers and media. The sensitive nature of SRHR in the context of Pakistan made their consent crucial to the success of our work, current and in the future. The significance of this support cannot be underestimated, as without it most other strategic allies in the campaign (including the media, education institutions and the public) would find it difficult to lend their support.

ACHIEVEMENTS

- Religious opinion leaders from the three major sects of Islam (Barelvi, Deobandi and Shia) have written ten review papers analysing information in the Quran which supports the provision of SRHR information. They have unanimously and publicly through their audio and video testimonials expressed the belief that in today's age of information it is absolutely necessary for children and young people to have access to accurate information regarding their sexual and reproductive health, so that they can distinguish right from wrong. These views were shared via the national press in Pakistan which proved helpful in getting support from different media to air and/or write about issues of SRHR.
- The project's edutainment campaign was launched in November. There were 26 press reports in English and Urdu language newspapers. On that occasion, the campaign was renamed 'Hayat' ('Lifeline') (see Challenges, below).

CHALLENGES

- In light of the sensitivity of the project and issues, the campaign has its own local brand to avoid any misinterpretation of information. The campaign is built on support from diverse stakeholders, including religious scholars and the media, in order to mitigate any potential backlash.
- YouTube has been blocked since mid-September 2012 for hosting clips from 'Innocence of Muslims'. The spread of video testimonials of the religious scholars was therefore hindered. Currently these testimonials will be converted in links that can be used on other social media including Facebook and Twitter.

INNOVATION AND LEARNING

- Engaging religious scholars from the beginning of the project has facilitated active support from other strategic stakeholders and increased the sustainability of the project.
- Social media such as Facebook and Twitter are effective ways to mobilise and inform youth. Through Facebook, organisations can send automated SRHR messages adapted to age, gender and interests of visitors to the Hayat Facebook page.

6. PROGRAMME LEARNING AND DEVELOPMENT

In addition to progress against our Global Programme Framework (GPF) there were developments in a number of other areas of the programme, and some surprises. These developments both supported country teams to strengthen their individual projects, and further helped to develop the programme and improve its quality and impact, including around staff and partners' capacity. This work ranges from strengthening our Monitoring, Evaluation, Accountability and Learning (MEAL) plan, through to developing child safeguarding standards specifically for MRMV and setting up our MRMV Learning and Innovation Fund. Below are highlights and major developments from year one.

MONITORING, EVALUATION AND LEARNING

Early in the first year, the programme's MEAL plan was formulated and rolled out across the programme, with country teams' input. As part of this work a number of MEL tools were developed which support the monitoring of MRMV at country and global levels, and which identify and support opportunities for learning. These tools include reporting templates, an outcome progress tracker and narrative Theory of Change beyond our GPF. These tools are the basis by which MRMV is measured.

In addition to this, and alongside the development of the programme's MEL plan and tools, country teams also revisited their original proposal plans to ensure they were fully aligned to the global MRMV programme, especially regarding their country-level Theory of Change and log frame/logic models. The work culminated in an inception workshop, which took place in Nepal in March 2012. This event brought together all programme staff, the Global Coordination Team (GCT), several Steering Committee (SC) members and a small number of partner representatives. In addition, inspiring youth representatives from Restless Development Nepal and ActionAid Denmark's Activista network in Nepal facilitated sessions on youth engagement and leadership. A key task undertaken at the workshop was a review of the GPF, including an analysis of outcomes and indicators by all country teams. This work led to some revisions being made to strengthen the programme's outcomes and indicators and to make them more 'G-SMARTY' (Gendered, Specific, Measurable, Achievable, Realistic, Timebound, Youth- and child-focused). The GPF forms the basis against which progress is being measured, and assumptions checked and modified, as appropriate.

Throughout year one, priority was given to ensuring that monitoring mechanisms were in place in all country projects, data was being collected and reported in a uniform way to measure progress, identify issues and opportunities and in line with our accountability. For that purpose, each country developed a MEL plan including data collection plans, timings of surveys and plans for specific research. Further, a quarterly reporting format was developed to ensure uniform reporting to enable comparison of data and information. The quality of the quarterly country reports is satisfactory: they improved considerably throughout the year, enabling the GCT and SC to assess overall progress, monitor risks and distil learning and innovation from each.

Towards the end of year one, one country – Tanzania – began using Outcome Mapping (OM) as an innovative monitoring tool with partners. OM focuses on the centrality of people's behaviour and their relationships as the main channels through which change takes place. It does recognise the importance of the state, but links the changes that take place within it as directly correlating to individual behaviour and relationships. The methodology places emphasis on changes in policies and practices only taking place when people (decision makers/influencers) change; these behavioural and relational changes can be monitored. The Mali project is also hoping to test this methodology in year two depending on the context.

ACCOUNTABILITY

All countries have organised quarterly review meetings with their partners to discuss progress and review implementation plans and activities. Georgia, Nepal, Pakistan and Viet Nam have included children and youth groups in these review meetings as well, giving them a voice in the monitoring and implementation of these country projects. For example, in Georgia partner representatives have arranged regular information-sharing meetings with youth club members to solicit their views on planned and ongoing activities. Through this approach, the agenda of the annual Child Health Forum – a joint initiative between Oxfam, the Public Defender's Office and UNICEF, in Georgia – was mainly developed according to youth initiatives and suggestions. Through the establishment of Youth Advisory Boards (YABs) in all countries in year two – they were set up in year one in Pakistan and Georgia (see below for more details) – we hope to further strengthen our accountability mechanisms towards young people and proactively solicit their views, ideas and feedback to inform our plans and monitoring for MRMV.

CHILD SAFEGUARDING

The child and youth focus of the MRMV programme and the direct contact staff, partners and allies have with children and youth means that we need to ensure that child and youth (0-18) safety is paramount in the planning, monitoring and implementation of all of our activities and related work. A set of Child Safeguarding Minimum Standards were developed specifically for Oxfam staff and partners involved in any or all aspects of MRMV work. In

addition to this, preparations for child safeguarding training and capacity building of staff and partners started and will take place in the second year of the programme. Building on this, and as part of our programme accountability to children and youth, the programme will develop a community-based complaints mechanism, which will be child-friendly. Oxfam's Child Protection Policy is currently being updated. The MRMV programme will implement this policy once it is approved in 2013.

MEANINGFULLY ENGAGING MARGINALISED CHILDREN AND YOUTH

The MRMV programme is building on existing health and education work or pilots in Oxfam, but with a wholly new focus and approach of engaging marginalised children and youth in their rights to health and education. We are building from a strong foundation, but using new tools and operating in new ways in our attempts to meaningfully involve young people in our thinking and programme work. This has been challenging, enlightening and motivating for Oxfam staff and partners.

From the outset, in the design phase and during the year one inception period all countries implemented specific strategies to identify and reach marginalised children and youth, especially girls and young women, throughout year one. This included identifying key geographical locations where marginalised groups and communities were living. All of the 61,000+ children and young people reached in 2012 live in impoverished, often remote, locations where high levels of marginalisation and social exclusion exist. For example, in Georgia groups were formed in schools in areas where there are high numbers of internally-displaced people. In Viet Nam, Nepal and Tanzania, ethnic minorities were specifically targeted in extremely remote areas of the country.

In addition to identifying target groups and communities and seeking permissions to work with young people and their allies, we also spent time in the first half of the year identifying and reflecting on good practice to engage and work with young people. This led to us both developing and adopting existing good approaches and ways of working which embrace the potential of this focus, and which capture the energy and dynamism that comes from working with children and youth. Two examples of this were incorporating an annual youth audit – developed by the organisation Restless Development and which we adapted to our programme needs – into our monitoring plans, and using Roger Hart's Ladder of Participation which was introduced to colleagues at the MRMV inception workshop. Many country teams have since used Hart's tool to act as both a reminder and measure of how they are engaging and involving young people in their respective project activities. Through evidence established from monthly team discussions, youth audit results, activity planning and quarterly monitoring reports, we can see that there has been a real shift in staff and partners' perspectives on children and youth as 'beneficiaries' and a move towards them being viewed as primary stakeholders and current/future active citizens to be involved in programme planning, implementation and MEL. In some countries this was a seismic shift. In all cases it has challenged our assumptions about children and youth as beneficiaries, stakeholders and (current or future) active citizens, and altered our mindsets. Many individuals and teams have expressed a "light-bulb moment", "seeing our development interventions in a new light", wondering "why we have not worked in this way" in the past, acknowledging how vital it is to involve children and youth in decisions affecting their lives and giving them space and scope to voice their needs, concerns, hopes and aspirations.

All country teams also agreed to set up national-level MRMV YABs to provide a space for young people to meaningfully engage, give feedback and influence the work of each of the eight MRMV country projects. The concept and guidelines were finalised in the third quarter of the year, followed by country teams reflecting on and planning for establishing these in each of their respective contexts. So far, Pakistan and Georgia have set up YABs, with nearly all of the other countries contextualising the guidelines and recruiting for members. We hope to have all country-level groups established midway in year two, and to also think about how these groups might connect with one another at the global level later in the year.

We also have early indications from all countries that children and youth involved in MRMV project activities and groups also greatly welcomed the opportunity to be more proactively involved in their rights to health and education and project activities more broadly. Our assumptions that when space exists or is created, children and youth quickly assume roles and responsibilities within their groups and within the projects has so far been proved accurate in many country projects.

In year two, greater emphasis will be placed on further analysis of marginalisation and more work will be done to ensure that this programme reaches the most marginalised children and youth, especially marginalised girls and young women.

GENDER EQUALITY AND THE RIGHTS OF GIRLS AND WOMEN

Partners and country teams across all countries have placed a strong emphasis on ensuring a gender balance in all of their activities. Of the 61,666 young people reached

by MRMV project activities, 54% (or33,300) were girls and young women. Reaching marginalised girls and young women was especially challenging in the context of more conservative communities. This also meant that organising and convening many community and stakeholder meetings was absolutely vital to the successful set up of the projects and engagement of young people, notably girls and young women, and their allies. In Afghanistan, a critical achievement was convincing village elders and other community leaders to allow girls to participate in MRMV activities and groups.

However, in spite of this impressive number of girls and young women engaged through MRMV activities, there is still significant work to be done in ensuring that quality gender analyses and gender relations are strengthened in year two, so that the programme does not measure success by numbers. Examples of this are coming through, including in Georgia where the team has been analysing gender relations and factors that influence participation of boys and girls. The MRMV team noticed that it was mostly girls who started talking about their rights after awareness-raising activities, and were seemingly more willing to discuss sensitive issues and less likely to be the target of peer group pressure. In Tanzania specific training activities on female leadership were implemented leading to greater levels of participation of girls in school governance structures and a higher number of elected girl/young women leaders, with some 1,076 female students contesting leadership positions in MRMV target schools. Teams in more conservative countries also reported the crucial need to recruit female staff, otherwise girls' involvement in projects is severely limited. Niger, Pakistan, Mali and Afghanistan all have female project officers and/or coordinators to facilitate interaction with girls and young women.

Something that is significant to note and which will be addressed in year two is the need for greater levels of gender disaggregation in the data we are collecting, not only regarding the young people with whom we are working, but also their allies, and duty-bearers and influencers.

Another issue we will look at in more detail relates to evidence we have from country teams that active citizenship of children and youth requires them to have a basic level of education. In Afghanistan, girls in MRMV groups receive literacy courses to help them participate meaningfully in the groups. This will also be monitored throughout 2013.

CROSS PROGRAMME LEARNING

With the first half of year one focused on programme set up, the recruitment of staff and the establishment of partnerships, cross-programme learning was minimal. However, two key moments laid some foundations. The first was the MRMV inception workshop which brought together all country project teams and programme representatives to connect and gain a better understanding of the programme, and all its diversity and similarities across country projects and thematic areas. At this event the seeds were sown for future connections and sharing across individual teams, regions and the wider MRMV programme. In addition to this new participatory methodologies and tools[16] were used along with innovative facilitation approaches, which were also adapted and replicated in other MRMV project workshops and events. The second key moment was the establishment of a virtual community in the form of the MRMV Ning web platform, an online space where all Oxfam staff and partners are encouraged to share updates and examples of good practice (both their own and external examples), blog, and foster and exchange ideas.

In addition to this, connections and sharing of learning occurred between countries. Afghanistan and Mali exchanged information on joint affiliate project management and ways of working. Niger and Mali shared experiences and organised a joint project workshop on planning and implementing education activities and campaigns, which involved each respective country's Education For All coalition partners (COSC-EPT in Mali and ASO-EPT in Niger). The MRMV project teams in Tanzania and Viet Nam, which are both implementing education initiatives, strengthened relations and exchanged on education experiences, and the Georgia and Pakistan teams began discussions on SRHR.

There is also evidence of the potential to strengthen thematic learning opportunities on health and education, edutainment to mobilise youth, and Outcome Mapping. With projects set up and in full implementation mode, cross-programme learning will be a key part of our work in year two. An annual learning event will take place in 2013 and will provide a space for teams, partners and youth representatives involved in the MRMV programme to connect and identify cross-programme themes and initiatives to take forward. Peer exchanges will also be organised and learning documented.

MRMV LEARNING AND INNOVATION FUND

To foster learning and innovation across the MRMV programme, to pilot new ideas and scale up good practice which will strengthen innovation and quality, the My Rights, My Voice Learning and Innovation Fund (MRMV Fund) was set up in year one. Five proposals were received and two were approved in 2012. These were: a desk study and field research (in Pakistan, due to be finalised in April 2013) by the University of Sussex and commissioned by Oxfam, which will provide guidelines on how to address youth as active citizens around education and SRHR; and for the

development of a suite of communications (nine in total) to publicise, engage and mobilise others in the work of MRMV.

INNOVATIONS

The MRMV programme is working with children and youth, not as beneficiaries, but as our primary stakeholders. To reach out and engage with these diverse and complex groups, understand their experiences and needs and adapt to their realities, less traditional methods have been and will be used throughout the lifetime of this programme. In 2012, the country teams applied a number of promising innovative approaches to connect with children and youth (also refer to the Country Progress Reviews section).

Technology and digital communications have proved to be vital tools in connecting and engaging children and youth, and in facilitating and strengthening their channels of communication and in turn, their voice. Six MRMV projects (Nepal, Niger, Viet Nam, Pakistan, Mali and Georgia) are using ICT and digital communications with children and youth. These include using video, digital cameras and mobile phones as tools not only with which to raise awareness but through which young people can access information, share their experience with others and develop their communication skills. In many of these projects these ICT media have replaced more traditional written resources (although these are also being used).

In Georgia and Pakistan, statements from politicians and/or religious leaders supporting child and youth rights to health services and SRH information respectively, were documented as video testimonials and broadcast via the internet to reach children and youth. In Viet Nam, children were trained in using digital cameras and then supported to take photos of what they like and dislike about their school, providing them with a chance to clearly voice their opinions and share their views with duty-bearers and allies in a creative way and in a trusted space. In Niger, spaces were created for youth where they can discuss issues that concern them, and where they can also access information via radio equipment and mobile phones. In Mali, a core component of the project is the 'Learning About Living' (LAL) initiative, which uses ICT to engage, inform and advise young people regarding their SRHR. The use of technology in this particular case has meant that even with the onset of conflict, the virtual world can still potentially provide a space for young people to access information, connect with peers and allies, and seek counsel. In year two the challenges for the LAL initiative will be to maintain relevance amongst and provide young people with information they require in light of the external context; and ensuring that the most marginalised groups whom we are aiming to reach, some of whom are internally displaced, have access to information that is relevant to their experience.

Still within the realm of technology, Pakistan and Mali established contacts with telecom providers to reserve specific phone numbers for short text messaging. The baseline of Pakistan indicated that on average 46.3% of the boys and 32.3% of the girls that were part of the baseline used text messaging. Also in Pakistan, a commercial media house was approached to help with the project's media campaign. An innovative element to this relationship is that the media house is not viewed as a contractor, but as an equal implementing partner. The MRMV team is investing time in sensitising staff there on various SRHR issues, providing them with resources to access up-to-date information to help them produce quality content for media.

ADVOCACY

Nearly all MRMV projects plan to or have been working on national-level advocacy as part of their work to realise sustainable changes to policies, practices and beliefs. In 2012, Mali, Pakistan, Nepal, Tanzania and Georgia all undertook power analyses to inform their national-level advocacy planning and activities. Niger also started to analyse power relations and structures to inform their plans on how change happens. These analyses were to help build a foundation on which to develop a MRMV-specific advocacy strategy at country level. Teams (involving partners, youth and Oxfam) in Nepal and Georgia both developed an initial advocacy strategy in the latter half of year one. This work will intensify in year two, with the ambition of most countries – except for Afghanistan due to context and project objectives – to have strong strategies for national-level advocacy work. This will also proactively connect to the local-level work being done in communities (schools, youth groups, health centres, with district authorities, etc) to ensure that the voices and experiences of children, youth and their allies are heard and acted upon by duty-bearers.

At the global level, very early thinking and reflection began to consider developing a global-level advocacy component to the programme. However, it was still too early to strategise without significant understanding of the national-level plans and contexts, and prior to researching and identifying potential global level partners and opportunities. By the end of year one, a global mapping exercise was commissioned and the Global Programme Coordinator joined a global online group where youth, CSOs, NGOs and other agencies, engage to share information, ideas and opportunities for youth engagement, especially regarding the MDGs and post-2015 discussions. The programme also increasingly engaged with Oxfam Essential Services campaign teams. This global advocacy work will increase and formalise in year two of MRMV.

7. PROGRAMME MANAGEMENT

SET UP AND INCEPTION

The first four to six months – the inception period – of the MRMV programme focused on the planning and set up of projects at country and global levels, ahead of implementation. Much of this period was taken up with the recruitment of staff, identification, assessment and selection of programme partners (new and existing), activity and budgetary planning, and the development of a narrative Theory of Change and MEL plan. As outlined in the Programme Learning and Development section, during this period country teams also revisited their original proposal plans to ensure they were fully aligned to the global MRMV programme, especially regarding their country-level Theory of Change and log frame/logic models. This work culminated in a programme inception workshop.

Most countries were fully implementing their projects by May/June 2012. There were some delays due to recruitment challenges and the partnership agreement process taking longer than hoped in some instances. A small number of countries were delayed due to the cycle of the academic year, meaning school-based activities started in the autumn (September/October) of year one. External events, most notably the coup d'état in Mali and the census process in Tanzania, which led to the closure of schools in target areas, also slowed implementation of these respective projects.

FINANCIAL MANAGEMENT

The MRMV global programme budget for year one was USD $3,310,345. Of this, partner organisations received USD $1,709,436 and spent USD $1,433,471. Total spend across the entire programme for year one was USD $2,698,649. Full details of all expenditure against the global budget are available in the audited MRMV Annual Financial Report 2012. An interim (unaudited report) for the period 15 December 2011 to 30 June 2012 was submitted to Sida in August 2012, in line with our contract.

PROGRAMME GOVERNANCE AND STAFF

In year one, the MRMV SC was established with six members, including one chair, overseeing the strategic direction and management of the programme. The group met quarterly to review progress, provide guidance and make informed decisions on strategic and major events, such as events in Mali and the subsequent changes to the project there. At the global level, all members of the MRMV GCT (Global Programme Coordinator, Finance Manager and MEL Advisor) were in place by February 2012. At the national level, all MRMV country project teams recruited staff to plan, manage and monitor the implementation of their respective projects in accordance with the proposal submitted to Sida.

All recruitment took place over the course of the first year, mainly in the first three to four months of the programme, and staff members were successfully appointed to all roles. A small number of staff changes took place in a number of countries: Afghanistan (two changes in Project Officer and one change to MEL Officer), Nepal (one change in Project Officer), Viet Nam (one change in Project Officer) and Mali (one change in Advocacy Officer). The recruitment of the Mali MRMV Project Coordinator was also delayed due to the coup d'etat in March, with our colleague starting in June 2012.

Two MRMV country teams recruited dedicated MEL officers for the programme (Niger and Afghanistan). Partner organisations have also recruited MEL officers to support their MRMV work in Afghanistan, Tanzania and Pakistan.

A number of key advisors, based at the global level, also supported many of the MRMV project teams over the course of the year on specific areas, which included support to undertake power and political economy analyses, in the development of national-level advocacy strategies, using social accountability tools, and on linking community-based work to national-level change processes and campaigns work.

PARTNERSHIP

The majority of country teams – Afghanistan, Mali, Niger, Pakistan, Tanzania and Nepal – all entered into new partnerships as well as renewing existing ones specifically for the MRMV programme. In total, we are working with 28 partner organisations across eight countries with one of these partners – One World UK in Mali – managing an additional five partnerships specifically for the MRMV work (see country progress review for details of all partnerships). Initial global-level engagement and connections were made with a number of organisations including Dance4Live, Choice, Stop AIDS Now!, Restless Development and ActionAid Denmark. In year two we will be looking into establishing more formal global-level partnerships as part of our advocacy work.

8. COST EFFECTIVENESS

Cost effectiveness, also referred to as 'value for money', is a critical component in the delivery of the MRMV programme. There are several features of the programme which strengthen and provide evidence of this. All of the MRMV projects are built upon previously existing projects or pilots. This means that the programme can build on existing interventions of Oxfam and partners and can count on continuous engagement of these parties on the subject of strengthening voice to claim the right to health and education. In year one only two new country-level coordinators had to be recruited. Existing Oxfam staff, with extensive skills and experience in health (including SRH) and education programming and project management were therefore able to set up and implement their respective country projects with no additional training or recruitment costs, except for the hiring of project officers. This also meant that there were very few delays in the set up of projects, especially in terms of systems, establishing partnerships and comprehending Oxfam processes and policies.

The MRMV programme is being jointly implemented by Oxfam Great Britain and Oxfam Novib, and in the case of the Niger project also involves Oxfam Quebec. Each affiliate has different areas of expertise and resources in terms of systems and people. Oxfam is currently transitioning to a Single Management Structure, which brings together all of the different affiliates as 'one Oxfam' in country contexts. Whilst this experience is systemically and structurally challenging, it does mean that we are increasing our cost effectiveness. As Oxfam's only current joint affiliate global programme, MRMV is modelling this through its joint planning, processes, implementation, and monitoring with an inter-affiliate GCT and SC.

Work in year one of the MRMV programme focused on setting up a strong foundation, assessing and strengthening partner capacity in areas such as project and financial management, and embedding an effective planning, MEL and reporting system. We also initiated and strengthened relationships with stakeholders and authorities to gain access to target areas and communities in order to effectively implement MRMV programme activities, and implemented activities to engage children, youth and stakeholders and increase their levels of rights awareness. These activities and results were all in line with our budget estimations and expenditure in year one, with spend against the global programme budget coming in at 82%. Oxfam also actively coordinated its interventions with other (inter)national agencies to avoid duplication of efforts.

Both Oxfam Novib and Oxfam GB have clear programme frameworks central to their approach to delivering effective, results-focused and accountable programmes by providing a clear and coherent guide to programming, which were adhered to in the MRMV programme. Complementing this are both Oxfam's programme management information systems – OPAL for Oxfam GB and SAP for Oxfam Novib – where Oxfam's programmes and projects are held and managed, and are part of a system that encompasses the organisations' general ledgers and management of donor contracts. Each module is linked to the next in a way that makes it easy for us to track, monitor and assess our programmes, funding, income and expenditure simultaneously.

9. SUSTAINABILITY

Ensuring that the changes in policies, practices, and beliefs that meet the specific health and education needs of children and youth are sustainable is the overall goal of the MRMV programme. Strategies designed to foster sustainability are based on our firm belief that lasting change will only be realised when children and youth become active participants – active citizens – in their own development, and when decisions makers recognise their contributions and consult them on decisions affecting their lives and communities. The programme's sustainability is based on this assumption.

Country projects invested in strengthening awareness levels, knowledge and skills of young people, allies, and officials on youth and child rights through sensitisation and training in year one. The participation of children and youth in groups, discussing these rights with their peers and allies, will deepen and sustain this knowledge. While not all children and youth reached through awareness-raising activities will discuss or participate in MRMV groups, from those groups that were formed, there are early indications that a cadre of children and youth, keenly aware of their rights and in some instances already confident to express their views, needs and aspirations to duty-bearers, is developing. These structures will also offer children and youth a continued space in which to connect, exchange ideas and strengthen their levels of awareness, confidence and voice.

Increased participation and leadership opportunities for girls and young women will hopefully lead to sustainable changes in these girls' and young women's lives, but also in their peers', allies' and duty-bearers' beliefs and practices. Evidence from Afghanistan provides examples of girls and young women gaining the opportunity to take on leadership roles. Research, the MRMV Mid-Term Review and the programme's final evaluation should provide more substantial evidence. The development of young female leaders will hopefully lead to lasting change in practices and believes in these girls' and women's lives, and potentially within their wider communities.

As mentioned in section 6 of this report, there was also a real shift in Oxfam staff and partners' perspectives on children and youth as 'beneficiaries' towards viewing them as primary stakeholders. In 2012, through training, guidance and the inception workshop event the programme emphasised youth involvement in the country projects and in the organisations. A positive boost will come from the Youth Advisory Boards. The challenge in the coming years will be to institutionalise these boards into organisations (including Oxfam) to ensure continued critical input from children and youth in the workings of the organisations beyond the duration of the programme. The fact that Oxfam in its new strategic plan (2013-2019) stressed the importance and necessity of connecting and supporting young people as social change leaders is a big step in sustaining attention and resources of Oxfam to children and youth as active citizens.

Focused work to inspire and sustain support from local communities, institutions and government was another key feature of MRMV work in year one. As mentioned, through the early and positive engagement of local and national authorities, implementation proved to be a constructive strategy to increase our accountability and the sustainability of the programme. With community and government support and access to government structures and institutions at local and national level, there is an increased possibility that governments will take ownership of successful projects/pilots. In targeting the practices and beliefs of duty-bearers, MRMV aims to create a receptive environment to child and youth engagement in health and education provision. In years two and three, the programme will aim to support policy change or improvements in the implementation of existing policies for greater and long-term impact. In addition, research and learning coming out of the individual country-level work, as well as across the global programme, will help to inform Oxfam and other external thinking and work around child and youth agency.

Oxfam's MRMV programme will help to ensure that project activities and campaigns work will be aligned and integrated at country level, which will support the strengthening of work and impact, and further help to ensure sustainability.

10. RISK ANALYSIS

Oxfam's programme design and its ability to deliver on the MRMV global programme were based on certain assumptions that have been developed from Oxfam's significant programming experience, learning from its health and education work in many countries, and its commitment to a rights-based approach. The key risks underlying these assumptions were identified and the strategies that would be used to mitigate the risks across the programme were outlined in our original proposal to Sida. The eight countries also identified their context-specific risks in their country proposals.

RISK MANAGEMENT

Our initial risk analysis of 2011 remained relevant in 2012, but did not hinder our ability to implement the programme, except in the case of the project in Mali. There the risk of 'political and social instability disrupts programme activities' played out with the escalation of conflict and instability in the north of the country, forcing us to suspend, monitor and eventually close the project component due to be implemented in Gao. In the run up to this closure, the MRMV project team undertook power and risk analyses, which eventually concluded that continuing the project activities in the north of Mali was not feasible. In response to this the project plans and budget were revised (on two separate occasions – July 2012 and February 2013) and approved by Sida. We will continue to monitor events and the project closely in 2013 as ongoing fighting may pose additional risks for the project. The fallout from the humanitarian situation also has the potential to impact the project in Niger, as internally-displaced people and refugees (often children and youth) seek refuge along and within its borders.

Two further risks required attention in year one. The first related to ethnic tensions amongst groups and communities with whom we are working and bringing together into a shared space. In Afghanistan, ethnic tensions between individuals initially hampered the democratic functioning of youth groups. However, the skills of partners in facilitating discussions and addressing these issues sensitively combined with their abilities in implementing conflict-resolution strategies within these groups mitigated this risk. This will be closely monitored in years two and three, both in Afghanistan and across all countries. The second risk related to staff turnover (Oxfam and partners), which took place in Afghanistan, Mali and Nepal. New staff members were subsequently recruited for all corresponding project positions, but this did lead to major and minor impacts in the implementation of these projects, specifically in Mali and Afghanistan. When staff changes occurred it was also too early in the project cycles for the identified mitigation strategies (train more staff members and documentation and knowledge management) to fully work.

ADDITIONAL RISKS

Over the course of 2012, two additional risks were identified relating specifically to youth manipulation for political gains/purposes, and changes in governments and the negative (and positive) effects this potentially has regarding the establishment of stable working relations with key politicians and decision makers, especially those employed in ministries of education, health, women's affairs and youth affairs. This is particularly significant as a number of countries have held (Georgia) and plan to hold (Mali, Pakistan and Nepal) general elections over the coming year. How we mitigate these risks in each of these countries will also provide us with further learning for how we can also prepare for the elections due to take place in Afghanistan and Tanzania in 2014.

Our learning from Georgia, which held parliamentary elections on 1 October 2012, has highlighted the potential difficulties in implementing some project activities, especially those relating to our advocacy and campaigns work. Furthermore, changes in staff and new appointments within government ministries – with whom the project had formed strong connections over many years – forced the MRMV project team to forge new relationships and establish support for the project all over again amongst new policy makers, government officials and stakeholders. However, as well as a risk, this is also a potential opportunity, especially where a newly-elected government may be more supportive of and/or interested in the objectives of the MRMV programme. The period leading up to an election also provides potential opportunities for activities to support the work of MRMV and strengthen the capacity of and open up the space for civil society to engage in democratic processes. In addition to this the Georgia team identified mitigation strategies to ensure that youth activities could continue throughout the campaigning and election period.

In view of the Georgian experience and the upcoming elections in Mali, Nepal and Pakistan three new risks are added for 2013: 'Changes in governments will hamper establishment of stable relations with key politicians and decision makers,' 'Shrinking of civil society space and its impact on youth voice' and 'Youth will be manipulated for political purposes and/or gains during times of political campaigning and electioneering'. Election processes will be continuously monitored in these countries and our risk and power analyses will be updated accordingly. A complete overview of risks and mitigation strategies for 2013 are presented in Annex I.

CHANGES TO THE PROGRAMME

The most fundamental and only major change to the MRMV programme over the course of year one was the closure of the project component due to take place in Gao, Mali, as outlined above and in the country progress reviews section of this report.

ANNEX I: MY RIGHTS, MY VOICE RISK ANALYSIS

NATURE OF RISK	MITIGATION	IMPACT	PROB'LITY
Norms and culture (of society, of NGOs) hinder children and youth from claiming their rights.	Involve key stakeholders identified as potential blockers (community leaders, teachers, etc) from the outset to ensure their buy-in. Build on existing relationships with communities and organisations to generate support for empowerment of children and youth. Identify and work with champions for children and youth empowerment. Build awareness and a desire to support and promote girls' rights through a contextually appropriate approach.	Medium	High
Diversity of children and youth leads to conflicting agendas (e.g. rural and urban, age-based, girls and boys)	Capacity building of children and youth to identify allies and build effective networks across different groups/organisations. Foster spaces where a plurality of voices can be heard and the diverse needs of children and youth can be taken into account by duty-bearers. Use a gender-sensitive approach to improve understanding and communication of the different agendas between girls and boys, as well as young men and women.	Medium	Medium
Children and youth mobilisation leads to political or societal backlash, including gender-based violence.	Programme will work closely with children and youth to develop effective means of communicating their demands and claiming their rights. Creation of new spaces or revitalising existing spaces for children and youth to claim their health and education rights so that they do not have to resort to illegal/unpopular methods. Engaging duty-bearers from the outset to ensure their support for children and youth to claim their health and education rights and manage their concerns.	High	Low
A lack of actions or commitment of resources by duty-bearers.	Power analysis will be conducted at the beginning of the programme. Partners and allies have the capacity and knowledge to monitor commitments and decisions made by duty-bearers.	Medium	Medium
Changes take longer than three years to manifest, depending on context.	Country analyses will identify specific changes (policies, actions) that are achievable and realistic within the programme's lifetime. Programme recognises that in addition to immediate changes, activities and strategies will lead to transformative changes in individuals and groups (especially of youth) that may result in changes beyond the scope of this programme.	Low	High
Oxfam and partner staff lack sufficient knowledge and/or skills to work on child and youth rights.	Countries selected for this programme have demonstrated experience of working with children and youth and are committed to deepening their understanding of best practices around child and youth rights. Child and youth rights, specifically around gender-sensitive youth agency, will be a key area for the linking and learning in this programme.	High	Medium
Oxfam or partner staff abuse their position of power.	Oxfam GB has well established and clearly defined policies and guidelines on Preventing Sexual Abuse and Exploitation, Child Protection, and Staff Malpractice. Oxfam GB's complaints procedure and other reporting mechanisms actively promote the reporting and investigation of all and any behaviour which may be inconsistent with our primary duty of care to the recipients of Oxfam's programmes. Oxfam and partner staff are required to sign up to Oxfam's Code of Conduct, which includes specific commitments around sexual exploitation and abuse, including child abuse. Ongoing training will be provided.	High	Low
Staff turnover in Oxfam and partner offices.	Oxfam and partners will ensure that more than one staff member is trained on programme activities. Succession plans will be supplemented by documentation and knowledge management of programme information.	Medium	Medium
Political and social instability disrupts programme activities.	Early discussion with partners and other stakeholders to manage expectations. Early focus on strengthening local groups and planning activities that can be continued or implemented during unstable periods.	High	Medium
Programme creates and/or raises expectations among partners, in particular new organisations (e.g. youth groups).	Countries will develop clear exit strategies with partners that outline roles and responsibilities leading up to the end date and beyond (including securing alternative funding if necessary). Expectations of partners and key stakeholders will be discussed and managed from the outset of the programme (through inception meetings).	Low	Medium
ADDITIONAL RISKS IDENTIFIED IN 2012:			
Changes in governments will hamper establishment of stable relations with key politicians and decision maker.	The election processes will be continuously monitored in the countries with elections, including an assessment of the possible people in power. They will be approached immediately after the elections. Country-level power analyses should also identify long-standing civil servants in key ministries with whom Oxfam teams, partners and young people can strengthen working relationships.	Medium	Medium
Youth manipulated for political purposes and/or gains during times of political campaigning and electioneering.	Awareness raising on this issue amongst youth. Creating a safe and open environment where such issues can be discussed, i.e. youth groups.	Medium	Low
Shrinking of civil society space and impact on youth voice (the ability of young people to speak up and out, and via social media which also might be 'closed').	Socio-political change and 'mood' will be continuously monitored through power, political economy and risk analyses in the countries, especially those with upcoming elections. Awareness-raising on this issue amongst youth. Creating a safe and open environment where such issues can be discussed, i.e. youth groups.	Medium	High

ANNEX II: QUALITY ASSESSMENT OF BASELINE INFORMATION

		INTEGRATION OF THE GLOBAL INDICATORS INTO THE COUNTRY LOGFRAMES							
		COUNTRIES							
		Afghanistan	Georgia	Mali	Nepal	Niger	Pakistan	Tanzania	Viet Nam
INDICATORS	1.1a	■	■	■	■	■	■	■	■
	1.1b	■	■		■		■		■
	1.1c	■							
	1.2a	■	■	■	■	■	■	■	■
	2.1a	■	■	■	■	■	■	■	■
	2.1b	■	■	■	■	■		■	■
	2.2a	■	■		■	■		■	
	2.2b	■							
	2.2c			■		■		■	
	2.2d				■		■	■	■
	3.1a	■			■			■	■
	3.1b	■			■			■	
	3.2a	■	■	■	■		■	■	■
	3.2b	■	■	■	■				
	4.1a	■			■	■			
	4.1b	■							
	4.2a	■	■	■	■	■	■	■	■
	4.2b	■		■	■	■	■	■	■
	4.2c	■	■	■	■	■	■	■	■

ANNEX III: QUALITY ASSESSMENT OF BASELINE SURVEYS AND QUARTERLY NARRATIVE REPORTS

Afghanistan	Baseline survey is ongoing. Difficulties finding consultants due to security situation.	Quarterly progress reports provide sufficient information of good quality.
Georgia	Baseline survey provides sufficient information of reasonable quality on the indicators.	Quarterly progress reports provide sufficient information of good quality.
Mali	No baseline conducted yet because of civil war and necessity to rewrite the project.	Quarterly progress reports provide sufficient information of good quality.
Nepal	Baseline survey provides sufficient information of reasonable quality on the indicators.	Quarterly progress reports provide sufficient information of good quality.
Niger	Baseline survey provides sufficient information of reasonable quality on the indicators.	Quarterly progress reports provide sufficient information of good quality.
Pakistan	Baseline survey provides sufficient information of reasonable quality on the indicators.	Quarterly progress reports provide sufficient information of good quality.
Tanzania	Baseline survey is ongoing. Draft has been submitted but more information of reasonable quality on the indicators is necessary.	Quarterly progress reports provide sufficient information of good quality.
Viet Nam	Baseline survey is ongoing. Draft has been submitted but more information of reasonable quality on the indicators is necessary.	Quarterly progress reports provide sufficient information of good quality.

Considerations
Out of the six baselines that were submitted, five (with Georgia providing additional information later on) had sufficient information of reasonable or good quality to compare progress to outcomes. The reason for Georgia to provide additional data was because the baseline research was conducted before agreement on the Global Monitoring Framework. After the agreement at the inception workshop, a number of indicators in the Georgia log frame had to be adapted and did not link anymore to the baseline research. The Tanzania baseline was still a draft when submitted with not all the information analysed, while the Afghanistan baseline survey was still ongoing. In Mali no survey was organised because of the security situation. In the annual report for 2013, the baseline results of these three countries will be included. All baseline surveys made use of randomized sampling, though often weighted and stratified to ensure group composition was balanced, in terms of gender, geographic spread, and school type. Main methods used were: questionnaires, interviews, focus groups discussions and analysis of secondary documentation. The baseline survey of Georgia, Nepal, Niger, Pakistan and Viet Nam all had gender disaggregated data. In some instances findings were grouped together and information on girls and boys separately was lost. Through country specific feedback on the quarterly reports from the MEL advisor the quality of the quarterly reports of all countries increased over the year. The third and fourth country reports were of sufficient or good quality with detailed information on activities and outputs, people reached (gender disaggregated), anecdotal evidence on progress against outcomes.

Conclusion
With the information in the five baseline surveys and the quarterly monitoring reports of all the countries the Global Coordination team able to make a fair assessment of overall progress in 2012, monitor risks and distil learning and innovation from each of the countries.

ANNEX IV: YOUTH AUDIT TABLE

Country	Partner	Policy (max. score: 20)	Leadership (max. score: 15)	Capacity (max. score: 20)	Prog. & Account. (max. score: 25)	Partnerships (max. score: 20)	Total score (max. score: 100)
Afghanistan	ACSFo ACHIANA HAWCA Oxfam	13.0 19.0 4.0 14.0	13.0 11.0 13.0 12.0	11.0 18.0 9.0 20.0	22.0 20.0 17.0 23.0	19.0 18.0 16.0 18.0	78.0 86.0 59.0 87.0
Average Afghanistan		**12.5**	**12.3**	**14.5**	**20.5**	**17.8**	**77.5**
Georgia	WF DEA Oxfam	11.0 18.0 15.0	10.0 14.0 10.0	14.0 16.0 12.0	20.0 22.0 20.0	15.0 16.0 15.0	70.0 86.0 72.0
Average Georgia		**14.7**	**11.3**	**14.0**	**20.7**	**15.3**	**76.0**
Nepal	AYON SAC Oxfam	0.0 0.0 8.0	15.0 11.0 13.0	19.0 11.0 12.0	23.0 21.0 20.0	16.0 10.0 15.0	73.0 53.0 68.0
Average Nepal		**2.7**	**13.0**	**14.0**	**21.3**	**13.7**	**64.7**
Niger	ASO-EPT DIMOL VIE Oxfam	13.0 16.0 14.0 13.0	13.0 14.0 13.0 11.0	13.0 17.0 15.0 14.0	22.0 22.0 19.0 19.0	18.0 19.0 17.0 17.0	79.0 88.0 78.0 74.0
Average Niger		14.0	12.8	14.8	20.5	17.8	79.8
Pakistan	WEG Oxfam	16.0 3.0	10.0 10.0	15.0 9.0	18.0 20.0	18.0 13.0	77.0 55.0
Average Pakistan		**9.5**	**10.0**	**12.0**	**19.0**	**15.5**	**66.0**
Tanzania	MED KAWOCO-NET PWC WOWAP RSDO Oxfam	8.0 10.0 15.0 6.0 19.0 17.0	15.0 10.0 14.0 9.0 15.0 12.0	17.0 14.0 19.0 14.0 18.0 18.0	24.0 20.0 23.0 25.0 25.0 21.0	20.0 17.0 16.0 20.0 20.0 20.0	84.0 71.0 87.0 74.0 97.0 88.0
Average Tanzania		**12.5**	**12.5**	**16.7**	**23.0**	**18.8**	**83.5**
Viet Nam	Ninh Thuan Lao Cai Daknong Oxfam	16.0 16.0 18.0 2.0	15.0 12.0 13.0 7.0	18.0 17.0 19.0 8.0	22.0 20.0 25.0 21.0	19.0 18.0 20.0 13.0	90.0 83.0 95.0 51.0
Average Viet Nam		**13.0**	**11.8**	**15.5**	**22.0**	**17.5**	**79.8**
GCT	GCT	2.0	6.0	14.0	13.0	17.0	52.0
Average GCT		**2.0**	**6.0**	**14.0**	**13.0**	**17.0**	**52.0**
Overall average		**9.7**	**11.1**	**14.3**	**19.7**	**16.5**	**71.3**
%		**48.5%**	**74.1%**	**71.4%**	**78.9%**	**82.7%**	**71.3%**

ANNEX V: MY RIGHTS, MY VOICE GLOBAL PROGRAMME FRAMEWORK

OVERALL GOAL:

Sustainable changes in policies, practices, and beliefs to meet the specific health and education needs and aspirations of marginalised children and youth, with a particular focus on the rights of girls and young women, to contribute to achieving the Millennium Development Goals.

OBJECTIVE	**OBJECTIVE 1:** Children, youth and allies (parents, educators, health staff, etc) are more aware of the specific health and education rights of children and youth and with confidence voice these rights, needs and aspirations in a manner that strengthens equality.	**OBJECTIVE 2:** Children, youth and allies (parents, educators, health staff, CSOs, etc.) successfully apply improved individual and collective skills, confidence, resources and organisational skills to claim their rights to health and/or education in decision making spaces.
OUTCOMES	1.1: Boys and girls, young women and men, and their allies are more aware and knowledgeable of their rights to health and/or education.	2.1: Through programmes executed by local partner organisations, boys and girls, young women and men, and their allies are organising themselves more effectively to claim their rights to health and education.
	A. By December 2014, % increase in boys and girls, young women and men that can verbalise examples of country specific laws, policies and or services on health and/or education (age specific) as provided by the government (disaggregated by gender). B. By December 2014, % increase in allies that can verbalise examples of country specific laws, policies and or services on health and/or education as provided by the government. C. By December 2014, % increase in allies that can verbalise examples of specific rights, services and/or issues of girls and young women on health and/or education.	A. By December 2014, % increase in organised groups (youth clubs, CSOs, parent associations, health committees, etc) actively pursuing youth and child rights to health and/or education. B. By December 2014, % increase in the number of girls and young women participating in these groups and taking up leadership roles.
OUTCOMES	1.2: Boys and girls, young women and men girls articulate their needs and aspirations on health and/or education amongst their peers, allies and other actors.	2.2: Boys and girls, young women and men, and their allies, are capable of agreeing and voicing a shared agenda in open and closed decision making spaces to claim their rights to health and education.
	A. By December 2014, % increase in the number peers, allies and other actors that indicate that they have discussed education and health rights, needs and aspirations with girls, boys and young women and men. Disaggregated by gender.	A. By December 2014, % of above groups with documented shared agendas (policy recommendations, agreed activities and purpose, etc). B. By December 2014, % of above groups with documented shared agendas (as above) where the specific rights and issues of girls and young women are mentioned. C. By December 2014, % increase (compared to project year 1) in the number of key formal/public decision making events/ processes (as defined relevant in each country) with children and young people raising their voice to claim their rights to health and/or education, disaggregated by gender. D. By December 2014, % increase (compared to project year 1) in the number of key formal/public decision making events/ processes (as defined relevant in each country) with people other than youth (i.e. allies of children and youth) raising their voice to claim the rights of boys and girls, young women and men to health and/or education.

IMPACT INDICATORS*:

By December 2014, in project areas % increase in the number of youth and children accessing quality healthcare and/or education. **By December 2014,** in project areas % increase of girls and young women accessing free quality healthcare and/or education. **By December 2014,** % increase in the number of informed children and youth able to make decisions on their sexual and reproductive health, disaggregated by gender.

OBJECTIVE	**OBJECTIVE 3:** Duty-bearers and influencers (ministries, politicians, donors, international institutions, parents, teachers, health staff, religious leaders, NGOs, etc.) engage directly with marginalised children and youth and as a result take specific actions to deliver better access to and quality of health and education.	**OBJECTIVE4:** Oxfam, partners and others have strengthened capacity to work on youth agency in country programmes, and Oxfam's global campaigning force has facilitated youth claiming and accessing better health and education.
OUTCOMES	3.1: Duty-bearers and influencers recognise boys and girls, young women and men as a valid constituent with specific health and/or education needs and aspirations and consult with them on issues of health and/or education policy and services.	4.1: Young women and men have gained experience in relating to each other and in connecting to campaigners at global level who support their ability to claim their rights to health and education, thanks to the intervention of Oxfam and partners.
	A. By December 2014, local and national policy makers in target countries create, recognise, and/or formalise spaces for young peoples voices (e.g. youth parliaments, child caucuses and youth fora). B. Numbers of cases that bring evidence that duty-bearers include young people and/or children as a panel in their fact-finding and M&E systems relating to health and/or education policy and services in the project area.	A. By December 2014, number of youth and advocates supported by Oxfam and partners to engage in policy processes at national, regional and/or international levels. (Target: M/F 40/60). B. By December 2014, evidence demonstrates that international/global advocacy by Oxfam and its partners has significantly contributed to national-level policy changes in favour of children and youth rights to health and/or education in at least 2 MRMV countries.
OUTCOMES	3.2: Duty-bearers and influencers take specific actions to improve access and quality of health and/or education services for boys and girls, young women and men.	4.2: Oxfam and partners have the knowledge and tools to better engage youth and children in programmes, campaigning and decision-making spaces.
	A. By December 2014, number of documented country actions by duty-bearers on health and/or education in favour of youth and child rights enacted and/or implemented as a result of the MRMV's advocacy and campaigning actions. B. By December 2014, number of policy recommendations made by children and youth within the context of the MRMV projects that are taken into account and implemented by duty-bearers.	A. By December 2014, MRMV country teams and partners improve performance on annual youth audit. B. Number of local and international partners working on child and youth rights to health and/or educations has the resources and capacity to document their experiences and to publicise them beyond the national level. C. Number of young women and men involved in decision making structure of MRMV and ES campaign.

*Obviously there are many factors contributing to realising the overall goal of the MRMV programme. It is therefore difficult to attribute positive changes in the impact indicators to the results of the programme. To assess the programme's contribution to the overall goal, Oxfam proposes to organise a randomized controlled trail (RCT) or use other innovative instruments that allow us to make a judgements on the programme's contribution to the overall goal at the end of the programme period.

NOTES

1. State of World Population 2011, UNFPA, http://foweb.unfpa.org/SWP2011/reports/EN-SWOP2011-FINAL.pdf
2. http://social.un.org/index/Youth/FAQs.aspx
3. Dunne, M. and N. Durrani: *Study on Youth as Active Citizens for their rights to education and SRHR*. University of Sussex, 2012: p. 5
4. In the 2013 annual progress report, the results from the baseline surveys for Afghanistan and Tanzania will be added. We will hopefully be able to conduct one in Mali. The 2012 baseline that we have across the outcomes will be adapted accordingly.
5. Country teams and partners collect monitoring data from target groups and stakeholders on a quarterly basis.
6. MRMV teams are still working with the six pre-existing groups mentioned above.
7. MRMV teams are working with a total of 410 child and youth groups; 404 established by MRMV and six pre-existing ones.
8. As outlined in our project quarterly monitoring reports.
9. CIA - The World Fact Book
10. Ibid.
11. Ibid.
12. Ibid.
13. Ibid.
14. Ibid.
15. Ibid
16. Ibid

PHOTOS

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