

WE DECIDE!

REDUCING ADOLESCENT
PREGNANCY IN LORETO, PERU

Learnings



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Panoramic view of the city of Iquitos, Peru, with the Itaya River in the background, in the middle of the Amazon jungle.

ACRONYMS

ASRHR	Adolescent Sexual and Reproductive Health and Rights
CEM	Women's Emergency Centre (Centro Emergencia Mujer)
CoC	Champions of Change
COVID-19	Corona Virus Disease of 2019
CSE	Comprehensive Sexuality Education
DIRESA	Regional Health Bureau of the Loreto Province
DREL	Regional Management of Education Loreto
FIAP	Feminist International Assistance Policy
GAC	Global Affairs Canada
GBV	Gender-Based Violence
GTS	Gender Transformative Strategy
HIV	Human Immunodeficiency Virus
MIMP	Ministry of Women and Vulnerable Populations
MINSA	Ministry of Health
MINEDU	Ministry of Education
SBCC	Social and Behavior Change Communication
SGBV	Sexual and Gender-Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
UGEL	Local Education Management Unit
UNICEF	United Nations Children's Fund

NOTE: This document was designed to serve as a reference guide both for professionals that are implementing projects and to people that are specialized in training processes. Its content portrays a comprehensive vision of the project and its achievements, and provides recommendations for its replication, adaptation and for the improvement of similar initiatives.

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PROJECT OVERVIEW

Between 2018 and 2023, Plan International partnered with local partner Kallpa Association and received support from Global Affairs Canada to implement the project We Decide: Reducing Adolescent Pregnancy in Loreto, Peru. This project aimed to address Adolescent Sexual and Reproductive Health and Rights (ASRHR), Gender Equality, and Protection in the region, fostering the empowerment of adolescent girls to exercise their sexual and reproductive health and rights to prevent early and unwanted pregnancies.

The achievements reached were based on three interconnected, gender-transformative pillars:

- **Demand:** The project aimed to improve the agency of adolescent girls over their SRHR including utilization of SRH services to prevent early pregnancy while also fostering protective support from their families, communities, and community leaders.
- **Supply:** Efforts were made to enhance the delivery of protective, gender-responsive, adolescent-friendly and culturally-sensitive SRH services and Comprehensive Sexuality Education (CSE) to adolescent boys and girls.
- **Accountability:** The project aimed to enhance district & regional institutional responsiveness to the SRHR of adolescent girls and boys.

REGIONAL CONTEXT: THE LORETO REGION IN PERU

Adolescent pregnancies are a global public health issue, but most often occur in poorer and marginalized communities. These pregnancies not only endanger the lives of adolescents and their children, but also affect girls' education and access to economic opportunities, perpetuating a cycle of poverty and discrimination. Peruvian women are not exempt from facing this challenging reality. Adolescent girls, particularly indigenous adolescents in Loreto's Amazon region, also face significant challenges in accessing reliable information and the services necessary to exercise their right to quality, adequate and affordable sexual and reproductive health information and services.

Before the project's inception, 34% of adolescent girls in the Loreto department were already mothers or experiencing their first pregnancy, marking the highest rate nationwide¹. Additionally, a concerning trend emerged as 30% of women aged 15 to 19 in the region did not adopt family planning methods, contributing to an elevated

average of 3.7 children per woman, compared to the national average of 2.5². Moreover, taboos and cultural traditions around SRHR exacerbated the dissemination of erroneous information among adolescent girls and boys.

This context and a consultation process conducted by Plan International revealed that adolescents in the intervention area encountered significant barriers when seeking to exercise their SRHR. These encompassed restricted access to comprehensive SRH information, disparities of gender and ethnicity, limited capacity among health facility personnel to deliver adequate and protective SRH services to adolescents, and a limited ability to effectively implement health and protection policies and services.³ Similarly, sexual violence and early marriages for girls are socially normalized in the region and the pregnancies that result from sexual abuse, are not therapeutically interrupted nor are they reported to the authorities.



1 ENDES. (2017).
2 ENDES. (2016).
3 Plan Internacional. (2017). *Baseline evaluation*.

GENDER TRANSFORMATIVE STRATEGY

The Strategy at a Glance

The project's Gender Transformative Strategy (GTS) was aligned and contributes to three of six action areas of Canada's Feminist International Assistance Policy (FIAP): A1) *Gender equality and the empowerment of women and girls*, A2) *Human dignity* and A5) *Inclusive governance* and its one main approach: *Engaging men and boys*. It was also in line with Plan International's Gender Equality and Inclusion Policy and global strategy, which calls for actions to ensure that adolescent girls learn, lead, decide and thrive.

The GTS sets a common vision, objectives, and clear messaging to demonstrate the project's commitment to the promotion of gender equality through all programmatic and operational actions linked to the project. Plan International

is dedicated to Gender Equality and Inclusion in all its work and within its institutional culture. This commitment involves:

1. Confronting and challenging discrimination and violations of human rights based on gender, including gender-based violence (GBV) and other forms of exclusion.
2. Challenging stereotypes and unequal power relationships between women, men, boys, and girls to promote gender equality, girls' rights, and inclusion.
3. Promoting an organizational culture that embraces and exemplifies the commitment to gender equality, girls' rights, and inclusion.



The GTS was structured around the six elements of Plan International's Gender Transformative Programming and Influencing Approach. These are:

- 1. Gender norms:** Understanding and addressing how gender norms influence children throughout their life-course, from birth through adulthood.
- 2. Agency:** Working to strengthen girls' and young women's agency over the decisions that affect them, as well as by building their knowledge, confidence, skills and access to, and control over resources.
- 3. Condition and position:** Improving the conditions (daily needs) and social position (value or status) of girls and young women.
- 4. Transformative Masculinities:** Working with boys, adolescents and men to promote gender equality while also achieving meaningful results for them.
- 5. Diversity:** Considering girls, boys, young women, and young men in all their diversity when identifying and responding to their needs and interests.
- 6. Enabling environment:** Fostering an enabling environment where all stakeholders work together to support children and youth on their journey towards gender equality.

The GTS tackled the root causes of gender inequality related to the exercise of sexual and reproductive health and rights, especially for girls, adolescents, and women. It focused not only on providing equal opportunities and outcomes for all, but also on removing the barriers that hindered girls from achieving their full potential and exercising their rights and improving the social value of girls and women.



Finalists of the edutainment activity "We play for Equality"



Adolescents during a sensitization fair about Gender Equality.

The project mainly focused on four elements that contributed to a gender transformative outcome: gender norms, agency, conditions, and positions. This was achieved through three permanent actions that were integral to the initiative.

- 1. Capacities Development of Staff and Partners:** The project addressed this topic in two ways; first, by ensuring that all staff linked to the project (Plan International, contractors, and consultant services) received guidance material for the analysis and implementation of the gender approach to work with the population, particularly with adolescents and youths within the SRHR framework. Second, making sure that each of the activities that the *We Decide* project's framework develops integrate the gender equality approach.
- 2. Monitoring and Evaluation:** All information, documents, and indicators generated for monitoring and evaluation of the project included a gender focus and age analysis. The performance measurement framework also incorporated specific gender indicators.

3. Technical Assistance: Content, methodologies, and tools were reviewed and adjusted by Technical Advisors with highly specialized training and experience. Likewise, all staff linked to the project (Plan International, contractors and consultant services) received support and guidance to strengthen their capacities from the project's gender-equality specialist and the technical advice of the Plan International gender advisors to ensure a gender transformative development and implementation of activities.

In addition to the review of methodologies, the GTS designed two specific methodologies: Menstruation ABC and Gender ABC.

FIND OUT MORE:

The ABC's of Menstruation Methodology
<https://plancanada.montala.com/?r=17610&k=-5da3dc83cd>

The ABC's of Gender Methodology
<https://plancanada.montala.com/?r=17609&k=-331c73a210>



Impact Story

Although the GTS is a cross-cutting approach in the project, there was a key strategy specifically designed for promoting Gender Equality and Girls' Rights, called "Champions of Change". Its objective was to advance gender equality through youth engagement, empowering girls, and involving boys in identifying and challenging harmful, violent, and hegemonic masculinities that perpetuate discrimination and inequality.

Therefore, the stories of change presented are directly related to the first outcome and to the GTS.

From Knowledge to Empowerment

At just 15 years old, Sindy's active participation in the Champions of Change (CoC) Program has provided her with a clear understanding of her sexual and reproductive rights. This newfound awareness has inspired her to take on leadership roles within her school, engaging more with her peers and holding the esteemed position of School Mayor. Sindy has been proactive in proposing gender equality training workshops to promote a more inclusive and equal environment in her school. Moreover, she is dedicated to advocating for sexual and reproductive health and rights as President of her school's student council.

Being an Ally for Change

Bruno's involvement in the Champions of Change program exemplifies the importance of working with boys, young men, and men to embrace transformative masculinities and promote gender equality. He actively supports gender equality in all aspects of his life, including his school and social networks, engaging in discussions with peers and teachers to promote empowerment for girls and women, questioning societal norms, recognizing his privileges, and advocating for gender equality.

Empowered and committed to challenging his own thoughts and actions, Bruno serves as an ally for change, actively promoting transformative masculinities and striving to create a just and equitable world for everyone.



 **Breaking Stereotypes in Gender Dialogue:**
<https://youtu.be/7CITwmpg9oM>



 **Watch Sindy's full story:**
<https://youtu.be/WhUPbt0aArQ>

FIND OUT MORE:

Champions of Change methodology



 **Watch a video of Transformative Masculinities:**
<https://youtu.be/ECB6J-7SYhE>

CHILD AND YOUTH SAFEGUARDING AND PROTECTION PROGRAMMING APPROACH AGAINST GENDER-BASED VIOLENCE AND SEXUAL VIOLENCE

The Strategy at a Glance

The project's approach to safeguarding and protecting children and youth against GBV and SGBV was meticulously aligned with a range of essential policies. These include the Plan International's Global Safeguarding Policy, the Plan International Preventing Sexual Harassment, Exploitation and Abuse Policy, as well as the Area of Global Distinction on Protection from Violence. This alignment effectively guided the project's strategies in preventing and addressing violence, providing a comprehensive framework for Plan International's programmatic and advocacy endeavors in this critical area.

Intersecting with the GTS, the protection programming approach seeks to identify gender gaps and the causes of inequality, along with the violence they generate. The aim is to improve the situation of those affected by GBV, achieving lasting positive effects that allow them to exercise their human rights, be protected, within the scope of this project have full access to services and safe exercise of their SRHR- and enjoy a life free of violence in which they can fully develop. Transformative protection also considers the importance of the intersectoral approach to achieve

coordinated responses and participation of all sectors (health, education, security, justice, civil society, among others), as well as an understanding of the cultures in the communities of intervention. This ensures that our actions are effective and meaningful to the protection of children, youth, and women.

Gender-transformative protection:

- i. Promotes transformative action in the presence of violence.
- ii. Deconstructs the naturalization and social acceptance of social norms that legitimize unequal power relations and normalize behaviors, beliefs and myths that promote and replicate violence.
- iii. Promotes actions that recognize diverse identities and needs in a differentiated manner, preventing the risks that exacerbate them and promoting timely, inclusive measures with lasting positive effects on the restoration of full rights for survivors of violence.



Female police officer during a training on Protection and Reporting Routes for GBV/SGBV.

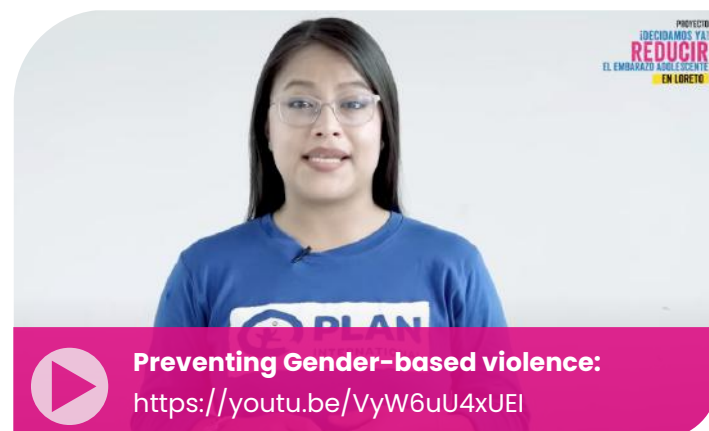
Sexual Gender-Based Violence (SGBV) prevention and protection activities addressed the specific barriers and risks faced by adolescents and youth and pay particular attention to ensuring that SGBV survivors access age-sensitive and appropriate response services in close collaboration with health and child protection providers, and in line with existing local regulations.

The Protection programming approach that seeks to prevent and respond to violence was organized in key three areas at the intersection with SRHR and Gender Equality and Inclusion approaches:

- I. **Empowering adolescents** to exercise their SRHR by recognizing the root causes of GBV and SGBV and seeking self-care and services for quality care from their communities, school and health facilities.
- II. **Enhancing an enabling and protective environment with families and communities** by focusing on behavior changes through educational sessions aiming to prevent and to reduce permissive practices and attitudes towards GBV/SGBV against adolescents. In addition, it engaged community leaders to act as protective references preventing adolescent early pregnancy, supporting dialogue between parents and adolescents, and strengthening community pathways and mechanisms to seek help.
- III. **Strengthening the knowledge and competencies of health care providers** in implementing the legal framework and procedural policies on GBV/SGBV, to improve care services given to victims and increase the level of coordination between local level health and protection sector staff, contextualizing the established protocols. The protection approach included teachers training on CSE and providing guidance to Parent-Teachers Associations, and students on school procedures to prevent, respond to and refer cases of GBV/SGBV.

Therefore, the Global Safeguarding and the protection programming approach were cross-cutting to the three intermediate outcomes. This came alive through three permanent actions:

1. **Staff and partners Capacity Development:** This was approached in two ways, first by ensuring that all staff linked to the project (Plan International, contractors, and consultant services), received guidance material for integrating safeguarding and protection programming approaches against GBV and SGBV to work with the population, particularly with adolescents and youth within the SRHR framework. Second, by ensuring that each activity developed within the We Decide project's framework integrates a risk analysis and mitigation measures.
2. **Monitoring and Evaluation:** The project logic model included outcome indicators related to changes in knowledge, skills, and practices of the targeted group and the key stakeholders for ensuring safeguarding, prevention and response against GBV/SGBV.
3. **Technical Assistance:** Included the review and adjustment of content, methodologies, tools, and guaranteed that the staff linked to the project received the support and technical advice of Plan International's Protection Advisors for the development and implementation of activities.



PROJECT OUTCOMES

The project focused around three intermediate outcomes: Demand, Supply, and Accountability. These outcomes were crosscut by the previously stated Gender Transformative Strategy. Each of them is presented in detail below.

The various strategies and actions carried out will be presented throughout this document with each of the components having contributed to areas of Canada's Feminist International Assistance Policy aligned with the Plan International's Gender Transformative Programming and Influencing.



Boat ride with project participant



A. DEMAND: IMPROVED AGENCY OF ADOLESCENT GIRLS OVER THEIR SRHR

The Outcome at a Glance

The first intermediate outcome, “Improved agency of adolescent girls over their SRHR including demand for and utilization of SRH services to prevent early pregnancy” was achieved by working with children and adolescent girls and boys to increase their knowledge of SRHR and child protection, particularly GBV. The emphasis was on challenging and transforming entrenched social norms, particularly those related to gender inequality, that impede the full exercise of their SRHR.

The activities were designed to directly reach adolescents, teachers, parents, and adults from the communities. Indirectly, through male and

female teachers, girls and boys were reached. Additionally, the activities were delivered face-to-face at schools (during school hours and after school) and in communities. During the COVID-19 pandemic, the activities were adapted to online teaching methodologies.

METHODOLOGIES

The outcomes described above are represented in five main strategies: Champions of Change, Peer-to-peer Educators, Agents of Change, Community Mechanism, and Social Behavior Change and Communication (SBCC).

CHAMPIONS OF CHANGE

Champions of Change (CoC) is Plan International’s methodology aimed at promoting gender equality and transforming social norms through youth engagement and peer mobilization. It engages adolescents in critical reflections on gender dynamics and masculinity, and contributes to the agency and empowerment of girls and young women.

While the original methodology consists of multiple modules, We Decide prioritized 15 modules, which were reviewed and adapted for the Amazonian indigenous context, including one on advocacy. Innovatively for this project, Plan International Canada developed a module on environment and climate change, incorporating environmental care into the training with adolescents. The modules underwent validation with adolescents.

Furthermore, Partner Kallpa adapted their own module “Join Me to Learn”. This module aimed at teachers trains a group of adolescent leaders during the school year. The program concluded with participants developing their own theatre

production using the “Theatre of the Oppressed” methodology, which promotes social and political change through theatre and community dialogue.

To implement this strategy, several key activities were undertaken: the revision and adaptation of Plan International’s Champions of Change for Gender Equality and Girls’ Rights modules to suit the local context, the implementation of a Training of Trainers model to increase the number of capable facilitators and conducting awareness-raising sessions for families and adolescent networks to garner support and attract participants.

The methodology was developed and implemented with three cohorts of participants (girls and boys running in parallel), with each CoC process spanning between 7 to 9 months for each cohort. Additionally, Gender Transformative fairs focused on Discussing Gender and Men for Change were organized, aimed at promoting female empowerment and agency in SRHR. These fairs encouraged reflection on attitudes and practices related to GBV/SGBV and hegemonic masculinities.



Champions of Change Workshop – Rock Paper Scissors

▶ Watch testimonies by adolescent participants of Champions of Change:

1. <https://youtu.be/g8a1duL4iZc>
2. <https://youtu.be/UkT-W0vtclc>

PEER-TO-PEER EDUCATORS

This methodology contributed to the training of adolescent girls and boys from the community and social organizations, enabling them to educate their peers on topics such as gender equality, SRHR, and the prevention of GBV.

Several Champions of Change and additional adolescent groups received training on gender-inclusive and child rights-based group leadership and management. They also underwent comprehensive training on gender equality, SRHR, and child protection, along with training and coaching on peer-to-peer education and grassroots monitoring methodologies.

The targeted adolescent groups developed specific action plans for monitoring and peer-to-peer education, which were then implemented outside of schools but in coordination with school and municipal representatives, with technical and financial support from the project. To promote the sharing of best practices, adolescent delegations from these groups participated in leadership exchanges.



[Watch a story of Peer-to-Peer Educators:](https://youtu.be/IRcfqI6jVmw)
<https://youtu.be/IRcfqI6jVmw>

FIND OUT MORE:

Peer to Peer education methodology:
<https://plancanada.montala.com/?r=17674&k=ea663eefa8>



AGENTS OF CHANGE

Agents of Change is a group of influential parents and community members who advocated for Gender Equality, adolescent SRHR, and child protection, particularly against GBV. A select group of adults underwent capacity-building training on SRHR issues, GBV prevention, and transformative masculinities. Following the training, the agents developed community action plans to raise awareness and create safe spaces for the adolescents to exercise their SRHR.



Adolescent girl participating as an Agent of Change of the We Decide Project at a booth for differentiated services.

The action plans were designed to heighten understanding about SRHR, with a specific focus on girls, boys, and adolescents, while also emphasizing gender equality, safeguarding against gender-based sexual violence, and promoting transformative masculinities. The formulation of these plans encompassed individual meetings conducted by Agents of Change with their peers, informative sessions, and group events in collaboration with pivotal institutions and stakeholders. During this process, each participant received a kit with relevant materials such as reusable market bags, pins, personalized resources, and posters outlining protection pathways.

The work with Agents of Change was also reinforced by involving parents of CoC and parents of Peer-to-Peer Educators. These collaborative efforts enhanced collective decision-making and actions taken by adolescent girls and boys to assert their SRHR rights.

COMMUNITY MECHANISMS

The Community Mechanisms strategy focused on enhancing gender equality, adolescent SRHR, and child protection, especially against GBV at the community level. Its implementation followed four key steps: it began by mapping community-level mechanisms supporting these goals, then engaged formal and informal child protection stakeholders in validating these mechanisms through workshops. Subsequently, community action plans were developed to strengthen the identified mechanisms with technical and material support provided for the implementation of their action plans. The strategy aimed to bolster community support, fostering a safer and more equitable environment.

SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION

Social and Behavioral Change Communication (SBCC) intervention aimed to design and implement culturally-sensitive and gender transformative communication products on gender equality, SRHR, and child protection for adolescents, with the active participation of adolescent girls and boys. This strategy was geared towards adolescents, families, community members, and leaders.



Community leaders, mothers and fathers participating in a session to strengthen Community Mechanisms.

CASE STUDIES

FOSTERING COMMUNITY-LED ACTION

Jannine, a 31-year old community leader, has been actively involved in the Community Mechanisms strategy to address the pressing issue of GBV, particularly sexual violence against girls that frequently is linked with unwanted pregnancy.

In my community of Santa Clara, we witness numerous cases of girls enduring abuse within their homes. It is heart-wrenching to witness this distressing reality every single day."

(Jannine, 2020)

Through her participation in the Community Mechanisms strategy, Jannine gained valuable skills in identifying warning signs of violence and understanding the relevant authorities responsible for protection within her community. Guided and supported by the project, she developed and implemented an Action Plan to combat GBV effectively.

My dream is to create a world where all forms of violence are reduced and ultimately eradicated. The training I've received has instilled in me a newfound confidence to confront this issue and extend a helping hand to others."

(Jannine, 2020)

Fostering community-led actions serve as a beacon of hope for her community, inspiring positive change and the creation of a safer environment for everyone, particularly girls and women.



Jannine and her son attending a Community Mechanisms advisory meeting

RESULTS

The project faced multiple challenges during the five and a half years of implementation. The COVID-19 pandemic particularly impacted the project's activities related to interventions with adolescents and remote communities, with the digital gap existing in Loreto presenting an additional barrier to the adaptations made. This affected the implementation of the project's

actions, particularly those related to adolescents and communities due to the digital gap existing in Loreto.

Despite the challenges, the project successfully reached the target groups through the strategies previously described.

Reach

✓ **300**

SBCC events aimed at adolescents girls and boys

✓ **671**

adolescents joining adolescent groups (F: 268 & M: 403)

✓ **234**

Change Agents trained (F: 181 & M: 53)

✓ **429,007**

adolescents sensitized through SBCC events (Approximately 50% women)

✓ **10**

district-level peer-to-peer education plans received support

✓ **6**

district-level plans that incorporate a focus on GBV prevention supported

✓ **97**

CoC facilitators trained (F:56 & M:41)

✓ **220**

adolescent peer educators trained (F: 153 & M: 67)

✓ **156**

SBCC events aimed at families and the community

✓ **564**

adolescents trained and mentored through the CoC program (F: 286 & M: 278)

✓ **730,534**

community members and leaders sensitized through SBCC events (Approximately 50% women)

✓ **6**

district-level ASRHR and Protection community sensitization action plans supported

✓ **10**

district-level peer-to-peer education plans developed

✓ **3,129**

adolescents sensitized by peer educators (F: 1,806 & M: 1,323)

✓ **41**

adolescent groups formed

✓ **7**

community mechanisms favoring gender equality, adolescent SRHR and child protection supported

✓ **7**

community mechanisms action plans developed and supported

Final Results

In addition to its expansive reach, the success of the project can be measured by indicators related to the outcome, as reflected in the following ways:

BEFORE PROJECT INTERVENTION	NOW
Adolescent girls have improved agency over their SRHR, including the utilization of SRH services to prevent early pregnancy.	
44.1% of adolescent girls felt confident in their ability to refuse unwanted sex.	71.6% of adolescent girls do!
Adolescents have improved life skills and knowledge regarding SRHR, gender equality, and protection, particularly from GBV.	
48.7% of adolescent girls and 27.5% of adolescent boys could identify at least 3 contraceptive methods.	75.8% of adolescent girls and 54.7% of adolescent boys can!
55.7% of adolescent girls and 43.2% of adolescent boys possessed knowledge about different types of violence, sexual violence, prevention methods, protection laws, and reporting procedures.	91.1% of adolescent girls and 84% of adolescent boys do!
66.5% of adolescent girls and 56.3% of adolescent boys felt confident to assert their rights and express their decisions.	77.9% of adolescent girls and 82.8% of adolescent boys do!
36.4% of adolescent girls and 21.6% of adolescent boys perceived women/girls as being equal to men/boys.	80.9% of adolescent girls and 69.1% of adolescent boys do!
Adolescents have enhanced their ability to facilitate peer-to-peer education and monitor adolescent-friendly services, while also integrating the project's cross-cutting themes.	
No peer-to-peer education action plans on adolescent sexual reproductive health and rights existed.	10 adolescent peer-to-peer education action plans were developed, implemented, and monitored.
Families, community members, and leaders have enhanced their capacity and attitudes to contribute to a gender-equal social environment conducive to the exercise of ASRHR, and protection against GBV.	
57% of adult women and men supported adolescent sexual reproductive health and rights.	64.3% of adult women and 61.8% of adult men do!
79.6% of adult women and 75.9% of adult men perceived women/girls as being equal to men/boys.	86% of adult women and 82.8% of adult men do!
19,781 adult women and 18,679 adult men believed physical violence against women was unjustifiable under any circumstances.	25,797 of adult women and 24,146 of adult men do!



B. SUPPLY: IMPROVED DELIVERY OF SRH SERVICES AND CSE

The Outcome at a Glance

Health worker sharing information on Family Planning



Watch videos on the trainings to health workers:

1. <https://youtu.be/D4nFmP6INfQ>
2. <https://youtu.be/rU1gb2SLIro>

The second intermediate outcome of the project aimed to improve the delivery of protective, gender-responsive, adolescent-friendly and culturally-sensitive SRH services as well as CSE to adolescent boys and girls. This outcome focused on strengthening the supply and quality of differentiated institutional SRH services for adolescents, while also addressing child protection and GBV referral pathways. The project was aligned with WHO guidelines on adolescent friendly health services and adopted a gendered and child-rights-based approach, thereby adding value to its initiatives.

The comprehensive package of services for adolescents included services and counseling for SRH, support for victims of GBV (particularly sexual violence), psychological assistance, nutritional

assessment and support (including iron and folic acid supplementation), administration of vaccines, and more.

The target audience for these outcomes included health care providers and male and female teachers. The activities were conducted through a combination of in-person and online instruction during the COVID-19 pandemic. The activities primarily focused in two areas: Training and Providing Support to Workers in Health Facilities and Enhancing Mobile Health Services.

METHODOLOGIES

Three strategies were used to contribute to the outcome: (i) training, (ii) adaptation and equipping of health facilities (iii) support to mobile health services, CSE⁴, and edutainment activities.

⁴ "Comprehensive sexuality education - or the many other ways this may be referred to - is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality". UNESCO. Comprehensive sexuality education: For healthy, informed and empowered learners. (2023).

TRAINING

The training strategy sought to improve the knowledge and technical skill of healthcare providers and male and female teachers, on the delivery of protective, gender-responsive, culturally-sensitive, and adolescent-friendly SRH services and referrals, including those related to protection, for adolescent boys and girls. It also focused on promoting the delivery of CSE modules and child protection pathways and protocols that are adolescent-friendly and culturally-sensitive.

Regarding healthcare providers, the primary focus was on increasing their capacity to deliver protective, gender-responsive, adolescent-friendly, and culturally-sensitive SRH services and referrals to adolescent girls and boys. The process with this group began by conducting an assessment with adolescent boys and girls to understand their attitudes towards health service providers and identifying barriers, including gender-related barriers they face in accessing SRH services. A training plan based on these findings was developed and implemented.

Conversely, the main objective of the training for educators was to improve their capacity to implement protocols for referral to appropriate and timely protection services. The first step was to assess the teachers' knowledge, attitudes and

skills to deliver CSE, as well as their understanding of protection pathways, protocols and attitudes towards gender equality. Although there is always room for improvement in educators' knowledge and skills, the results of the assessment served as the basis for designing the CSE module for secondary school teachers in collaboration with the Ministry of Education (MINEDU), DREL and other organizations including UNICEF. Teachers who successfully completed the CSE module applied what they learned in their classrooms through sessions, educational projects, and workshops with parents.

ADAPTATION AND EQUIPPING OF HEALTH FACILITIES

The objective of this strategy was to adjust the spaces to the needs of adolescents by adapting them to improve the quality and responsiveness of differentiated services for adolescents.

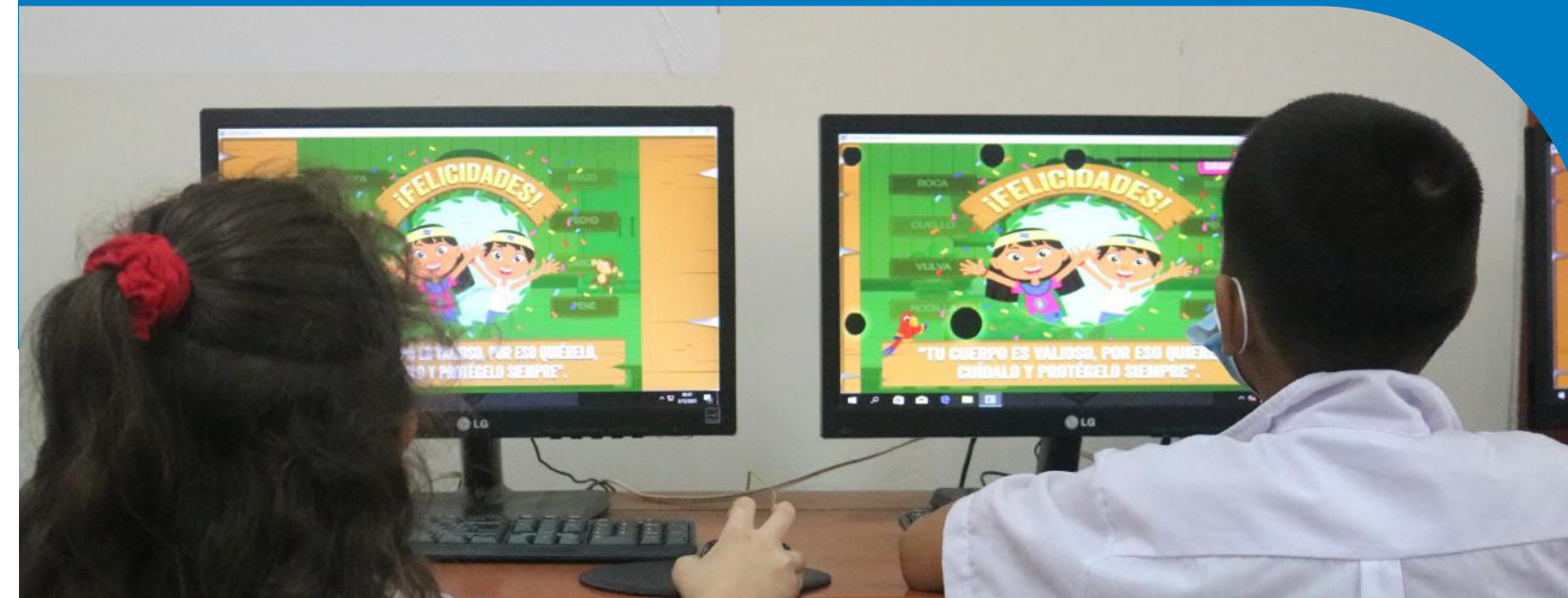
The first step was to conduct a needs assessment of the specific health centres, in collaboration with MINSA/Diresa and with the participation of adolescent girls and boys. Based on the results of the assessment, a joint investment plan for the designated health centres was developed in coordination with MINSA/Diresa. Subsequently, the facilities were adapted and equipped according to the defined plan.

EDUTAINMENT

Edutainment is a strategy that seeks to combine education and entertainment (e.g. games, art, theatre, sports) for students to gain knowledge on SRHR, gender equality, and protection, particularly from GBV. The target audience for this strategy is boys and girls in primary schools between the ages of 6–11.

The strategy and modules were designed and validated through a participatory approach involving teachers, Local Education Management Unit (UGEL) representatives, and boys and girls. As a result, diverse, playful, and contextualized materials were developed to facilitate the implementation of edutainment activities.

The implementation of the Edutainment strategy took place in schools and was carried out by teachers who received training to enhance their competencies and capacities in implementing edutainment activities on SRHR with their students. This training covered various aspects, including the methodology and child safeguarding information for ensuring the safety of children in public spaces and online, as well as age-appropriate topics on SRHR, gender equality, falling in love and healthy relationships, life projects, sexual abuse, rights, GBV, etc. Teachers received technical support during the implementation with approximately 2–3 visits per year to assist in preparing the edutainment activities.



Why is Comprehensive Sexuality Education Important?
<https://youtu.be/ZkiXhi2eD7k>



Adaptation and Implementation of Adolescent-Friendly Services:
<https://youtu.be/Yrjzt88UTvM>

FIND OUT MORE:



"Huambrilla y su Ñaño" Game:
<http://juego1.superderechos.ovrg>



Virtual Edutainment guide for teachers:
<https://plancanada.montala.com/pages/view.php?ref=17670&k=dbf8b76fae>



Edutainment guide for teachers:
<https://plancanada.montala.com/pages/view.php?ref=17672&k=5965738a3c>

SUPPORT TO ITINERANT HEALTH SERVICES

The main objective of the strategy was to support mobile health services in the provision of information, counseling, and services for adolescents.

To determine specific needs, a diagnostic assessment was conducted to evaluate the provision of SRH services by DIRESA's mobile health teams in remote communities within their respective areas of intervention. The analysis included the identification of the communities with the greatest needs, the evaluation of the frequency of care, and the collection of information on the SRH needs of adolescent girls and boys. To prioritize investments,

differentiated SRH services were incorporated, particularly for adolescents in remote areas, especially those of indigenous origin. Similarly, the assessment led to the prioritization of interventions for mobile health services and gender-differentiated and gender-sensitive SRH services that were integrated into their annual service delivery plans.



Donation to remote indigenous communities:
<https://youtu.be/wDRp3x5RvYs>

CASE STUDIES

ADAPTATION SERVICES AND FACILITIES AS PART OF REALIZATION OF SRHR

The We Decide project contributed to the improvement of access to SRH services for young people by adapting and equipping 38 health facilities in Nauta, Belen, Iquitos, Punchacha, and San Juan de Bautista districts. These facilities were tailored to be gender-responsive, culturally-sensitive, and adolescent-friendly. The process involved providing informative materials, furnishing the spaces, and making essential equipment available, such as medical scales, speculums, and megaphones. Non-structural improvements, like painting walls and installing privacy screens, were made to ensure a comfortable environment. Likewise, key materials like condoms were supplied to ensure availability for adolescents.

Perla and Carmina, dedicated healthcare providers, emphasized the significance of this comprehensive attention to young people's well-being.

It is of utmost importance that adolescents receive comprehensive care, addressing their specific needs."

- Perla, Healthcare provider.

We strive to create a nurturing and welcoming environment for adolescents, ensuring they feel comfortable and supported during their visits."

-Carmina, Healthcare provider.

RESULTS

The delivery of protective, gender-responsive, adolescent-friendly, and culturally-sensitive SRH services and CSE to adolescent boys and girls, faced significant challenges prior to the COVID-19 pandemic, with the global emergency further

deteriorating the situation. Nevertheless, the project successfully advanced towards the outcome by reaching the following groups with the strategies mentioned before.

Reach

✓ 38

health facilities refurbished and equipped

✓ 14

Mobile Health Service units supported

✓ 2,857

(50% women) teachers trained on CSE and Protection

✓ 292

health care providers trained in SRHR services
(F: 246 & M: 46)

✓ 61

UGEL Specialists trained
(50% women)

✓ 56,671

girls and boys trained through edutainment activities
(F: 28,451 & M: 28,220)

✓ 1,462

edutainment events

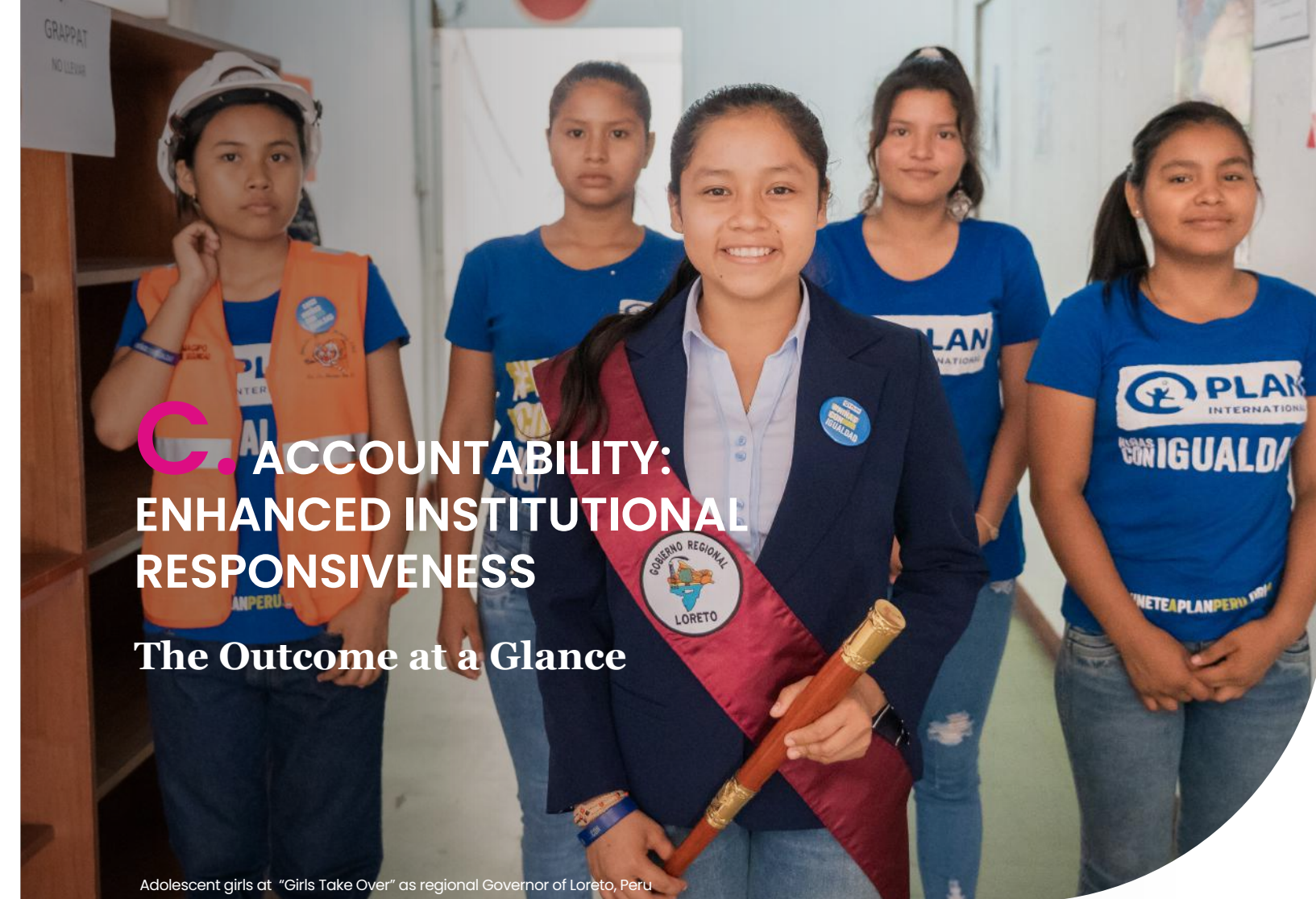


Health service providers receive materials and equipment to provide differentiated services to adolescent girls and boys.

Progress

The following indicators can be used to evaluate the results of the project:

BEFORE PROJECT INTERVENTION	NOW
Enhanced delivery of protective, gender-responsive, adolescent-friendly, and culturally-sensitive SRH services, as well as CSE.	
74.3/100 adolescent girls and 67.6/100 adolescent boys expressed satisfaction with the quality of sexual and reproductive health services provided by targeted health facilities, including the availability and attitudes of health staff.	84.6/100 adolescent girls and 85.4/100 adolescent boys express their satisfaction with these services.
48.6/100 of SRH services tailored to adolescents in healthcare centers demonstrated consideration of gender-related issues through educational materials, the option to choose the sex of healthcare personnel, sex-specific healthcare products, sensitivity to gender equality in healthcare center norms and policies, among other aspects.	72.9/100 of adolescent friendly SRH services apply this.
Enhanced capacity of healthcare providers in the 28 targeted health facilities to deliver protective, gender-responsive, adolescent-friendly, and culturally-sensitive SRH services and referrals.	
65% of female and 43.6% of male health workers possessed the knowledge and skills necessary to provide gender-responsive SRH services to adolescents.	83.3% of female and 81.3% male health workers in the intervened health facilities do.
13% of female and male health workers had knowledge about the laws, identification methods, and referral pathways in cases of GBV.	81.3% of female and male health workers have this knowledge.
Improved capacity of the 28 targeted health facilities to offer gender-responsive, adolescent-friendly, and culturally-sensitive SRH services.	
Out of the 28 health facilities intervened by the project, 4% had sufficient gender-responsive and adolescent-friendly materials, equipment and infrastructure.	65.4% of targeted health facilities do.
Enhanced capacity of targeted schools to provide entertainment to children and comprehensive sexuality education to adolescents, along with the ability to offer timely and adequate protection referrals.	
53.7% of female and 51.9% of male schoolteachers possessed knowledge of teaching methods for CSE.	97.4% of female and 97.1% of male schoolteachers do.
50.5% of female schoolteachers and 40.6% of male schoolteachers were knowledgeable about how to identify and activate referral mechanisms and protocols in cases of violence, especially sexual violence.	95.7% of female and 88.5% of male schoolteachers have this knowledge.



ACCOUNTABILITY: ENHANCED INSTITUTIONAL RESPONSIVENESS

The Outcome at a Glance

Adolescent girls at "Girls Take Over" as regional Governor of Loreto, Peru

The third intermediate outcome was "Enhanced district and regional institutional responsiveness to the SRHR of adolescent girls and boys." The activities associated with this outcome were designed to directly involve adolescents and youth, as well as district and regional public officials. It is important to note that this outcome predominantly centers on the initiatives undertaken during the latter phase of the project's implementation.

METHODOLOGIES

Through three main strategies, the outcome successfully achieved its objective: Capacity Building, Political Advocacy, and Governance and Advocacy Programme. Likewise, important efforts for Knowledge Management/Thought Leadership were carried out to promote the sustainability and replicability of the results.

CAPACITY BUILDING

Training was provided to district and regional public officials on ASRHR and evidence-based, participatory planning and management that is gender-responsive, culturally-sensitive, and adolescent and youth-friendly.

Key activities included workshops to assess the capacity-building needs of public officials on participatory planning to design the training plan. Additionally, a Knowledge, Attitudes, and Practices assessment on citizen participation and political advocacy was administered to representatives of youth organizations to identify training needs. Courses were also designed for civil servants and civil society representatives on how to prevent adolescent pregnancy and how to include protection against GBV/SGBV in local and regional policies.

POLITICAL ADVOCACY AND GOVERNANCE PROGRAMME

As part of the efforts to enhance the capacities of adolescents (CoC, Peer-To-Peer Educators), the Political Advocacy and Governance Programme was established. Its aim was to empower male and female youth, adolescent leaders, and networks, enabling them to participate in decision-making processes at the district and regional levels. The programme focused on advocating for adolescent SRHR & Child Protection, particularly addressing GBV and enhancing the availability and dissemination of high-quality data on youth and adolescent SRHR. This evidence would support accountability, advocacy initiatives, and decision-making among district and regional public officials.



Leaders of youth and women's organisations gather with project staff as part of the Advocacy and Governance component.



Project participant leading community efforts for SRHR promotion.

To accomplish the objectives, the following five steps were undertaken:

1. Conducted a mapping and needs assessment of existing district and regional youth and adolescent networks to identify relevant issues and themes, including gender equality and ASRHR.
2. Provided training to youth and adolescent networks on gender-inclusive leadership, participation, and advocacy in support of adolescent SRHR. They were also trained in gender-integrated research techniques and methods.
3. Offered technical assistance to youth and adolescent networks for the development and implementation of their Participation and Advocacy Plans. Additionally, support was provided for conducting gender-integrated research on prioritized themes related to adolescent SRHR.
4. Provided logistical and material support to youth and adolescent networks for the implementation of their Participation and Advocacy Plans and research projects.
5. Organized district, regional, and national forums involving youth, adolescents, and women's networks. These forums aimed to facilitate the sharing of experiences and lessons learned, as well as foster collaboration among the participants.

KNOWLEDGE MANAGEMENT / THOUGHT LEADERSHIP

With the objective of sharing best practices, and project results among communities, service providers, planners/decision makers, and other Civil Society Organizations, five strategies were implemented:

1. **Set up Project Management Information System (MIS):** The purpose of the MIS was to have a Monitoring and Evaluation system that allowed tracking activities in real-time for timely decision-making. The project MIS was designed based on a mapping of project information needs. It included detailed data flow, technology utilization, development of standard tools, interface design, and the implementation of an automated data reporting function.
2. **Conduct gender and protection assessment, baseline, midline, and end line project evaluations:** The results were shared with different stakeholders to enhance institutional responsiveness at the district and regional levels regarding the sexual and reproductive health and rights of adolescents. Specifically, a qualitative Gender and Protection assessment was designed

to identify the root causes of gender inequalities, including knowledge, beliefs, attitudes, practices, and norms that hinder the full enjoyment of ASRHR. The insights from the Gender and Protection assessment were used to adjust the topics covered in project processes.

3. **Conduct Project Systematization study:** Three project strategies (Edutainment, Peer-to-Peer Education and Advocacy and Governance) were systematized to document best practices and lessons learned.
4. **Organize regional and national forums with community members, service providers, planners/decision makers, and other Civil Society Organizations to share project results and lessons learned:** Awareness-raising sessions were conducted with authorities, including presentations of mid-term evaluation results.
5. **Develop and implement a communications campaign showcasing project and research results.**

FIND OUT MORE:

Institutional Strengthening module:

<https://plancanada.montala.com/pages/view.php?ref=17673&k=883c48d604>

Advocacy, Social Surveillance and Participatory Action Research module:

<https://plancanada.montala.com/pages/view.php?ref=17679&k=91034744c7>

Institutional Strengthening Infographics:

<https://plancanada.montala.com/pages/view.php?ref=17711&k=197563f137>

Advocacy Infographics:

<https://plancanada.montala.com/pages/view.php?ref=17675&k=584694bf8d>

CASE STUDIES

ADVOCACY FOR TRANSFORMATION

Kassandra, a 16-year-old girl, highlights the exclusion faced by girls and young women in civic spaces, making it difficult for them to express opinions and collaborate in activism. To address this, it is crucial to empower girls and enable their active participation in advocacy processes. Kassandra's involvement in Champions of Change and the Political Advocacy and Governance program enhanced her leadership abilities and encouraged her activism.

She engaged in advocacy actions with youth organizations to raise awareness about SRHR, sexuality, STIs, contraceptive use, prevention of GBV, and protection pathways.

Driven by her dedication, Kassandra took the initiative to establish "Actívate," a youth-led organization promoted by the We Decide project. She expanded her knowledge in topics like Transformative Masculinities, STIs, and gender and political advocacy through training sessions.



I was able to transform my passion into action and establish "Actívate." The program equipped me with essential skills in organizational strengthening and advocacy tools. Moreover, by connecting with other youth organizations in the Loreto region, I gained valuable insights and experiences. The guidance and suggestions from specialists and facilitators played a pivotal role in boosting my confidence and assurance, enabling me to solidify our organization and deliver impactful public presentations."

- Kassandra, 2022.

Kassandra, She Decides/We Decide project participant.

EMPOWERING ADOLESCENT GIRLS AND BOYS

To unlock adolescents' potential, the project implemented a powerful Political Advocacy and Governance strategy, encouraging not only adolescent girls but also boys and youth leaders to actively participate in political decision-making processes and drive positive social changes.

Among the participants, Cielo (16 years old) emerged as a powerful example of the strategy's success. Her participation in the project helped her feel empowered to engage in decision-making spaces alongside authorities and civil organizations.

Cielo passionately highlighted the significance of this strategy, expressing, "Often, solutions are right within reach, but we hesitate to take the first step. I've always been driven to actively seek and create meaningful change, ensuring more opportunities for adolescents like myself."

Together, as a resilient group of young individuals, we wholeheartedly identify and pursue these solutions with unwavering determination. Our commitment knows no bounds, and we won't rest until we turn our aspirations into reality."

- Cielo, 2022



Graduation of adolescents participating in the Advocacy and Governance Program.

RESULTS

Fostering an enabling environment where all stakeholders collaborate to support children and youth on their journey towards gender equality, particularly concerning the exercise of SRHR, was crucial to the success of the project. Hence, the project employed the following strategies and targeted the following groups:

Reach

✓ 96

Public Officials trained on participatory Governance (F:48 & M:48)

✓ 3

adolescent and youth-led events conducted to disseminate the results of their research on SRHR

✓ 8

dissemination events organized

✓ 123

youth and adolescents trained on participation and advocacy (F:71 & M: 52)

✓ 5

universities and/or research centers and statistics agencies provided with access to the project's research

✓ 124

civil society organizations participated in dissemination events

✓ 80

decision-makers and public officials participated in events to disseminate results of the research conducted by adolescents (F:54 & M:26)

✓ 3

virtual repository created where project studies will be recorded after the project completion

✓ 5

project studies conducted

✓ 1

participatory action research report produced

✓ 5

Participation and Advocacy Plans developed

Progress

Aside from the extensive implementation of the strategies, the success of the project can be measured by indicators related to the outcome as reflected in the following chart:

BEFORE PROJECT INTERVENTION	NOW
Improved responsiveness of district and regional institutions to adolescent SRHR	
44.7% of municipal plans included actions to address adolescent sexual reproductive health and rights	68.1% of municipal plans include it.
District and regional governments issued 3 ordinances in support of adolescent sexual reproductive health and rights.	8 ordinances were issued.
Improved capacity of district and regional public officials in evidence-based, gender-responsive, culturally-sensitive, and adolescent and youth-friendly participatory planning and management for the promotion of adolescent SRHR.	
Public officials lacked training in data-driven participatory planning and management.	48 female and 48 male public officials were trained and certified.
Enhanced capacity of adolescent and youth leaders and networks to engage in district and regional institutional decision-making processes and advocate for SRHR, especially in the context of protection against GBV.	
There was no youth and adolescent network participation or advocacy plans in the region.	2 social surveillance plans were set in place to monitor and ensure health facilities' compliance with the technical norms for adolescent-friendly services. Additionally, 1 mobilization plan has been implemented to raise awareness about adolescent SRHR in the region.
There was no adolescent participation in district and regional institutional decision-making spaces.	33 adolescent girls and 12 adolescent boys actively participate in decision-making spaces.
Enhanced availability and dissemination of high-quality data and evidence on adolescent SRHR, thereby supporting accountability, advocacy initiatives, and the decision-making processes of district and regional public officials.	
District and regional sectoral offices had limited access to information and data on adolescent sexual reproductive health and rights.	6 activities were conducted to disseminate information to district and regional sectoral offices, including presentations on the data collection process and the studies and assessments conducted by the project.
There were no activities aimed at generating evidence or advocacy actions regarding adolescent sexual reproductive health and rights.	Advocacy activities were conducted to generate and disseminate evidence related to the implemented social surveillance plans, mobilization plan, and participatory action research.

COVID-19 PANDEMIC ADAPTATIONS

The Response at a Glance

In the third year of project implementation, the emergence of the COVID-19 pandemic had a profound impact on Peru and, notably, on the Loreto region. The pandemic triggered a national state of emergency with mandatory quarantine measures, affecting over 1.6 million individuals by the end of March 2021, and causing significant disruptions to healthcare, education, and governance systems⁵.

To address this, MINEDU introduced the “I learn at home” strategy, aiming to ensure the continuity of the 2020 school year. This strategy involved broadcasting educational sessions for kindergarten, primary, and secondary levels through radio and YouTube. However, the implementation of this virtual approach unveiled a significant disparity in access to connectivity and digital resources for students, particularly in rural highlands and Amazon regions.

In response to the pandemic’s challenges, Plan International swiftly developed an interim plan to ensure project continuity during the initial six months of Year Three. This initiative aimed to address the emergency’s implications by focusing

on supporting the project’s target population. A rapid formative evaluation was conducted to gauge the immediate impacts on the project, guiding adjustments and improvements to strategies and interventions. The project’s responsive measures encompassed remote work adaptations, a procurement operation plan, and the distribution of COVID-19 protection kits, hygiene kits for adolescents, edutainment kits, personal protective equipment, and health facility supplies. These adaptations also led to specially designed actions that were integrated into the implementation plan to effectively address the unprecedented challenges posed by the pandemic.



The following are some of the specially designed actions that were added to the implementation plan in response to the COVID-19 pandemic:

DEMAND: IMPROVED AGENCY OF ADOLESCENT GIRLS OVER THEIR SRHR

The project undertook several adaptations to enhance the agency of adolescent girls over their Sexual and Reproductive Health and Rights (SRHR). For the SBCC strategy, workshops were modified to suit the virtual realm, conducted through the Zoom platform. Similarly, the CoC strategy was restructured to engage participants remotely using WhatsApp and Google Meet, while recognizing that limited access to technology could hinder participation. In response, the project team conducted home visits, delivered workshop materials in hard copies, and distributed COVID-19 Protection Kits, thereby ensuring that adolescents in intervention communities received essential preventive measures and hygiene supplies. The Edutainment approach was tailored to the pandemic context by delivering activity workbooks to parents during school visits, developing animated videos to convey key messages⁶, and contracting consultancy to virtualize the strategy, promoting COVID-19 prevention, domestic violence awareness, and gender equality among primary school children.

Additionally, collaborative efforts between Plan International, Kallpa, community leaders, Agents of Change and Peer-to-Peer Educators led to the identification and prioritization of positive community practices, even amidst limited connectivity in rural areas. This mapping enabled the project to fortify community mechanisms through the inclusion of SRHR and violence prevention in their action plans. Creative methods, such as megaphones, were employed to disseminate essential messages during lockdown periods.

SUPPLY: IMPROVED DELIVERY OF SRH SERVICES AND CSE

A comprehensive training program, titled “Enhancing Adolescent Sexual and Reproductive Health Promotion and Care at the Primary Healthcare Level in the Context of COVID-19” was developed for healthcare professionals to equip them with the necessary skills to effectively address the unique needs of both female and male adolescents over virtual devices and in emergencies.

In addition, hand washing stations were strategically installed for adolescents attending differentiated services, such as maternal-perinatal services and mental health services, with collaborative effort with the local education authorities also allowing the stations to be installed in schools. Moreover, targeted health facilities and mobile units received vital Personal Protective Equipment and other medical supplies, enabling healthcare workers to continue providing their essential services.

ACCOUNTABILITY: ENHANCED INSTITUTIONAL RESPONSIVENESS

All the activities associated with the intended outcome were adapted to virtual formats.

⁶ Prevention of violence at home. YouTube: <https://www.youtube.com/watch?v=N5I75iNivAs>



Super Huambrilla teaches you how to protect yourself from COVID-19. YouTube: https://www.youtube.com/watch?v=XZPG_FSIOE



⁵ Peruvian Ministry of Health (2021). Minsa: Casos confirmados por coronavirus COVID-19 ascienden a 1 667 737 en el Perú (Comunicado N°490). <https://www.gob.pe/institucion/minsa/noticias/482607-minsa-casos-confirmados-por-coronavirus-covid-19-ascienden-a-1-667-737-en-el-peru-comunicado-n-490/>

PROJECT MANAGEMENT

The implementation of effective and efficient operational practices throughout project were essential for its success. Four main strategies drove the proper implementation of the project: thoughtful recruitment of project's

team, establishment of project management committees, promoting agreements and relationship with partners, and constant risk management. Likewise, the project set-up was an essential process that took place in Year One.

1. Project Set-up:

Although Plan International had a presence in Peru, the project necessitated the establishment of an office in Loreto. This required the full furnishing of the local office as well as purchasing computer equipment, supplies, motorcycles, and a van, among other essentials. Kallpa already had an office in Iquitos which enabled them to acquire laptops and accompanying accessories.

2. Recruitment and retention of project team

Initial staffing plan was presented in the Project Implementation Plan and the team was recruited during Year One, with staffing changes throughout the years that responded to the project's needs. All new project staff underwent an induction process, including orientation to Plan International's Policies and training on Gender Equality and ASHRH.

The remoteness of the area of implementation presented several staffing challenges and elevated turnover rates, predominantly among recruits from outside the region. These were addressed through compensation packages being offered to those professionals willing to relocate.

3. Project management committees

The Project Governance Committees include the Project Steering Committee, which convened annually with senior representatives from Plan International Canada/Peru, GAC officials, and national ministries, was responsible for overseeing key project aspects and endorsing deliverables. The National Technical Committee guided the project within national development policies and fostered collaboration across sectors, involving Plan International Peru, Kallpa, government officials, and UNICEF. The Regional Technical Committee, led by the Loreto team and Kallpa staff, coordinated local institutions, ensuring input, technical advice, and project sustainability. Lastly, the Project Management Team, headed by the Plan International Canada Program Manager, supervised technical and financial aspects, conducted follow-up meetings, and ensured compliance with GAC commitments.

4. Agreements and relationships with partners

Kallpa⁷, a local non-profit working in Peru since 1990, played a pivotal role as the implementing partner, overseeing the execution of Outcomes related with Supply and Demand within ten communities in the southern part of the San Juan Bautista district. This collaborative effort involved close coordination with government entities, schools, local communities, and adolescents

themselves.

Furthermore, Plan International and UNICEF embarked on congruent projects with shared objectives, thereby synergistically coordinating the management of relationships with local governmental bodies. This dynamic partnership extended to aligning intervention strategies, fervently advocating for common goals, and expertly disseminating knowledge to drive impactful change.

In a parallel endeavor, Árbol de la Vida directed a project concentrating on adolescent SRH within specific districts. Their actions harmonized with Plan International's regional teams and were mutually reinforcing.

Cooperation with governmental partners remained steadfast throughout the project. MINSA took a direct role in implementing activities pertaining to the outcome related with supply, while MINEDU supported collaboration with schools and educators. MIMP oversaw

policies promoting the welfare of women and vulnerable populations, with the Ombudsman's Office ensuring rights protection. DEMUNAS, operating under Municipal Government jurisdiction, safeguarded the rights of children, and the Regional Government of Loreto endeavored to enhance access to SRH services for adolescents. The Centro de Emergencia de la Mujer (CEM) provided specialized support for victims of violence, complemented by municipal and local authorities championing the project's objectives.

5. Risk Management

Risk management was a strategy to mitigate potential challenges and to ensure the project's success. A detailed risk register was developed and constantly updated to reflect the project's current state and the prevailing context. This comprehensive record encapsulated a panoramic view of year-specific risks alongside their corresponding mitigation strategies.

⁷ Asociacion Kallpa has been working in Peru since 1990, collaboratively constructing innovative proposals to enhance sustainable development opportunities for the population. Operating across various populations throughout the country's regions, they have offices in Lima (headquarters), Ayacucho, Cusco (Andean region), and Loreto (Amazon region). Their mission revolves around awakening dreams and transforming lives through participatory solutions that focus on gender, feminist community, inclusion, and interculturality. Their vision centers on self-management for action, positioning Kallpa as a contributor to inclusive and developmental public policies while providing self-managed and experience-validated services in pursuit of "Allin Kawsay" or well-being. For more information, please visit Asociacion Kallpa's website: Sobre Nosotros (kallpa.org.pe).



Participants of the Political Advocacy and Governance component during a work session.

BEST PRACTICES AND LESSONS LEARNED: A TOOL FOR DESIGNING FUTURE PROGRAMS

This section presents lessons learned and recommendations derived from the implementation of the We Decide project and is divided into seven parts: 1. Gender Transformative Approach, 2. Child and Youth Safeguarding and Protection Programming Approach, 3. Improving the agency of adolescent girls over their SRHR, 4.

Improving the delivery of SRH services and CSE, 5. Improving Accountability: Enhanced institutional responsiveness, 6. Responding and adapting to a virtual context, and 7. Implementing a project from the operations angle.



TO DESIGN AND IMPLEMENT THE GENDER TRANSFORMATIVE APPROACH

1. GENDER SHOULD BE A CROSS-CUTTING THEME WITH ADEQUATE RESOURCING AND STAFFING

The cross-cutting Gender Transformative Approach encouraged critical reflection, questioning, and challenging of gender norms within the project team. By establishing a unified conceptual framework underpinning all gender methodologies, the project successfully engaged communities with a shared language and a coherent theme in harmony with the GTS.

According to *Feminist International Assistance Gender Equality Toolkit* for Projects from the Government of Canada, “projects must allocate sufficient funds for the successful implementation, monitoring, and reporting of gender equality outcomes. The financial allocation for gender equality-related activities must be included in the project proposal, annual work plans and budgets, tracked and reported throughout project implementation.”⁸ Thus, it is important to incorporate fees or salaries of project staff or consultants involved in gender equality activities. Some gender equality-related project expenditures could be gender equality trainings, gender equality-related management costs, and gender equality activities⁹, for example, activities related to “increased ability of women to participate in autonomous income-generating activities or increased capacity of men to share decision-making with women”¹⁰.

Furthermore, “gender equality expertise is crucial for the successful achievement of gender equality outcomes [...] To be effective, gender equality advisors of teams need to be integral proactive members of the project team.”¹¹ However, the team should have distinct responsibilities and focus specifically on the gender transformative strategy.



8 Government of Canada. (n.d.). *Feminist International Assistance Gender Equality Toolkit for Projects*. https://www.international.gc.ca/world-monde/funding-financement/gender_equality_toolkit-trousse_outils_egalite_genres.aspx?lang=eng

9 Ibid.

10 Ibid.

11 Ibid.



2. CSE SHOULD INTEGRATE THE GENDER TRANSFORMATIVE APPROACH

While it is necessary to strengthen the Gender Transformative approach in CSE, achieving this goal may encounter obstacles at the national curriculum level. Resistance from political and civil society spheres can hinder the full integration and mainstreaming of gender equality as an educational imperative at the national level. The We Decide project addressed and overcame these challenges by establishing a response protocol and finding alternatives to reach the school-aged population outside the formal curriculum structure, such as community fairs, meetings with parents and workshops led by community members, among others.

3. ENSURE GENDER TRANSFORMATIVE APPROACH ENGAGES DIVERSE STAKEHOLDERS AND INVOLVES MULTIPLE MODALITIES

Plan International's Gender Transformative Programming and Influencing Approach¹² identifies six key elements that, when integrated effectively, contribute to achieving gender equality¹³. Despite the GTS of the project being structured around the six elements¹⁴, some of the elements were in danger of losing relevance during the implementation of the project.

To ensure success, it is crucial to regularly assess whether all six elements are present in the planning and execution of activities. Not having balance in the incorporation of all elements could have jeopardized the project's gender transformative strategy.

¹² Plan International GTA "aims to remove the barriers that hold girls back from achieving their full potential and exercising their rights. It also aims to break the barriers that prevent men and boys from embracing gender equality, exercising their rights and being champions of change" Plan International. (n.d.). Living up to our commitment.

¹³ Ibid.

¹⁴ The six elements of Plan International's Gender Transformative Programming and Influencing Approach are:

1. **Gender norms:** Understanding and addressing how gender norms influence children throughout their life-course, from birth through adulthood.
2. **Agency:** Working to strengthen girls' and young women's agency over the decisions that affect them, as well as by building their knowledge, confidence, skills and access to, and control over resources.
3. **Condition and position:** Improving the conditions (daily needs) and social position (value or status) of girls and young women.
4. **Working with boys and men:** Collaborating with and supporting boys, young men, and men to embrace transformative masculinities, and promoting gender equality while also achieving meaningful results for them.
5. **Diversity:** Considering girls, boys, young women, and young men in all their diversity when identifying and responding to their needs and interests.
6. **Enabling environment:** Fostering an enabling environment where all stakeholders work together to support children, and youth on their journey towards gender equality.

While the project focused on promoting GE and strengthening the agency of women and girls, the intervention for men and boys lacked the same depth. This disparity was evident in the design of activities, methodologies, and deliverables. On the other hand, despite the advancements in the work towards enabling environments, which is comprised by work with families and communities and through strategies with agents of change and community mechanisms, there is still a need to strengthen the involvement of the participants' families.

It is essential to emphasize that working with men must include male community members with different roles like fathers, community and industry leaders, school-aged boys, teachers and authorities, among others. To engage these groups effectively its crucial to design specific strategies to reach them due to the multiple challenges to involve men in care-related activities.

4. IN MULTICULTURAL CONTEXTS, PRIORITIZING AN INTERSECTIONAL APPROACH, PARTICULARLY THE DIFFERENTIAL APPROACH, IS CRUCIAL FOR EFFECTIVE PROJECT IMPLEMENTATION

The project highlighted the importance of considering the diverse cultural and ethnic backgrounds of the target population. While there was an attempt to incorporate the ethnic approach by adapting activity scripts and translating project materials to local indigenous languages, a more comprehensive intersectional approach should have been adopted from the project's inception. For instance, in a multicultural community where gender, ethnicity, age, and socioeconomic factors intersect, an intersectional approach would involve tailoring activities to address the unique challenges faced by different groups. For example, if the project aims to improve healthcare access, it should consider not only gender differences but also how cultural beliefs, language barriers, and economic constraints might affect different ethnic groups within the community. By doing so, the project can ensure that its interventions are well-suited to the specific needs and realities of each subgroup, leading to more impactful outcomes and greater inclusivity.



Project Event with activities on child protection and CSE.

TO DESIGN AND IMPLEMENT CHILD AND YOUTH SAFEGUARDING AND PROTECTION PROGRAMMING APPROACH

1. GBV/SGBV PREVENTION AND RESPONSE ACTIVITIES SHOULD BE INTEGRATED INTO PROJECT ACTIVITIES AND ADEQUATELY RESOURCED

Integration of GBV/SGBV Prevention was key to accomplishing the project's objectives. For instance, if the project aims to enhance the health and well-being of adolescents, it should integrate workshops or awareness campaigns addressing GBV/SGBV within its health education programs. This ensures that vulnerable populations are educated about their rights, how to recognize signs of violence, and where to seek help.

However, there are still challenges in the improvement of response strategies that integrate an interdisciplinary SGBV approach. For example, despite successful efforts to infuse GBV/SGBV prevention into project activities, the response strategies faced difficulties in seamless coordination among targeted institutions such as health, protection, and education sectors, as well as community involvement. To illustrate, if a community-based GBV support program is introduced, it should involve not only health centers but also local schools, law enforcement, and community leaders for a comprehensive response.

An important component of integration is ensuring that there is adequate staffing and resourcing. High staffing rotation and the COVID-19 pandemic posed challenges. Consequently, each change in the team caused delays in the implementation and the loss of the team technical understanding of the overall programming against GBV/SGBV along the project outcomes. The recommendation for future projects is to integrate GBV/SGBV prevention and response actions into project activities and ensure they are adequately resourced. Moreover, having a dedicated GBV specialist within the project team can lead to effective implementation and a streamlined response.



Adolescent girls in training about Sexuality and Adolescence as part of the Peer-to-peer Education Component

2. ENHANCING AN ENABLING AND PROTECTIVE ENVIRONMENT IS KEY IN THE EXERCISE OF SRHR INCLUDING GBV/SGBV

Strengthening existing community-based groups and networks supported by the project (Agents of Change and Peer Educators) that prevent and mitigate GBV/SGBV was essential in the project because it contributed to increasing their capacity to identify the risks of violence, enhancing their community pathways for timely action, and strengthening the linkages to services with health and protection to GBV/SGBV issues affecting adolescents' and youth's lives.

Incorporating this lesson into practice involves enhancing community-based groups like Agents of Change and Peer Educators as platforms for adolescents and youth to acquire knowledge and skills related to SRHR and GBV/SGBV prevention. Agents of Change, for instance, could organize workshops on recognizing signs of abusive relationships or facilitating open discussions on consent within their communities.

By strengthening these groups, the project creates a protective environment where adolescents can freely discuss SRHR issues and seek guidance regarding GBV/SGBV concerns. These community-based initiatives not only allow individuals to make informed decisions but also provide a support system that aids in identifying and responding to potential GBV/SGBV situations.

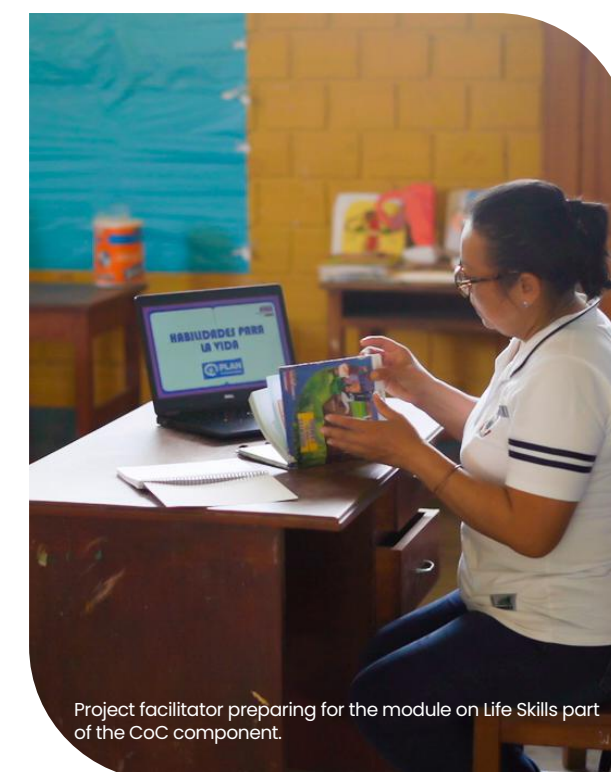
Furthermore, these groups can act as bridges between affected individuals and formal services such as health centers and protection agencies. For instance, Peer Educators could establish partnerships with local health clinics to ensure that survivors of GBV/SGBV receive prompt and appropriate medical care.

Future projects should consider the need to balance efforts between formal protective mechanisms, like legal frameworks and institutional protocols, and strengthening existing community-based groups. While the

project can work towards influencing policy changes and fostering cooperation among authorities, it should equally prioritize building the capacity of local networks to independently address and prevent GBV/SGBV. This dual approach ensures a comprehensive and sustainable strategy for promoting SRHR and combatting GBV/SGBV within the community.

3. BUILDING BRIDGES BETWEEN ADOLESCENTS, THE COMMUNITY, THE SCHOOL ENVIRONMENT, AND INSTITUTIONAL ACTORS SHOULD BE PRIORITIZED

The project strengthened the capacity of adolescents, community leaders, teachers and health providers, among others, to advocate for ASRHR and promote access to adolescent-friendly, gender transformative and culturally-sensitive services. Each group participated in several activities that led to improved knowledge to prevent and address GBV/SGBV effectively. For instance, community leaders might engage in training sessions on creating safe spaces for dialogue, while teachers participate in workshops to incorporate gender-sensitive education into the curriculum.



Project facilitator preparing for the module on Life Skills part of the CoC component.

The integration between each of the different groups and communities posed a relevant challenge to creating a strong, enabling and protective environment. In response, the project introduced activities aimed at promoting collaboration and shared understanding among the participants. For example, workshops and focus group discussions in which community leaders and teachers collaborated to develop innovative ways of integrating SRHR education and prevention and protection strategies for GBV in community fairs were carried out with similar efforts led by adolescent peer-to-peer educators and health providers.

By prioritizing the establishment of networks between these groups, the project created a holistic and interconnected ecosystem where information, resources, and support flow seamlessly. This collaborative environment ensures that the entire community works together to prevent GBV/SGBV, promote SRHR, and foster a protective and enabling space for adolescents.

4. CHILD PROTECTION AND GBV REFERRAL PATHWAYS ARE CRUCIAL IN SCHOOL SETTINGS

The GBV Referral Pathway “facilitates primary duty bearers and actors with information on how to respond to GBV cases and to guide the victims/survivors of GBV on where to seek assistance and what services are available at different referral points¹⁵”. Referral pathways are “an essential component of Protection work, in the attempt to ensure access to multi-sector services for vulnerable communities who need support to meet their multitude of needs¹⁶”.

Considering that schools and teachers play a fundamental role in the protection of children and adolescents, the design and teacher’s knowledge of GBV referral pathways are essential in creating a safe environment within educational institutions.

Teachers faced challenges in the sensitization and integration of CSE in their instructional delivery which included the polarization around CSE and the lack of clear protocols for addressing cases of sexual violence within the selected schools. As a result, the existing referral pathways did not provide sufficient clarity on the roles and responsibilities of different stakeholders (students, teachers, mothers, fathers) within the educational community.

Future projects should prioritize the development of tailored GBV referral pathways within school settings, contextualizing the pathways to the specific needs and challenges of the community and ensuring that teachers are equipped with the knowledge and skills to utilize the pathways effectively.



Adolescent boys and girls participate in sensitization sessions about gender equality in schools.

TO IMPROVE AGENCY OF ADOLESCENT GIRLS OVER THEIR SRHR:

1. ENSURE INVOLVEMENT OF RELEVANT ACTORS IN GIRLS’ LIVES AND WORK WITH THEM IN A HOLISTIC WAY

To enhance girls’ and young women’s agency over decisions affecting them, it is necessary to create an enabling environment. The project conducted a mapping exercise to identify the actors and mechanisms responsible for safeguarding SRHRs and preventing and protecting against GBV, among other issues. Based on the findings, several strategies were designed to engage different stakeholders including communities and families, children and adolescents (both female and male), and authorities at different levels, starting at the local level.

This approach should be replicated in future products to facilitate concurrent and coordinated efforts with each stakeholder and address the various dimensions of girls’ lives. By involving families, communities, educational institutions, healthcare providers, and local authorities, projects can create a holistic support system that empowers girls and young women to make informed decisions about their SRHR, reduces the risk of GBV, and fosters an environment conducive to their well-being and agency.

1.1. Community engagement is crucial to lasting impact and sustainability

Gender inequalities and harmful social norms undervalue and limit the autonomy of girls and women in decision-making processes. These gender norms are deeply ingrained in institutions and perpetuated through social interactions, often reinforced by those in positions of power who benefit from maintaining the status quo¹⁷. Therefore, working with the communities is crucial in achieving gender equity and strengthening girls’ and young women’s agency.

The We Decide project implemented Community Mechanisms and Change Agents as community engagement strategies¹⁸. Their dedication and commitment have been further evidenced through their expressed interest in continued learning and working with the broader community. It is imperative to foster their recognition as community leaders and leverage their experience to achieve greater impact. Integrating and recognizing the community mechanisms proposal by the citizen participation office as a community action group was an important achievement. Their leadership can ensure that the positive



Participants of the Political Advocacy and Governance component.

15 UN WOMAN. National Referral Pathway Guideline for Prevention and Response to GBV. (n.d.)

16 Global Protection Cluster. Referral Pathways. (n.d.)

changes brought about by the project are embedded within the local communities and continue to thrive after the project concludes.

Despite great strides in community-led efforts, it was observed that there is still a gap in bridging the actions and relationships between each group for the strength of an enabling and protective environment with sustainable solutions in the exercise of protection against GBV/SGBV in the exercise of SRHR. Unfortunately, bias regarding sexual orientation persists among parents and teachers, highlighting the need to carry out more actions in favor of SRHR to reach the most vulnerable populations, particularly those that prioritize the strengthening of values such as respect and tolerance towards sexual diversity.

1.2. Establishing and nurturing strong relationships between parents or caregivers and adolescents is essential for effective engagement and support in promoting adolescent SRHR and preventing GBV

The participation of mothers and fathers in the promotion SRHR and the prevention of GBV is a crucial driver of adolescent agency in this regard, generating safe environments for girls and boys. The We Decide project employed community engagement strategies to involve parents, however, the open call strategy used presented difficulties in identifying whether the participants in the community strategies were indeed caregivers of the girls and boys involved.

Therefore, there is a need to strengthen the bond with parents and caregivers, ensuring their commitment to supporting their children's exercise of healthy sexualities without coercion, addressing risks of violence and unwanted early pregnancy, and accessing health and protection services.

1.3. Capacity building with adolescents drives peer-to-peer actions, amplifying the impact of SRHR programs

Capacity building with adolescents, including initiatives like Champions of Change, Edutainment, and Peer-to-Peer Educators, plays a pivotal role in equipping them with knowledge and life skills to prevent violence and lead peer-to-peer actions for preventing adolescent pregnancy. This contribution enhances the impact of the program, as adolescents drive SRH initiatives within the most vulnerable populations and communities that are challenging for the project to access.

Moreover, as a means of reinforcing these skills, a noteworthy practice involved adopting the cascade model through the Peer-to-Peer approach. Through this approach, adolescents recognize the significance of promoting activities, including games and shared experiences, through conversations that ensure a multiplier effect of SRHR knowledge and learning among adolescent girls. By doing so, adolescents develop a sense of identity within the project and are motivated to disseminate this knowledge among their peers, a concept they term as "multiple transmission."

2. BUILDING BRIDGES BETWEEN ADOLESCENTS AND AUTHORITIES FOR SUSTAINABILITY

The empowerment of Peer-to-Peer Educators and their engagement with local health authorities contributed to sustain and amplify the impact of the project. During the project, health authorities actively engaged in workshops with the primary goal of enhancing life skills and knowledge related to SRHR, gender equality, and protection, particularly addressing GBV. The project also fostered meaningful spaces of exchange between adolescents and authorities, ensuring that the knowledge and skills acquired would continue to benefit their peers and communities after the project's completion.

An important consideration for these strategies is that public officials change constantly, requiring that the relationship be reconstructed, losing some of the progress achieved. The recommendations are to create spaces of exchange between adolescents and authorities and emphasize advocacy efforts to include SHRH in local policy.

3. EMPLOY DIVERSE STRATEGIES FOR EFFECTIVE MESSAGE DISSEMINATION

The We Decide project included several strategies to reach different stakeholders and attract their attention and engagement. For instance, the Champions of Change methodology was delivered by the project's staff in workshops and fairs, while Peer-to-Peer Educators allowed adolescents to take the lead in designing and facilitating meetings with their peers. The Edutainment strategy, another key strategy, was highlighted among interviewees from the education sector as an effective of pedagogical tool incorporated in the project.

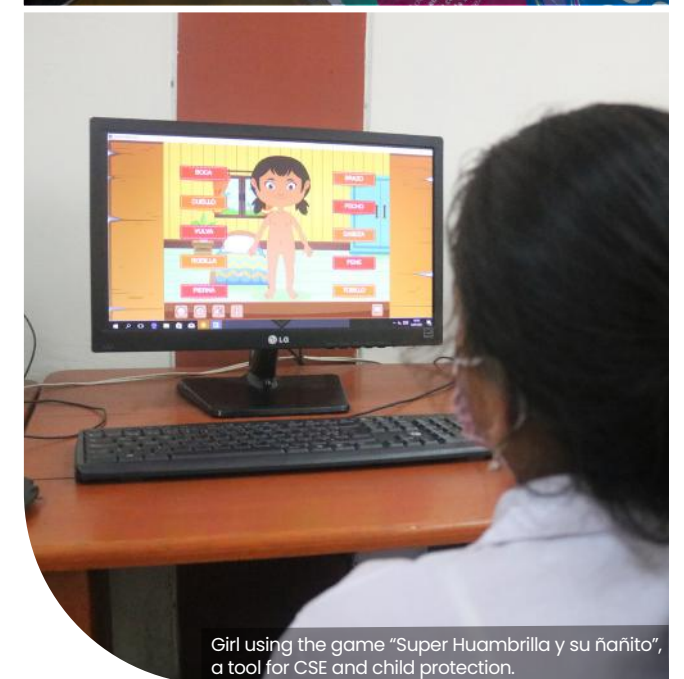
Replicating this approach of implementing diverse and innovative strategies will prove beneficial in helping students internalize prevention messages and, most importantly, overcome fear or shame in expressing aspects of their sexuality. By utilizing these tools,

students are provided with a safe and engaging environment for learning and self-expression.

The innovative game kit, "Super Huambrilla y su Ñaño," a component of the "Edutainment" approach, exemplified a participatory process that successfully addressed sensitive subjects such as sexual rights, reproductive health, GBV prevention, protection, and gender equity. Notably, participants embraced this approach willingly and without resistance, showcasing its potential to effectively convey complex concepts.



Edutainment strategy used for CSE and protection in schools.



Girl using the game "Super Huambrilla y su ñaño", a tool for CSE and child protection.

17 Plan International. Time to Act! Storming the Norms. (n.d.)
18 Read more in: Demand. Improved agency of adolescent girls over their SRHR section.

TO IMPROVE DELIVERY OF SRH SERVICES AND CSE

1. STRENGTHEN INTERDISCIPLINARY COORDINATION FOR AMPLIFIED IMPACT

The project's success in driving meaningful change was intricately linked to its ability to forge partnerships and collaborate with authorities from diverse sectors at local, regional, and national tiers each wielding a significant role in safeguarding child rights, with a particular emphasis ASRHR.

The active participation of educational, health, and protection authorities enhanced inter-institutional coordination and contributed to the achievement of SRHR and GBV prevention goals. Furthermore, the development of technical and management capacities of government actors promoted coordinated and multisectoral work in support of the sustainability of ASRHR and strengthened a culture of prevention of adolescent pregnancy and GBV.

Likewise, the intersectoral collaboration between the education and health sectors was a successful strategy, essential to achieving a more integrated approach to SRH services. Throughout the intervention, the health sector was supported in the development of their own strategies to promote SRH services for adolescents in partnership with schools, which include engagement and outreach work.

Additionally, the health sector reports a clear understanding of the gender approach fostered to the project's activities. These actors attribute their newfound comprehension of gender perspectives to the project's educational materials and audio-visual resources. These resources, addressing complex topics like masculinity, sexual orientation, and gender mainstreaming, have proven instrumental in offering guidance to adolescents with limited knowledge of sexual and reproductive health.

2. DESIGN APPROACHES AND METHODOLOGIES WITH A PARTICIPATORY APPROACH

The We Decide project has embraced the participatory approach in the design of methodologies and activities. Recognizing the diverse backgrounds and knowledge levels of participants in training sessions with authorities and key actors is crucial given that it significantly impacts their engagement, decision-making abilities, and influence on the subject matter.

Although, experience has shown that in-person teaching methods have a greater impact, particularly proving to be more effective for CSE, part of the project was implemented remotely due to COVID-19. However, the participatory approach was not eliminated, and the project responded to the participant's feedback by adopting tools that were readily available for most of the population, like WhatsApp.

Finally, the project has shown that training does not conclude when the workshop ends. Based on the training of primary and secondary school teachers in CSE topics, it is important to enhance the support provided to teachers regarding continuous learning experiences. Additionally, improving communication and setting clear parameters with respect to the edutainment strategy and CSE can ensure seamless implementation and alignment with project goals.

TO IMPROVE ACCOUNTABILITY: ENHANCED INSTITUTIONAL RESPONSIVENESS

1. ADAPTING TO CONSTANT POLITICAL AND ADMINISTRATIVE CHANGES IN THE LOCAL CONTEXT

Addressing the challenge of changing authorities at regional and local levels, as well as the rotation of public servants, requires a multifaceted approach. This includes raising awareness, ratifying agreements, identifying new connections and relationships, and ensuring the appropriation and continuity of ongoing processes. Additionally, the high turnover of health staff posed a challenge to capacity building and awareness raising efforts aimed at promoting quality care for adolescents in health services.

The appointment of new government officials required significant efforts to restart awareness-raising activities and reestablish agreements, thus ensuring the continuity of processes initiated with previous government officials. As a result, one of the key lessons learned was the significance of maintaining proper coordination with project stakeholders to ensure sustained actions over time and contribute to the long-term sustainability of the processes. Another important lesson was the necessity for the project team to possess extensive knowledge of policies and guidelines directly related to the project's objectives.

2. TRAINING FOR CIVIL SERVANTS IS CRUCIAL TO ENSURE CHILDREN'S RIGHTS

Providing training to civil servants is essential since they hold the responsibility of ensuring children's rights. However, the design of the training should be based on a participatory assessment to understand their initial knowledge of each topic. Furthermore, considering the diverse findings of the backgrounds and knowledge levels of participants in training sessions, involving authorities and key actors can directly impact their

engagement, decision-making capabilities, and overall influence on the subject matter.

To tackle the challenge posed by changing authorities at regional and local levels, as well as the rotation of public servants, several strategies can be employed. These include raising awareness, ratifying agreements, identifying new connections and relationships, and monitoring the assimilation and continuity of initiated processes.

Moreover, implementing technical assistance for civil servants to develop budget lines specifically allocated to the human development of children and adolescents is an effective practice. This assistance can lead to successful incorporation of projects targeting this population into government budgets, thereby supporting initiatives focused on reproductive health and rights. Continuous support and strengthening of these projects through engagement with consulting firms further enhances their impact and sustainability.

3. TRAINING AND SUPPORTING ADOLESCENTS IN ADVOCACY INITIATIVES ARE KEY FACTORS IN FOSTERING THEIR EMPOWERMENT AND AGENCY

Fostering the empowerment of adolescents through political advocacy and governance initiatives has proven instrumental in their participation in decision-making processes. However, the project recognized the need for continued efforts to enhance adolescents' involvement in community assemblies and decision-making meetings. Future projects should strengthen the activities that promote adolescent empowerment and youth participation in monitoring and evaluation processes, while promoting evidence-based advocacy. Additionally, there should be a particular emphasis on enhancing girls' leadership in advocacy efforts.

TO RESPOND AND ADAPT TO A VIRTUAL CONTEXT

1. ADAPTATION TO VIRTUAL TRAINING METHODS REQUIRE TIME AND INNOVATION

Virtual organizational processes require extended timelines and innovative strategies to monitor participants and ensure equitable training and to strengthen competencies, identity, and vision among adolescents.

Readily available tools like WhatsApp proved to be a valuable for facilitating training sessions and follow-up interactions with participants in the region due to its widespread use and accessibility. Trainers shared educational materials, conducted interactive sessions, and provided continuous support to ensure the participants' understanding and retention of the content through it. However, given

the public nature of this app, a special effort was made ensure the Safeguarding Policy was rigorously setup as part of this adaptation. Trainers and other key actors must be well-versed in implementing Safeguarding Policy measures during virtual training sessions to protect the well-being and safety of participants, especially when conducting online interactions with vulnerable populations like adolescents. Adhering to these policies ensures that virtual learning environments remain secure and supportive.

Stakeholders should continue to specialize in its utilization and leverage other resources provided by this platform.



Mother and daughter participate in the We Decide! project for the SRHR of adolescents in their community..

TO IMPLEMENT A PROJECT FROM THE OPERATIONS ANGLE

1. IMPLEMENTING PROJECTS IN NEW AREAS BRINGS OPERATIONAL CHALLENGES

The establishment of a large project like We Decide in a new intervention zone requires adequate time to undergo an awareness raising process, which leads to the formalization of agreements with key stakeholders, particularly considering the turnover of political officials. Unfortunately, due to the delayed completion of this process, the Year One Annual Work Plan, though ambitious in scope, faced obstacles in its implementation, impacting project execution and budget utilization. Moreover, the intricacies of setting up an office in a complex intervention area like Iquitos demanded thorough investigation and a suitable time frame, given the limited availability and development of infrastructure and services compared to other cities in Peru.

2. STAFF RECRUITMENT AND RETENTION COULD POSE A CHALLENGE IN A NEW INTERVENTION ZONE

During the project implementation, hiring staff in a remote area was a challenge. As a response, staff members from other regions were recruited, which resulted in a high turnover of teams.

Furthermore, a solid and on-going induction process is required when starting a new project with a new team in a new office. This induction process should focus on familiarizing the team with Plan International's systems, policies, and procedures, as well as those of the donor organization. Examples of such aspects include results-based management and RASCI chart. The Temporary assignments of experienced Plan International Peru management staff to the Loreto region played a critical role in ensuring the proper setup and establishment of the office. Additionally, regular monitoring visits by the Plan International Peru technical, human resources, administration, and finance staff helped in providing necessary support.



Men and adolescent boys reflect about traditional masculinities and their social impact.

SUSTAINABILITY

A comprehensive sustainability framework was devised to ensure the continuation of project-initiated activities and outcomes beyond its completion. This framework encompasses four key aspects: social, technical, financial, and institutional sustainability.

1. Social sustainability

At the societal level, sustainability efforts have focused on maintaining attitudinal and behavioral and social norm changes in various aspects. Firstly, building knowledge of adolescents on promotion of self-care related to adolescent SRH. Secondly, advocating for the exercise of sexual and reproductive rights among adolescents. Thirdly, reducing GBV/SGBV within communities. Lastly, encouraging the participation of leaders, parents, and local authorities in advocating for adolescent SRHR.

Throughout the life of the project, particularly in relation to the outcomes concerning Demand and Accountability, adolescents and their communities actively participated in sensitization and training programs on SRHR and gender equality. These initiatives aimed to bring about individual behavior change and promote social norm change at the community level. They were replicated by adolescent and youth networks, peer educators, women's networks, women leaders, and community leaders.

Additionally, the project strengthened CoC for Gender Equality, Change Agents, Community Mechanisms, women's organizations, and adolescent groups with the capacity to continue influencing policies and actions in support of SRHR. Special emphasis was placed on protection against gender-based violence, interculturality, and gender equality.

2. Technical Sustainability

Technical sustainability aimed to enhance the capacity of health professionals and education personnel to ensure sustained quality in the provision of differentiated services for adolescent care in coordination with protection providers (DEMUNAS, CEM). This includes sexual and reproductive health services, as well as care for gender-based violence and sexual violence. The goal was to maintain a continuous availability of trained and motivated health professionals by integrating gender and adolescent responsive trainings into the government's ongoing medical education plan. Additionally, it involved schools integrating CSE into their curriculums and providing continuous capacity development of teachers.

Teachers and healthcare providers have increased their knowledge, skills, and capacity to deliver protective, gender-responsive, adolescent-friendly, and culturally-sensitive SRH counselling and services, as well as CSE, enhancing the supply of information and availability of services.

3. Financial Sustainability

To ensure the allocation of resources that further develop access to ASRHR education, training, and services, the project developed awareness raising and capacity building activities for female and male local government. The main areas of emphasis were adolescent pregnancy prevention and the prevention of GBV and SGBV. These actions sought to encourage the integration of work regarding CSE, ASRHR, and child protection regional work plans and budgets, and implementing actions aimed at reducing adolescent pregnancy and protecting against violence.

4. Institutional Sustainability

At the managerial level, the sustainability plan aimed to enhance the capacity of various institutions to collaborate effectively on SRH. The plan specifically emphasized the prevention of adolescent pregnancy, as well as prevention of GBV and SGBV across different institutions. These actions directly contributed to the desired outcome of Accountability.



ACKNOWLEDGMENTS

As we reflect on the transformative journey of the We Decide: Reducing Adolescent Pregnancy in Loreto, Peru project, we are humbled by the collective efforts that have shaped its resounding success. This endeavor, spanning from 2018 to 2023, has been a testament to the unwavering dedication and collaborative spirit of numerous individuals and institutions. We extend our heartfelt gratitude to each and every one of you who have been integral to this project.

Foremost, we applaud the adolescent participants who have demonstrated exceptional empowerment and resilience in advocating for their rights. Your voices, aspirations, and determination have been the driving force behind the project's profound impact. Your unwavering commitment to exercising your sexual and reproductive health and rights is an inspiration to us all.

We extend our deepest appreciation to the community members, mothers, and fathers who have embraced their roles as empowered Agents of Change and Community Mechanisms. Your active engagement and support have fostered a protective environment of inclusivity, understanding, and progress, nurturing a foundation upon which lasting change can flourish.

To the dedicated health workers who have stood as unwavering advocates for adolescent sexual reproductive health and rights, your tireless efforts have played a pivotal role in breaking down barriers and fostering a culture of holistic well-being and empowerment.

To the teachers and education community who have championed Comprehensive Sexuality Education and Edutainment, your dedication to providing children and adolescents with knowledge, understanding, and agency is an essential component of the project's success.

We extend our sincere gratitude to our project funding partner, Global Affairs Canada. Your visionary support has empowered us to realize the project's goals, enabling us to create a lasting impact on the lives of adolescent girls and boys in Loreto.

We acknowledge our implementing partner, Kallpa, for their collaborative spirit and shared commitment to driving change in the realms of adolescent sexual and reproductive health and rights, gender equality, and child protection.

The steadfast support of our project organizational partners, UNICEF and Arbol de Vida, has magnified the project's reach and impact, allowing us to create a coordinated and sustainable approach to transformation.

We wish to express our gratitude to the numerous institutional partners who have been vital in realizing the project's objectives, including DEMUNA, MINSA, MINEDU, DIRESA, DREL, GREAL, and the Regional Government of Loreto, among others. Your collective efforts have been instrumental in fostering an enabling environment for change.

Our appreciation also extends to the implementing teams at Plan International Peru, both in Loreto and Lima, as well as the team at Plan International Canada. Your expertise, passion, and unwavering commitment have been instrumental in guiding the project to fruition.

To all who have contributed to the We Decide project in myriad ways, your dedication, compassion, and unwavering support have left an indelible mark on the journey towards a more equitable and just world. As we celebrate the project's achievements, let us continue to stand united in our pursuit of a future where every adolescent can exercise their rights and reach their fullest potential.

With heartfelt appreciation,

Plan International





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