

I
ANNEX VI
INTERIM NARRATIVE REPORT

- This report must be completed and signed by the contact person of the Coordinator.
- The information provided below must correspond to the financial information that appears in the financial report.
- Please complete the report using a typewriter or computer (**you can find this form at the following address <Specify>**).
- Please expand the paragraphs as necessary.
- **Please refer to the Special Conditions of your grant contract and send one copy of the report to each address mentioned.**
- The Contracting Authority will reject any incomplete or badly completed reports.
- The answer to all questions must cover the reporting period as specified in point 1.6.

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List of acronyms used in the report

1. Description

- 1.1. Name of Coordinator of the grant contract: Amref Health Africa Italy
- 1.2. Name and title of the contact person: Roberta Rughetti, Head of Program
- 1.3. Name of beneficiary(ies) and affiliated entity(ies) in the Action: Amref Health Africa Ethiopia, CARE Austria, CARE Ethiopia, Save the Children Ethiopia, Save the Children Netherlands, Women Support Association
- 1.4. Title of the Action: Family Planning for Resilience Building amongst youth and women in drought prone and chronically food insecure regions of Ethiopia
- 1.5. Contract number: T05.433 – (T005)
- 1.6. Start date and end date of the reporting period: 16.01.2018 - 31.03.2019
- 1.7. Target country(ies) or region(s): **Borena** Zone (Dilo, Arero, Moyale, Miyo, Dhas and Dire Woredas) - CARE; **South Omo** Zone (Hammar, Dasenech, & Nyangatom woredas) – WSA and Amref; **Bale** Zone (Rayitu, Dawe Kachen, Gura Damole, Barbere and Meda Wollab woredas) – Save the Children; **Wolaita** Zone (Duguna Fango, Damot Pulasa, Boloso Sore and Kindo Koyisha) - Amref; **Wag Himra** Zone (Abergele, Dehana, Gazgibla, Sehala, Sekota and Ziquala woredas) – Save the Children
- 1.8. Final beneficiaries &/or target groups¹ (if different) (including numbers of women and men):
Under Result 1.1:
 - 3,400 female HDAs,
 - 1080 Men PSNP,
 - 1,400 members of RESET II projects,
 - 1050 religious, clan leader.

¹ “Target groups” are the groups/entities who will be directly positively affected by the project at the Project Purpose level, and “final beneficiaries” are those who will benefit from the project in the long term at the level of the society or sector at large.

Under Result 1.2:

- 3,320 PSNP beneficiaries,
- 3,000 youth in school members and out of school,
- 632 peer educators,
- members of 80 women led associations,
- 396 VSLA members and 36 VSLA facilitators who are all RESET beneficiaries,
- 265 idir, religious and communities' leaders.

Under Result 2.1:

- 183 HWs and 610 HEWs,
- 100 members of youth Associations,
- 37 health facilities.

Under Result 2.2:

- 125 RESET II partners,
- 46 groups of public-private partnerships.

1.9. Country(ies) in which the activities take place (if different from 1.7):

2. Assessment of implementation of Action activities

2.1. Executive summary of the Action

Please give a global overview of the Action's implementation for the reporting period (no more than ½ page).

During this reporting period, the consortium implemented different activities at community and structural level to contribute to resilience building through reducing demographic pressure and promoting gender equality. The project worked on raising awareness of the community, religious and clan leaders as well as influential women on gender equality, sexual reproductive health and family planning. As a result, the communities started to challenge existing social norms related to gender equality and family planning utilization and started getting involved in awareness creation events. In all clusters, the baseline data collection has been carried on between end of December 2018 and beginning of January 2019, and the final report has been submitted in March 2019.

CARE's Social Analysis and Action (SAA) methodology was introduced to government and RESET II partners and will be rolled out at community level to challenge social norms.

In Borena Cluster, CARE also worked with the government partners at all levels to start improving the quality of SRH/FP service provisions. The Woreda and Zonal level health experts were trained on comprehensive family planning, SAA and gender equality; the capacity of the health centres to mainstream family planning service provision was assessed. Finally, a mapping exercise was also conducted to avoid duplication of resources and excel the level of impact by sharing resources.

In Bale and Wag Himra Clusters, Save the Children started to establish school clubs, Youth Friendly Services (YFS) and provision of outreach programs in hard to reach Kebeles. Furthermore, HEWs and staff from Health and Education sectors, have been trained on FP and peer education.

In South Omo Zone, in Hammer and Dassenech Districts, WSA contracted a consultant to carry out a gender/barrier to integrate the data collected through the baseline survey, especially information about women' decision making, access, control over resources, in order to develop a full gender strategy. The consultant already submitted an inception report and in April and May 2019 will start the field data collection and analysis.

WSA also developed a "Male engagement strategy": a first draft has been already shared and a final version will be submitted in the next months.

Referring to the updated logical framework matrix² (see point 2.3. below), please describe and comment the level of achievement of the outcome(s), if it is relevant at this stage and the likeliness of reaching the final target(s) related to the outcome(s) at the end of the Action.

Please explain if the intervention logic is still valid and justify any possible change.

Please indicate any modification that should be brought to the logframe matrix and explain briefly why (complete explanation should be placed in the following section under the relevant level considered (outcomes, outputs, activities)).

2.2. Results and Activities

A. RESULTS

What is your assessment of the results of the Action so far? Include observations on the performance and the achievement of outputs, outcomes and impacts and whether the Action has had any unforeseen positive or negative results.

² The relevant terminology (i.e. outputs, outcome, indicators etc.) is defined in the logical framework matrix template attached to the guidelines for applicants (annex e3d).

Referring to the updated logframe matrix (see point 2.3. below) please comment the level of achievement of all the results on the basis of the corresponding current value of the indicators and all the related activities implemented during the reporting period..

Outcome (Oc) – " Increased demand for family planning by 39% through awareness raising on demographic pressure and attitudinal changes particularly among women, men and youth in drought prone and chronically food insecure regions "

The project is at an early stage, thus it is too soon to report at the outcome level.

Output 1.1. (Op 1.1.) *Increased awareness on the impact of demographic pressure on food security, livelihoods and resilience among community members in 5 EU RESET Clusters.*

A total of 12 SRH/FP awareness raising and sensitization sessions have been conducted in the 5 clusters during the first year of project.

However, the second year all partners will start with the radio messages/drama, which will have a wider impact on awareness creation.

A total of 92 community leaders have been trained on gender equity promotion. Religious, clan and opinion leaders are seen as moral instances and gate-keepers of social norms and play a key role in shaping people's values, norms and behaviours. Due to this fact, working with these groups is vital and their active support is crucial to promote gender equality, SRH and FP in the communities and it is the good starting point to create awareness.

994 Health Development Armies (HDAs/WDAs) have been trained on promotion SRH/FP at household level and linking with the HEP, in order to reach wide community members.

Output 1.2. (Op 1.2.) *% of women, youth and adolescent boys and girls empowered to make informed SRH & FP decisions*

47 in school and out school clubs engaged in SRH/FP promotion after strengthened/established and 1928 beneficiaries participating in FP services counselled on nutrition. The results of this output are still to be measured.

Output 2.1. (Op 2.1.) *Ensure quality SRH/FP services delivered through 25 health facilities to women, adolescents and youth*

During the first year of project implementation, the consortium started to work with the health centres to integrate offer FP/SRH service in its different units and also conducted a total of 10 outreach sessions in two clusters. However, the impact is still to be measured.

Output 2.2. (Op 2.2.) *Improved multi-sector coordination to integrate SRH/FP services*

The project is devoted to ensure multi-sector coordination among different actors in the implementation woredas. All partners worked closely with the offices for zonal planning and economy office, health, and Women Child Affair, as well as non-health sector offices, community leaders and target beneficiaries. All were introduced to the SAA and started sometimes heated discussions on SRH/FP utilization. The majority of the actors involved were open to challenge specific gender norms and to meet on a regular basis to keep the discussions alive and coordinate the implementation on the ground.

Resource mapping was done in in each project intervention areas and created partner data base. Different meeting was organized with GO-NGOs, RESET II partners and public-private sectors to have the same awareness on family planning issue and integrate with different programs.

B. ACTIVITIES

Preparatory Activities

PA.1. Project kick-off meeting with project staff