



Until we are all equal



Clockwise from top left: Susana participates in a community-based group that works to prevent gender-based violence; Natsumi is a peer educator in the We Decide project.

We Decide

Year 5: Our Final Report

The We Decide project in Peru reduced teen pregnancies by building awareness about sexual and reproductive health among adolescents.

DID YOU KNOW?

In Loreto, Peru, 28% of the population is between 10 and 24 years old. In this region, where Natsumi (right) lives, one in five adolescent girls is pregnant.

Project Facts

WHAT: The \$12.6 million We Decide: Reducing Adolescent Pregnancy in Loreto, Peru project, funded by Global Affairs Canada and individual Canadian supporters

HOW: Equip adolescents, particularly Indigenous adolescents, to exercise their sexual and reproductive health and rights (SRHR) and prevent early pregnancies

WHERE: The Loreto region of Peru (Belen, Iquitos, Punchana and San Juan Bautista)

WHEN: March 2018–September 2023

WHO: The project reached 95,744 people, including 77,207 children and adolescents as well as 18,537 parents, community members, teachers, health workers and government officials. It was implemented by Plan International and our local partner Kallpa.



Natsumi on her way to a sexual and reproductive health training session

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The First Word

Stolen childhoods. That's what happens when 12-year-old girls learn they are pregnant. For teens in Loreto, Peru, this isn't an uncommon story.

In this region of Peru, 28% of the population is between the ages of 10 and 24, and 16.5% of adolescent girls age 15 to 19 have already been pregnant. Talking about sexual health is a taboo topic for many. But who pays the price for that silence? Young girls. Unless people step forward to challenge the status quo, change isn't possible. In this report you're going to meet change makers like Natsumi (page 10) and Susana (page 11).

They're just two of the 95,744 people who participated in our five-year We Decide sexual and reproductive health project that you supported. So together, have we made a difference?

Oh, yes.

"Teen pregnancy affects the whole family," explains Sussan Megallanes, Project Coordinator. "Since the start of the project, **teen pregnancy is down, from 47% to 26%**. And the people who participated in the project are still coming back. Their participation doesn't end here – they want to do more in the community."

Communities in five provinces and two districts of Peru, to be exact. The program offered teacher training and workshops, set up adolescent support groups in 49 schools (many of which have large Indigenous populations) and directly reached 95,744 people and indirectly reached 1,083,471 through social media and radio broadcasts.



Natsumi gets ready to go to school with her younger brothers.

Thank you for giving girls and boys a chance to be children. The work is serious, and the conversations, trainings and activities are important. Your support means that boys and girls can now access important life-changing information, discuss issues related to their health, spend more time with their families, stay in school and raise their voices about the issues that affect them and their futures.

THE PROJECT HAD THREE GOALS:

- 1. Support adolescent girls to take control of their sexual and reproductive health through comprehensive sexual education and improved health services.**
- 2. Improve sexual and reproductive health services by training health workers on the needs of adolescent girls, young women and Indigenous peoples.**
- 3. Help health institutions and governing bodies better respond to the sexual and reproductive health and rights of adolescent girls and boys.**

Thank you for your support.

The Situation

Life in Loreto is full of challenges – including economic struggles, a lack of health services and cultural taboos that prevent important conversations from happening.

The targets set for the We Decide project were significant – and as you’ll see in the next pages, many of them were achieved or exceeded. One that stands out is the reduction in the adolescent pregnancy rate: At the close of the project, it was 26 per 1,000 adolescents, with the most notable decline in the Iquitos district. Overall, it was a 56% reduction compared to 2017. Most importantly, it meant that, 690 fewer teenage girls became pregnant. That’s 690 childhoods that weren’t stolen.

BUT THERE WERE CHALLENGES: COVID-19 was a major issue, as in-person trainings went virtual. “You can’t replace the connection and trust you can build when you have sensitive conversations in person,” explains Luana Delfin, Plan International Canada’s program manager for the We Decide project.

The other challenge, which was more operational, was the fact that 100% of the staff in the Loreto office were new and the complexities of the region led to high staff turnover. This initially interfered with long-term planning, but effective management helped us achieve success. On a more systemic level, we learned that we need to build an even longer-term approach to working with teachers, health professionals and parents, especially fathers, on strategies to address gender stereotypes and machismo culture.



Loreto is Peru’s northernmost region. It is also one of the most sparsely populated, due to its remote location in the Amazon rainforest.

In the area of Nauta, we experienced the most difficulty in shifting attitudes about gender norms. Overall, the percentage of adolescent girls who felt sure about their ability to refuse unwanted sex went up 44.1%, to 71.6%, but Nauta was an outlier; it went down, from 40% to 32%. “The primary reason for the decline is that Nauta is a rural area, unlike the others, which are peri-urban,” says Delfin. “This rural setting makes it more challenging to break away from traditional gender norms, taboos and misconceptions.”

The goal was to encourage everyone to reflect on harmful social norms that contribute to gender-based violence. Going forward, we will broaden our communications to ensure that they reflect a more nuanced understanding of the deeply-rooted issues around adolescent sexual and reproductive health and rights.

What We Did

The project benefited **95,744** people, including **77,207** children and adolescents between the ages of 6 and 17 (51% of them girls and adolescent women), as well as **18,537** parents, community members, teachers, health personnel and civil officials.

- **97** facilitators and **564** adolescents were trained through Champions of Change clubs.
- **56,671** youth were reached through educational activities.
- **41** youth groups were formed, with **671** participants, to promote gender equality and sexual and reproductive health and rights.
- **220** adolescent peer educators were trained and held dialogues with **3,129** of their peers.

- **10** peer-to-peer education groups formed action plans on how to drive change in their communities.
- **156** community activities – including mural contests, radio shows and community fairs – raised awareness among **730,534** people.
- **6** action plans were developed by community groups to support the prevention of gender-based violence.
- **292** health care workers were trained to provide sexual and reproductive health services catering to adolescents and Indigenous youth.
- **38** health facilities were refurbished or provided with equipment.
- **14** mobile health units brought sexual and reproductive health care into remote communities.
- **5** action plans were developed by youth to advocate for large-scale



policy changes relating to their sexual and reproductive health.

- **1** research report was produced to highlight the needs of youth when it comes to sexual and reproductive health and related issues.

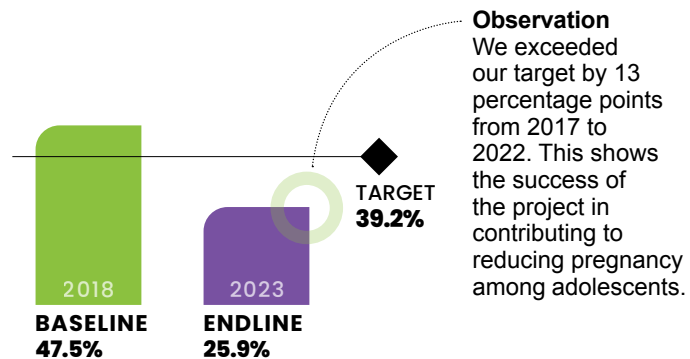
Adolescents who participated in a life-skills program explored materials related to sexual and reproductive health and rights.



Natsumi helps equip young people around her to make informed choices in their lives.

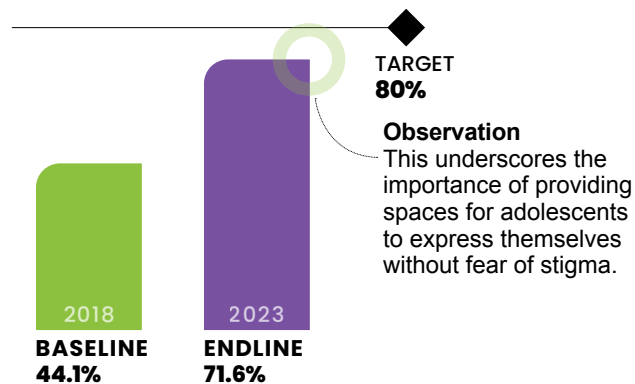
KEY IMPACT

The rate of teen girls becoming pregnant dropped by 21 percentage points.



Observation
We exceeded our target by 13 percentage points from 2017 to 2022. This shows the success of the project in contributing to reducing pregnancy among adolescents.

➤ Adolescent birth rate per 1,000 girls

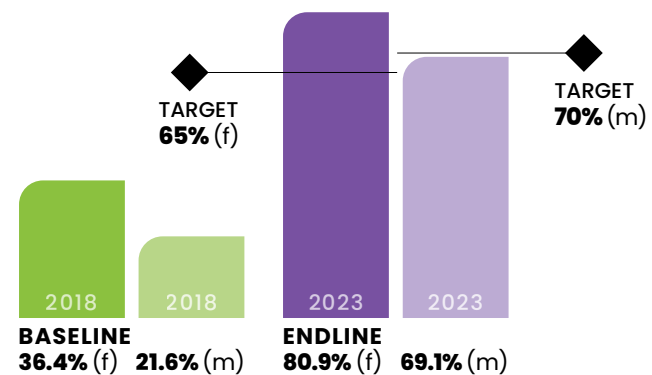


Observation
This underscores the importance of providing spaces for adolescents to express themselves without fear of stigma.

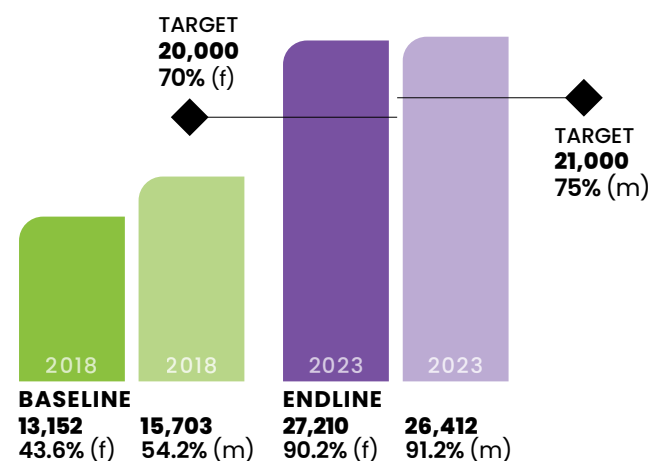
➤ Percentage of adolescent girls who feel sure about their ability to refuse unwanted sex

Adolescent girls were presented with five scenarios and asked how confident they would be to say they didn't want to have sex in each one. If a girl indicated that she could say no in all five scenarios, she met the target expectation.

We Decide



➤ Percentage of adolescent participants who perceive women/girls as equal to men/boys



➤ Number of adolescent participants demonstrating positive attitudes toward ending SGBV*

*CSE: comprehensive sexuality education
*SGBV: sexual and gender-based violence
*SRH: sexual and reproductive health

➤ Percentage of adolescent participants with adequate access to SRH* resources and services, including modern contraceptive methods

BASELINE (2018)
27.3% (f) | 35.9% (m)
ENDLINE (2023)
41.4% (f) | 56.3% (m)
TARGET 70% for both

Lesson learned: Targets were too ambitious starting with such a low baseline.

➤ Percentage of families, community members and leaders who perceive women/girls as equal to men/boys

BASELINE (2018)
79.6% (f) | 75.9% (m)
ENDLINE (2023)
86% (f) | 82.8% (m)
TARGET 90% for both

➤ Percentage of teachers who have adequate knowledge of CSE* delivery

BASELINE (2018)
53.7% (f) | 51.9% (m)
ENDLINE (2023)
97.4% (f) | 97.1% (m)
TARGET 90% for both

Lessons learned

➤ Number of women and men who demonstrate a positive attitude toward ending SGBV*

BASELINE (2018)
19,781 [69.7%](f) | 18,679 [69%](m)
ENDLINE (2023)
25,797 [90.9%](f) | 24,146 [89.2%](m)
TARGET
22,704 [80%](f) | 21,655 [80%](m)

➤ Percentage of families, community members and leaders who support the SRHR* of adolescents

BASELINE (2018)
57% (f) | 64.3% (m)
ENDLINE (2023)
63.4% (f) | 61.8% (m)
TARGET 75% for both

We used two key strategies to build community support for adolescent sexual and reproductive health and rights (SRH). First, we worked with a group of change agents through a volunteer network and asked each of them to talk to 10 people about SRH and the prevention of gender-based violence (GBV) and sexual and gender-based violence (SGBV). Next, we tried to reach families and the wider community through social media, videos and community fairs. The goal was to encourage everyone to reflect on harmful social norms that contribute to GBV/SGBV. Despite the project's best efforts, challenges associated with the COVID-19 pandemic affected the ability of agents to meet in schools and with families to hold trainings and facilitate conversations that could lead to a change in attitudes.

The Results

The five-year, \$12.6 million We Decide project set out to support adolescent girls in taking control of their sexual and reproductive health and rights. Here's what happened.

The Results

Adolescent pregnancy rates decreased significantly in the five districts where the project was implemented. As indicated on the previous pages, the overall reduction in pregnancies dropped by 21.6 percentage points since 2017, from 47.5 to 25.9 per 1,000 girls. That means 690 adolescent pregnancies were prevented, with the most notable decline in the Iquitos district.

➤ Average score on the Women and Girls Empowerment Index
BASELINE: 49.8/100
ENDLINE: 66.6/100
TARGET: 80/100

➤ Percentage of adolescents who can identify three types of contraceptive methods
BASELINE: 48.7% (f) | 27.5% (m)
ENDLINE: 75.8% (f) | 54.7% (m)
TARGET: 80% (f) | 70% (m)

➤ Percentage of trained health facility workers with adequate practical knowledge and skills on gender-responsive SRH* service provision
BASELINE: 65% (f) | 43.6% (m)
ENDLINE: 83.3% (f) | 81.3% (m)
TARGET: 90% for both

➤ Level of satisfaction of adolescent participants with the quality of SRH* services provided by health facilities
BASELINE: 74.3/100 (f) | 74.6/100 (m)
ENDLINE: 84.6/100 (f) | 85.4/100 (m)
TARGET: 85/100 for both

➤ Level of satisfaction of adolescent participants with the quality of of CSE* in schools
BASELINE: 63.8/100 (f) | 63.6/100 (m)
ENDLINE: 59.1/100 (f) | 53/100 (m)
TARGET: 80/100 for both

Lesson learned: Midway through the project, a large proportion of students stated they were not trained in CSE in their school. This was in part because some activities were delayed during the pandemic and school closures. The average scores for this result are calculated based on the entire sample, not only those who had received CSE sessions. When we analyzed the gap, we found that the forced virtual setting was effecting these results. To make up for this shortfall, technical support for teachers on how to provide on-site CSE was reinforced in Year 5. Courses also focused on providing teachers with the appropriate methodology to cover CSE content effectively in the classroom.

➤ Percentage of adolescents who can identify two ways to prevent a pregnancy
BASELINE: 44.3% (f) | 39.2% (m)
ENDLINE: 58.1% (f) | 62.6% (m)
TARGET: 80% (f) | 80% (m)

➤ Percentage of adolescent girls who decided to use family planning, alone or jointly with their husbands/partners
BASELINE: 92.9%
ENDLINE: 92.9%
TARGET: 95%

This result tracks changes in whether this decision is being made alone or together with a partner, which would reflect a shift toward a sense of shared responsibility for contraception. At the baseline, 100% of girls surveyed were making this decision alone.

*CSE: comprehensive sexuality education
 *GBV: gender-based violence
 *SGBV: sexual and gender-based violence
 *SRH: sexual and reproductive health and rights

➤ Percentage of adolescent participants with adequate personal skills and confidence to assert their rights and express their decisions. (Skills include self esteem and confidence, communication skills, conflict resolution, decision making, knowledge of gender stereotypes and gender-based violence.)
BASELINE: 66.5% (f) | 56.3% (m)
ENDLINE: 77.9% (f) | 82.8% (m)
TARGET: 90% (f) | 80% (m)

➤ Level of cultural sensitivity of SRH* services in targeted health facilities
BASELINE: 25.9/100
ENDLINE: 28.1/100
TARGET: 40/100

Lesson learned: Loreto is home to diverse Indigenous ethnic groups; however, the levels of sensitivity toward these groups are still very low. Communication materials were translated into the four predominant native languages of the region, to ensure that the context and the way of thinking of the cultures in question were considered.

➤ Percentage of targeted health facilities with adequate resources that are adolescent-friendly and gender-responsive
BASELINE: 4%
ENDLINE: 65.4%
TARGET: 80%

➤ Percentage of adolescent-girl participants who can identify and explain the GBV* referral mechanisms in their school
BASELINE: 54%
ENDLINE: 67.7%
TARGET: 80%

In Year 5, lockdown restrictions negatively affected the learning process for students around identifying and referring GBV/SGBV* cases. To address this, higher priority was given to building knowledge in how to prevent violence against adolescents.

➤ Percentage of adolescent participants with adequate knowledge of protection and related services (types of violence, laws to protect against violence, attitudes that contribute to violence)
BASELINE: 55.7% (f) | 43.2% (m)
ENDLINE: 91.1% (f) | 84% (m)
TARGET: 80% for both

➤ Percentage of sexually active adolescent participants who report having used a condom the last time they had sexual intercourse
BASELINE: 60.3% (f) | 61.3% (m)
ENDLINE: 63.4% (f) | 59.4% (m)
TARGET: 70% for both

To calculate this percentage, the number of adolescents surveyed who answered “yes” to this question was divided by the number of those who stated they were sexually active. If the number of adolescents who are sexually active decreases, that affects the percentage in this result.

➤ Percentage of trained facility-based and community health workers with adequate knowledge of laws and referral pathways for GBV* cases
BASELINE: 13% (f) | 13% (m)
ENDLINE: 81.3% (f) | 81.3% (m)
TARGET: 90% for both

➤ Percentage of trained teachers who have adequate knowledge of appropriate and timely referral of GBV* cases
BASELINE: 50.5% (f) | 40.6% (m)
ENDLINE: 95.7% (f) | 88.5% (m)
TARGET: 90% for both



TOP: Girls get equal in this region of Peru with trainings about sexual health and rights through the We Decide project.



LEFT: A Mother's Day community soccer game was organized to promote gender equality.

A STORY OF CHANGE

Straight Talk

Natsumi openly speaks about subjects that many adults – never mind her teenage friends – shy away from.

In the region of Peru where Natsumi lives, the teen-pregnancy rate is among the highest in the country. She’s seen how this affects her fellow teens and wants to equip them to make decisions about their future.

“People see children suffering, but few people do something about it,” she says. “I’m happy to be one of those people who want to generate a change. And it’s not just me. A lot of young people want to make a change in our society. We can all help someone else.”

Natsumi says she was shocked when she realized the problems that were common among her peers. “I could have been one of them, but I had another kind of education.”

That education came in part from her family and also

from her participation in the We Decide peer program, where she learned about her sexual and reproductive health and rights. She also developed the skills to converse candidly with her peers about contraception; safe, equal, caring and consensual relationships; and cultural expectations around masculinity. She also regularly advocates for teens with community leaders.

Natsumi envisions a different future than what many young people in her region experience – one where she can study and be independent before even thinking about becoming a mother. It’s important to her that other teens have this option too – and that, like her, they share that information with even more teenagers: “Being a peer counsellor has helped me find



my path, what I was looking for. It helped me find out who I am.”

By encouraging young people to stand up for themselves, Natsumi sets an example for her friends, her siblings and the next generation of youth. She is

their guide and their support system. She is their teacher and their peer. She is involved in discussions that she knows will shape how youth speak up and represent themselves in spaces where important decisions are made.

Scan the QR code to watch *Wave Maker*, our mini-doc on Natsumi.



Photography: Gina Rosas

A STORY OF CHANGE

Power Moves

Susana didn’t like the way many women in her community were treated. She set out to change that, one tamale at a time.

Susana is one of those women in a community whom everyone knows and respects. At the neighbourhood store that she runs out of her home, she sells essentials, shares advice and encourages women to take charge of their lives.

She’s also a born activist, which is why she signed up to be a “community mobilizer” with the We Decide project. “I expect and I want women in this community to be equal,” she says. “We have to talk about equality.”

And it’s important to Susana that people talk openly about gender-based violence. In her region of Peru, 79% of women ages 18 to 20 experience sexual violence. “[Many] women don’t have autonomy to make decisions in their lives,” she says. “But I’m always telling them they can do it.”

She and others in the community group set up by Plan International Peru have organized events to build awareness around the issue and to establish trust with women in the community. To reach even more women, Susana and her group arranged a Mother’s Day event where they played games and enjoyed homemade tamales. “We wanted them to feel good on their day, to feel like empowered *mamacitas!*” she says. “*Mamacitas*, free from violence.”



Susana wants women to take charge in their lives – and she’s cheering them on!



I expect and I want women in this community to be equal. We have to talk about equality.”

– Susana, volunteer and community mobilizer



Scan the QR code to watch *Handmade Activist*, our mini-doc on Susana.

Thank you for your support for this meaningful project.

You helped make a real difference in how adolescents understand and take charge of their sexual and reproductive health and rights. When they share this knowledge with others, it creates a ripple effect of sustainable change in their communities. Thank you for your continued support of teen leaders like Natsumi and community activists like Susana.

Thank you again for your continued support.



Until we are all equal



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