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**INTERIM NARRATIVE REPORT**

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### List of acronyms used in the report

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| <b>AIDS:</b> Acquired Immunodeficiency Syndrome       | <b>MCH:</b> Maternal and Child Health                      |
| <b>ANC:</b> Antenatal Care                            | <b>OPD:</b> Outpatient Department                          |
| <b>ART:</b> Antiretroviral Therapy                    | <b>PEDCO:</b> Planning and Economic Development Commission |
| <b>BCC:</b> Behaviour Change Communication            | <b>PFSA:</b> Pharmaceutical Fund Supply Agency             |
| <b>BP:</b> Blood Pressure                             | <b>PHCU:</b> Primary Health Care Unit                      |
| <b>DHIS:</b> District Health Information System       | <b>PMTCT:</b> Prevention of Mother-To -Child Transmission  |
| <b>EUD:</b> European Union Delegation                 | <b>PNC:</b> Postnatal Care                                 |
| <b>FGM:</b> Female Genital Mutilation                 | <b>PSNP:</b> Productive Safety Net Programme               |
| <b>FMOH:</b> Federal Ministry of Health               | <b>QI:</b> Quality Improvement                             |
| <b>FP:</b> Family Planning                            | <b>SAA:</b> Social Analysis and Action                     |
| <b>GBV:</b> Gender Based Violence                     | <b>SBCC:</b> Social Behaviour Change Communication         |
| <b>HC:</b> Health Centre                              | <b>SRH:</b> Sexual Reproductive Health                     |
| <b>HDA:</b> Health Development Army                   | <b>STI:</b> Sexually Transmitted Infection                 |
| <b>HEWs:</b> Health Extension Workers                 | <b>TB:</b> Tuberculosis                                    |
| <b>HIV:</b> Human Immunodeficiency Virus              | <b>ToT:</b> Training of Trainers                           |
| <b>HP:</b> Health Post                                | <b>TT:</b> Tetanus Toxoid                                  |
| <b>HTPs:</b> Harmful Traditional Practices            | <b>VSLA:</b> Village Savings and Loans Association         |
| <b>HWs:</b> Health Workers                            | <b>WCYA:</b> Women Children and Youth Affaires             |
| <b>IEC:</b> Information, Education, and Communication | <b>WDA:</b> Women Development Army                         |
| <b>IYCF:</b> Infant and Young Child Feeding           | <b>WED:</b> Woman Economic Group                           |
| <b>IUCD:</b> Intrauterine Contraceptive Device        | <b>WHO:</b> Woreda Health Office                           |
| <b>YFS:</b> Youth Friendly Service                    | <b>WSA:</b> Women Support Association                      |
| <b>LARCs:</b> Long acting reversible contraceptives   |  |
| <b>LCEW:</b> Lead Community Extension Workers         |  |

## 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, We Action (former 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: 01.04.2019 - 31.03.2020
- 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) – We Action 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 groups<sup>1</sup> (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.
  - 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):

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<sup>1</sup> “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.

## 2. Assessment of implementation of Action activities

### 2.1. Executive summary of the Action

*In order to contribute to resilience building through decreased demographic pressure by means of increasing demand and providing quality service on consolidated Family Planning (FP) practices in 5 EU RESET clusters(OO) the Action is committed to create awareness at different levels.*

The awareness events and dialogues conducted through community outreaches reached 56,458 community members, the preparation and broadcast of the radio messages/serial drama, the meetings and trainings of 559 religious leaders and clan leaders on gender equity and the training sessions for 1,883 women coming from RESET II economic groups and HDAs, increased awareness on the impact of demographic pressure on food security, livelihoods and resilience among community members in 5 EU RESET clusters.(R.1.1).

The establishment and strengthening of the 101 in and out of school clubs, trainings of 7,640 PSNPs, trainings for 255 RESET II youth peer educators, trainings for 60 Idir, religious and community and clan leaders, the support of 467 RESET II organized groups and VSLA members, increased the percentage of women, youth and adolescent boys and girls empowered to make informed SRH & FP decisions (R.1.2).

Trainings of 191 HWs and HEWs, 144 outreaches in hard to reach villages, mainstreaming FP in 21 health facilities and the establishment and strengthen of the 34 YFS, ensure quality SRH/FP services delivered to women, adolescents and youth (R.2.1).

Capacitate 45 RESET II partners, conduction of 11 regular monitoring and supervision visits, increasing of awareness to public administrations and government sectors and strengthen 26 private services improved multi-sector coordination in order to integrate SRH/FP services in the clusters (R.2.2).

### 2.2. Results and Activities

#### A. RESULTS

#### **Outcome 1 (Oc1) – " 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 contributed to the increasing of the family planning utilization in all clusters. The awareness campaigns, the community dialogues, the meetings and the outreaches organized in the second year of the project encouraged women, men and youth (girls and boys) to approach health facilities in order to get FP methods especially the long term acting.

The information was collected through the MoH department in each cluster, but this indicator will be evaluated during the final evaluation next year.

#### **Outcome 2 (Oc2) – " Increased access to and provision of quality comprehensive SRH services by 28% particularly for women and adolescent girls "**

Access and provision of quality comprehensive SRH services is still a challenge and the Action is closely working with multiple stakeholders to improve the situation. During the second year of the project 114 health facilities were capable to provide long term FP services, and 34 Health centres were supported to provide YFS minimum standard equipment.

The final evaluation will provide the evidence of the achievements of both outcomes.

#### **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 consultant was engaged to contextualize the IEC/BCC materials for the all clusters, and he prepared and shared a draft report of the materials to be prepared in each cluster.

A total of 37 awareness raising, and sensitization sessions have been conducted in the 5 clusters and 56,458 community members were reached during the awareness raising sessions, with messages on SRH/FP

The radio messages/drama were developed and started to be broadcasted in the clusters.

During the second year, 356 community leaders were trained in gender equity promotion. Working with these groups is vital and their active support is the good starting point to create awareness among the communities.

177 agro pastoralist, 89% of them men, coming from 20 local farmer associations were trained on SRH/FP issues and through them, 266 members of the associations received a cascade training. As a result, men were informed on the consequence of having many children on maternal health and the impact of the economic status of the family.

1,883 Health Development Armies (HDAs) and Women Development Armies (WDAs) have been trained on promotion SRH/FP at household level and linking with the HEP, in order to reach wide community members. Consequently 16,225 community members were reached by WDA/HDAs during orientation sessions on SRH/FP.

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

During the reporting period several trainings, meeting and dialogues were organized for women, youth and adolescents to empower them in the SRH/FP decision in the community.

For this reason, 101 (69 in school clubs and 31 out school clubs) clubs were engaged in SRH/FP promotion after strengthened/established and 3,081 beneficiaries participating in FP services counselled on nutrition. 600 students received 3 text messages on SRH topics and a total of 1,559 members of women groups and VSLA undertake regular discussion on gender and SRH/FP.

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

During the second year of the project quality services was delivered through health facilities. A total of 191 HWs and HEWs were trained on SRH and FP, and 144 outreaches were conducted in the all clusters. Moreover, 34 YFS were established/strengthen in order to help the access to SRH/FP for youth and 38 health facilities were supported in order to provide FP commodities but also other health supplies.

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

Public administrative orientation, regular zonal review meetings and public private clinics strengthening activities were done through the support of this project. These contribute to the current improvement coordination and integration among government and private sector. International and local CSOs are working, planning and implementing together.

Moreover, the all consortium members took a strong lead in their clusters to ensure multisectoral integration of RESET Plus with all government partners and the RESET II program.

During the second year of the project, the Zonal health department and Finance and Economy sector has conducted different meetings to review the performance of each projects and CSOs. 19 meetings were facilitated by the Action to increase harmonisation and sharing of knowledge among stakeholders in the 5 clusters. Some Woreda administrative and other line offices were able to integrate family planning promotion with their daily field missions. 183 government officials and RESET II partners were sensitized and committed to mainstream SRH/FP and gender equality in the target area. Those woredas are now able to lead all CSOs working in their woredas and map their activity together.

In addition to this, 26 private clinics are now showing improvement in reporting, documentation and mainstreaming family planning with their routine activities. They are counselling clients and promote family planning in their clinics. They use standard registration book and reporting format.

**B. ACTIVITIES**