



# Progress Report

## Progress Report No.: 4

<b>Contract Number:</b> GZ: 2842-00/2019/Gen Pro/2-L&R/2019
<b>Title of the Intervention:</b> BERHAN - Sexual and Reproductive Health and Rights Initiative in Amhara
<b>Project Period:</b> 01.03.2020- 31.12.2023

### Reporting period:


Reporting period: January 2022 – December 2022.	Report submitted on (date): February 28, 2023. 
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Figure 1: CARE's Emergency Communications Officer, Sarah Easter, with project participants.

## **Acronyms**

BCC- Behavior Change Communications

CP- Child protection

CSC- Community Score Card

EM- Early Marriage

FGC- Female Genital Cutting

GA- Gender Analysis

GBV- Gender-Based Violence

GED- Gender Equity and Diversity

GG- Girls' Groups

GO- Governmental Organization

HQ- Head Quarter

HTP- Harmful Traditional Practice

IGA- Income Generating Activities

M&E- Monitoring and Evaluation

PSEA- Prevention of Sexual Exploitation and Abuse

SAA- Social Analysis and Action

SGBV- Sexual and Gender-Based Violence

SRH- Sexual and Reproductive Health

SRHR- Sexual and Reproductive Health and Rights

TOT- Training of Trainers

VSLA- Village Saving and Loan Association

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## **Summary of the progress of the intervention**

BERHAN – Sexual and Reproductive Health and Rights initiative in Amhara region of Ethiopia is a 48 months-long project implemented by CARE. The initiative targets 32,116 women, girls, men, and boys in rural communities in Estie and Fogera woredas of south Gondar zone, where rates of FGC (Female Genital Cutting) and EM (Early Marriage) are high and government SRH (Sexual and Reproductive Health) capacity/accountability is low. The BERHAN initiative employs a holistic package of evidence-based, community-led interventions to address the drivers of EM and FGC while improving SRH service delivery and rights. BERHAN aims for women and girls to exercise their sexual and reproductive health rights, leading to improved wellbeing.

### **This interim reporting period, the BERHAN project achieved the following highlights:**

- 679 (129 male and 550 female) project participants, out of which 65 (40 female and 25 male ) were PWDs (persons with disabilities), learnt how to start and sustain Income Generation Activities;
- 1,200 female pupils in 12 project intervention kebeles gladly received school materials;
- MHM (Menstrual Hygiene Management) rooms in schools are fully equipped with water tanks (roto), mattresses, bowls, chairs, and other required materials;
- Due to the SAA's (Social Analysis and Action) active implementation and follow-up of their action plan, community members cancelled a total of 265 FGC and 33 EM cases;
- Supervision visits and review meetings with zonal, woreda and kebele level government staff;
- A total of 1,289 (926 female) VSLA group members have taken a loan and could repay them;
- 49 SAA groups were replicated by other members of the community.
- After a consultation with the community, the Community Score Card (Community Score Card) committee facilitated the construction of one classroom and one latrine room in Fogera woreda, and maintained a hand-dug well in Dengolt School, Estie woreda;
- 78 health professionals (24 female and 54 male) in both project woredas learnt about psychosocial first aid and age estimation methods;
- Due to the girls' group discussions, 8 girls who had dropped out of school were able to re-enroll during this academic year.
- 72 talking books are installed and currently being used by 44 SAA and 28 GG (Girls' Groups).
- The production of locally-made sanitary pads started in 12 schools. 105 menstruating girls have already started using them.
- 213 FGC practitioners (in Fogera and Estie woredas) refused to perform FGCs and are acting as role models in the community.
- Religious leaders have been mobilizing the community in their respective congregations, while community leaders and influential persons have further created awareness on FGC and EM through different social platforms.

## Background/context (update)

During this reporting period, the project experienced a heavy rainy season in the country. This impacted the implementation of project activities from July – September 2022 (quarter 3). Among the activities affected by the weather was the supportive supervision visits planned in the Wagera kebele in Fogera woreda, as the kebele experienced flooding from Lake tana. The project activities experienced an additional blow as security concerns grew in the region, which highly occupied government partners. While government officials prioritized managing the security in the region, this negatively affected the functionality of the steering committees the project established. Regardless, BERHAN staff managed to carry out most of the planned activities in close supervision with the actors concerned.

## Stakeholder analysis (update)

This interim reporting period, because of the workload on sectors and stakeholders due to the war in Ethiopia, the project team had to put a greater effort to strengthen partnerships and to engage stakeholders in the project.

**Table 1: Beneficiary reach overview (Please note there is no double counting in this data)**

	Overall target		Planned Jan 2022-Dec 2022		Achievement Jan 2022 - Dec 2022			Cumulative Achievement			
	F	M	F	M	F	M	Pwd	F	M	Pwd	Cumulative Total
<b>DIRECT BENEFICIARIES</b>											
Gate keepers (religious leaders, clan leaders, school principals, key power holders)	160	200	0	0	0	0		116	244	0	<b>360</b>
Community members older than 20 years old (parents, parents in law, grandparents, young adults)	2,000	1,600	0	0	0	0	0	2,385	1,215	200	<b>3,600</b>
Youth aged 15-19 (girls)	1,722		1,200	0	1,200	0	0	3,918	0		<b>3,918</b>

Youth aged 15-19 (boys)	720		0	0	0	0	0	0	720		<b>720</b>
Youth aged 10-14 (girls)	1,878		0		0	0	16	1,878	0	16	<b>1,878</b>
Government partners	38	39	0	0	0	0	0	17	71		<b>88</b>
School girls and boys participating in school sensitization	2,545	1,091	2,545	1,091	2,545	1,091	0	2,545	1,091		<b>3,636</b>
Health care professionals (HEW & HW)	20	10	20	10	20	10	0	32	16		<b>48</b>
School teachers *	28	20	28	20	28	20		48	50		<b>98</b>
Women/girls SGBV survivors	45	0	45	0	0	0	0	3	0		<b>3</b>
Community members (awareness raising)	10,200	9,800	3,200	2,800	2,240	2,250	0	2,600	2,250		<b>4,850</b>
<b>TOTAL</b>	<b>19,356</b>	<b>12,760</b>	7,038	3,921	6,033	3,371	111	13,542	5,657	216	<b>19,199</b>
<b>TOTAL OVERALL</b>	<b>32,116</b>		<b>10,959</b>		<b>9,404</b>			<b>19,199</b>			

## Risk Management

During this interim reporting period, the project assessed potential risks associated with the intervention. The major potential risks identified include the war in the Tigray region and its consequences, as well as the inflation.

Risk Register (risk assessment at the time of reporting)			
Description of the risk <sup>1</sup> (Concrete event, its cause, and possible negative impact)	Likelihood <sup>4</sup>	Possible impact <sup>2</sup>	Risk management measures planned (to reduce either likelihood or impact or both)
The rise in inflation might affect price stability which in turn might have a direct impact on the budget of the project.	4	3	The project prepared a forecast for the coming years taking into consideration the current inflation. If the inflation's impact exceeds expectations, the project will prioritize certain activities in consultation with the donors.
During this reporting period, local government agents focused their attention on the security concerns in the region caused by the war in northern Ethiopia and shifted resources accordingly. In case of a continuation or expansion of the conflict in the coming years, the project anticipates less participation of partners in planning and consultative meetings.	3	2	The project will organize planning meetings with government partners to plan activities together. Based on the meetings, partners are expected to develop action plans to support the project using their specific expertise.
The prolonged inability to access facilities and services and the general crisis caused by the COVID-19 pandemic can still negatively affect the project's ability to gather community members for interventions.	3	1	The project team will continue to follow its COVID-19 crises mitigation measures.

<sup>1</sup> For the purpose of risk management in the context of projects and program, ADA defines risk as the danger of an event occurring that has a negative impact on the achievement of the goals of the respective project/ program, or those of the implementing organization or ADA. For reference, the ADA Risk Catalogue with standard risks that can arise in the context of projects and programs is available online and can be consulted (on a voluntary basis) for the identification and description of risks. (<https://www.entwicklung.at/mediathek/downloads>) <sup>4</sup> Enter a value: (1) very unlikely, (2) unlikely, (3) likely, (4) very likely.

<sup>2</sup> Enter a value: (1) insignificant, (2) significant, (3) major.

An ADA staff guidance on assessing likelihood and impact is available online

(<https://www.entwicklung.at/en/media-centre/downloads>) and can be used on a voluntary basis for this reporting exercise.

## **Lessons learned and perspectives.**

### **Key lessons of this reporting period include:**

- The existing SAA/VSLA groups pro-actively reached out to community members in their surrounding villages to encourage them to replicate the SAA/VSLA model. The groups raised awareness on the importance of saving and discussed the local social norms that exist in their wider communities to inspire local village residents to become active in a SAA/VSLA themselves. Interested persons could then get in touch with the existing SAA/VSLA groups in their vicinity, with SAA facilitators leading the implementation and follow-up with the self-replicated groups. Through the replication of SAA/VSLA groups, other members of the community will get the chance to engage in saving, IGA, and, more importantly, they will be able to join the fight against FGC and EM. These newly replicated groups requested the project to support them by providing materials and input such as VSLA kits and trainings. In case we have budget left, we will provide some or all the required materials to the groups.
- The SAA discussions, the development of their action plans and their subsequent implementation improved significantly, as SAA groups have deepened their understanding on how to implement their action plans to terminate FGC and EM. The quarterly supportive supervision by the technical and anti-HTP committees effectively contributed to the improvement of the action plans' implementation. The committees' evaluation of the action plans and their implementation by the community increased the community's and the CORE groups' commitment to regularly follow up on their action plans. Another contributing factor increasing the commitment was the capacity building training and orientation on the importance of action plan implementation that was provided by CARE Ethiopia's "facilitators for empowerment".
- Seventy-four percent (74%) of all loan takers in the VSLA groups are women, which shows that women are predominantly engaging in IGAs and increase their savings, too. The learning here is that the project's focus on prioritizing women for these activities, as well as the community dialogues and discussions were key to enhancing the meaningful participation of women in IGAs.
- Girls' group discussions have started making a difference in helping school dropouts to re-enroll into school. Our observation is that as these girls participate more actively in the recurring girls' groups discussions, their aspiration and communication skills improve. Moreover, the life skills sessions were significant in increasing the girls' interest to remain in school.
- Some Girls' Groups have not been meeting on a regular basis. The reasons include the high workload girls have at home, and missing motivation. The project plans to introduce a graduation ceremony in the groups to motivate members to keep attending the sessions, and responsibilities will be divided between the mentors and group facilitators to reduce the workload related to the coordination of the groups.
- A total of two hundred thirteen (213) FGC practitioners (120 F) have stopped practicing and are instead becoming role models in the community by refusing to perform the planned FGC



procedures in the community. Monthly dialogues raised FGC practitioners' awareness on the dire consequences of the practice, and their membership in the VSLA groups have provided them with alternative livelihood options. The project engages the (former) FGC practitioners in IGAs through the VSLAs to make up for the loss of income they suffer after ceasing to perform the (evidently remunerated) practice of FGC. Another motivation for them to give up their FGC practice is their observation of group members taking loans and investing in diversified IGAs, proving to them the economic success of VSLA members.

- Religious leaders and community leaders have been mobilizing the community in their respective constituencies and have created awareness-raising sessions using different social platforms. The exposure to the negative impact of such harmful traditional practices (through the group dialogues) convinced the religious leaders to use their position in the community to act as educators and mobilizers for change. A significant learning is that religious leaders play a pivotal role in accelerating these changes given their societal position.
- The CSC has proven helpful in mobilizing resources, increasing accountability, and improving services. For instance, in one of the project's intervention schools in Kidest Hana kebele in Fogera woreda and in Dengolt kebele in Estie woreda, a classroom was built in the school as a result of the first CSC sessions, while in Dengolt kebele of Estie woreda, the community was further mobilized to build classrooms and maintain a hand-dug well.

## **Finance**

The project team submitted a budget revision to ADA, and it was approved. The budget reallocation considered prioritizing activities to be implemented in the coming year by shifting some lines with more budget estimation to the ones that are scarce. The project will need EUR 500.413 from ADA for 2023.

## **Annexes of the Report**

*Annexes of the progress report Annex 1: Matrix with the detailed description of the achievement of outcome and outputs indicators measured against baseline and target values and reflecting the quantitative and qualitative dimension of the achievement.*

## **Annex I Progress Update of Activities**

### **Preparatory Activities (P.A)**

#### **P.A.1: Project launching workshop.**

Completed in the first year of the project.

## **P.A. 2: SNAP (Social Norms Analysis Plot) and gender analysis**

The SNAP and gender analysis have been conducted with the baseline assessment in the first year of the project's implementation.

## **P.A. 3: (1.2.1) Baseline**

The baseline was completed in the first year's implementation period. In this reporting period, the MTR (Mid Term Review) was conducted by the project team and its results have been reviewed and taken into consideration for the adaptations needed for 2023 (Annex II).

## **P.A.4. (1.2.2): Produce picture code for SAA**

The project has advertised a call for interests to hire a consultant for the development of picture codes and audio-visually, and a consultant was hired for the assignment. However, due to a lack of proper expertise on the matter and a subsequent poor result of the draft products, CARE was forced to interrupt and cancel this contract and activity. Given the short remaining implementation time the project decided to progress without these materials.

## **P.A. 5. (1.2.3) Development and implementation of GBV/PSEA monitoring and mitigation plan**

As part of the GBV/PSEA monitoring and mitigation plan, a GBV tracking form and the update of the referral systems/pathways were fully completed. A second round of trainings on the GBV mitigation

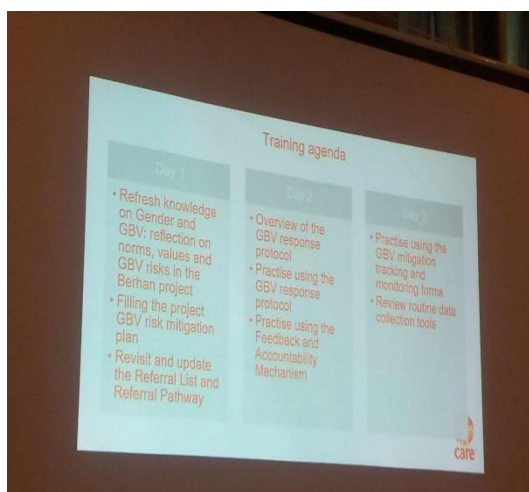


Figure 2: GBV mitigation plan training at Bahir Dar.

plan was organized from June 22- 24, 2022, at Bahir Dar town for 10 BERHAN project staff members and one staff from the CARE WASH (Water, Sanitation, and Hygiene) team (among the trainees were four women). The training's main objective was to refresh staff members' familiarity with the tools of the GBV monitoring and mitigation plan and enable them to apply them in their operational areas, in close coordination with the government structures. The tools and referral mapping have been distributed to the respective kebeles and facilitators. Additionally, BERHAN provided an orientation session to health professionals about

BERHAN's GBV/PSEA monitoring and mitigation plan. The health professionals were provided the orientation as part of their responsibility to mitigate, manage and refer GBV cases. The orientation session constituted an opportunity to introduce the mitigation plan to the respective sector offices, particularly in the health sector, and provided an entry point to connect experts from different sectors to formally and properly track GBV cases. To ensure proper reporting is in place, the project has translated the Feedback Accountably Mechanism (FAM) guide into the local language and is distributing it to the community with an introduction on the reporting structure.

This interim period two GBV cases in the community were reported through the referral system, which the project flagged to the local women and social affairs authority. The authorities are following up with the cases: one case was referred to the Bahir Dar court, while the other is under the woreda-level investigation as the perpetrators are also believed to be minors. The major challenge the project is facing with regard to this activity is the poor follow-up on behalf of the government and health experts handling GBV cases. Guaranteeing that these experts handle complaints and reporting according to formal procedures is one important project aspect that will be prioritized in the coming implementation period. In order to diffuse the confusion regarding the role of local agents (mainly between the justice and the women and social affairs office), the project intends to follow up with review meetings.

#### **P.A.6. Disability Mainstreaming**

The project mainstreams disability inclusion in its activities; during trainings, meetings, supervisions, among others. On top of an assessment and training on disability inclusion, the project mainstreams disability inclusion in its activities, for instance in:

- ✓ Group establishment: the inclusion of disabled individuals in SAA & VSLA groups was one of the criteria for the groups' establishment. They are also accommodated to participate in review meetings.
- ✓ During trainings, disabled people were purposely included in trainings, such as in the inclusion training with zone, woreda and kebele government participants and in the IGA training (among 679 trainees, 65 were people with disability).
- ✓ Inclusion was included as a monitoring element in the checklists used during supervision visits. The questions on the checklist inquire about the status and engagement of PWD, ask about the number of PWD attending and monitor what benefits PWD are getting from their participation. In the last reporting period, it was captured that some groups even changed their meeting location to accommodate PWD based on the responses captured through the checklist.

#### **Impact and Outcome**

Thanks to the results of the mid-term review and based on the project and government staffs' observations on the ground, the project team was able to get a good overview of the outcomes already achieved and challenges that still exist. As the first indicator shows, the percentage of women respondents aged 15-49 years who report making their own informed decisions regarding SRH increased from the baseline 9.80% to 15.7% at midterm. More focus is required on the activities under this indicator to increase that proportion. The mid-term review also found out that women's mobility is still somewhat restricted, which in turn, might negatively affect their access to SRH services and contraceptives. The project proposed to highlight these topics during community debate sessions, especially during parent debate sessions. The project will further ensure that communication materials such as IEC/BCC include messages about women's rights to mobility and to accessing SRH.

Furthermore, the project measured an improvement in equitable attitudes toward women's and girls' sexual agency, which was only at 6.9% during the baseline and increased to 33.7% during the midterm evaluation.

With regards to early marriage, the percentage of community members who think that girls should be married before the age of 18, in tandem, has declined from the baseline value of 18.6% to 0% at midterm. The latter % represents the proportion of respondents that answered they "agreed a lot" that girls should be married before they turn 18. Nevertheless, 62% answered that they "agreed a little" with that statement, which shows us that the communities' stance on early marriage is still variable and needs continued attention. Especially since the economic situation has worsened families tend to marry off their daughters earlier out of financial constraints.

The number of respondents who reported a case of FGC in the midterm review amounted to 205, in contrast to the baseline value of 60. Similar progress can also be reported on the number of respondents who reported cases of EM, with 181 at midterm, in contrast to the baseline value of 77. This progress has been achieved through the recurring dialogues SAA and VSLA groups engage in on FGC and EM. The reflection sessions planned by the groups are essential in encouraging the community to identify and report such cases. In addition to these collective reflections, action plans also played a role in increasing the reports of such cases. Another improvement at household level pertains to the percentage of households who refrained from subjecting their children to EM and/or FGC, which increased from 9.8% and 8.6% at baseline to 38.7% to 42% at midterm, respectively.

### **Output 1**

The percentage of adolescent girls who are empowered to seek information and services related to sexual and reproductive health when they need them increased from the baseline value of 27.1% to 59.9% at midterm. The findings also revealed that out-of-school adolescents have better access to information on reproductive health than their in-school female peers. Thus, to enforce positive change and equip in-school girls with this knowledge, the project will work to strengthen the existing school clubs (girls' or SRH clubs) through trainings or by initiating new school clubs. The percentage of unmarried adolescent girls who report they have the confidence to refuse marriage also progressed from the baseline value of 8% to 94% at midterm. Indeed, the project team observed a change in attitude of the girls who participated in trainings, with increased confidence to express themselves and share their ideas within their girls groups. We will use the final evaluation to have a more nuanced understanding of this indicator and understand in what ways and situations girls feel most confident in. Finally, the work of the SAA groups has also been relatively successful. Within those platforms 120 action plans have been developed by the community against FGC and EM, which contributed to an increase of cases being reported by the community.

**Table 2: cumulative progress of the project impact, outcome and output 1 key indicators as of December 2022.**

No	Indicator	Baseline	Midterm	Target
1	% of women aged 15-49 year who report making their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care (CI Indicator 9 & SDG (Sustainable Development Goal) indicator 5.6.1)	9.8%	15.7%	50%
2	% of gender-equitable attitudes toward women's and girls' sexual agency (CI supplementary indicator GE3)	6.90%	33.7%	42%
3	% of community members who think that girls should be married before the age of 18 (contributes to SDG indicator 5.3.1)	18.6%	0%	5%
4	% of households who refrain from subjecting their children to EM although previously planned.	9.8%	42.2%	70%
5	% of households who refrain from subjecting their children to FGC although previously planned.	8.6%	38.7%	60%
6	# of respondents who report a case of FGC	60	205	180
7	# respondents who report a case of EM	77	181	180
8	# action plans against FGC/EM endorsed by members the Social Analysis and Action groups	0	120	120
9	% of adolescent girls who are empowered to seek sexual and reproductive health information and services when they need them (disaggregated by marital status)	27.1%	59.9%	42%

10	% of unmarried adolescent girls reporting that they have the confidence to refuse marriage	8%	94%	20%
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**Act. Cluster 1:1: Validation of norms and development of training materials**

**4.1.1.1. Baseline/SNAP/Gender Analysis dissemination and validation workshop**

Completed and reported in 2021.

**4.1.1.2. Develop SAA discussion manual, SRH, and life skill training manual:**

During this interim reporting period, the project team discussed with the regional experts to develop an accredited manual in cooperation with the quality assurance team from the regional health bureau, the women and social affairs office and the education bureaus. Therefore, the life skills, SRH and HTP (Harmful Traditional Practices) manual and the SAA manual have been provided to the experts, and the project team already received the review on the first draft. Following the review, the project team considered the feedback, reflections and comments provided by the experts from the regional bureaus. Following their validation, these manuals will receive the required accreditation, which allows them to be used in public structures and will increase its accessibility at a regional level. This promotion is also important to influence other stakeholders and organizations to make use of the manual. In addition, BERHAN has developed a life skills manual for the boys’ groups, using the accredited girls’ group manual as a reference. The BERHAN team contextualized the girls’ group manual to fit to the boys’ groups discussions and stories were developed considering the boys’ circumstances in life.

**Act. Cluster 1:2. Social analysis and action: Orientation, training, and cascading**

**4.1.2.1. Conduct orientation session for community**

Completed in 2021.

**4.1.2.2. SAA TOT training for project staff and government partners**

Completed in 2020.

#### 4.1.2.3. Establish SAA core group at kebele/district level.

Completed in 2021.

#### 4.1.2.4. Provide SAA cascading training for SAA Core groups.

Completed in 2021.

#### 4.1.2.5. SAA cascading training for SAA group facilitators

Completed in 2021.

#### 4.1.2.6. "Talking Books": Pilot for COVID-19 response.

This reporting period, the installation, uploading and deployment of talking books (TB) into the field was completed. Accordingly, 72 talking books were distributed to 28 girls' groups and 44 SAA groups. The project staff provided an introduction to the talking books to girls' mentors (28) and SAA facilitators (44) to inform them on the use of the device. The introduction was provided during the 3<sup>rd</sup> and 4<sup>th</sup> week of June 2022 at the community level. The project team also used this year to look for a solution for the disposal of the devices' batteries, but unfortunately, there is no recycling facility in Ethiopia that disposes of batteries responsibly. CARE Ethiopia keeps all broken devices in a storage room in Addis Ababa, and proposes to collect empty batteries in this storage room for the time being.



Figure 3: Girls listening to prepared HTP audio messages using the Talking Book, Estie woreda, Komets Dengolt kebele.

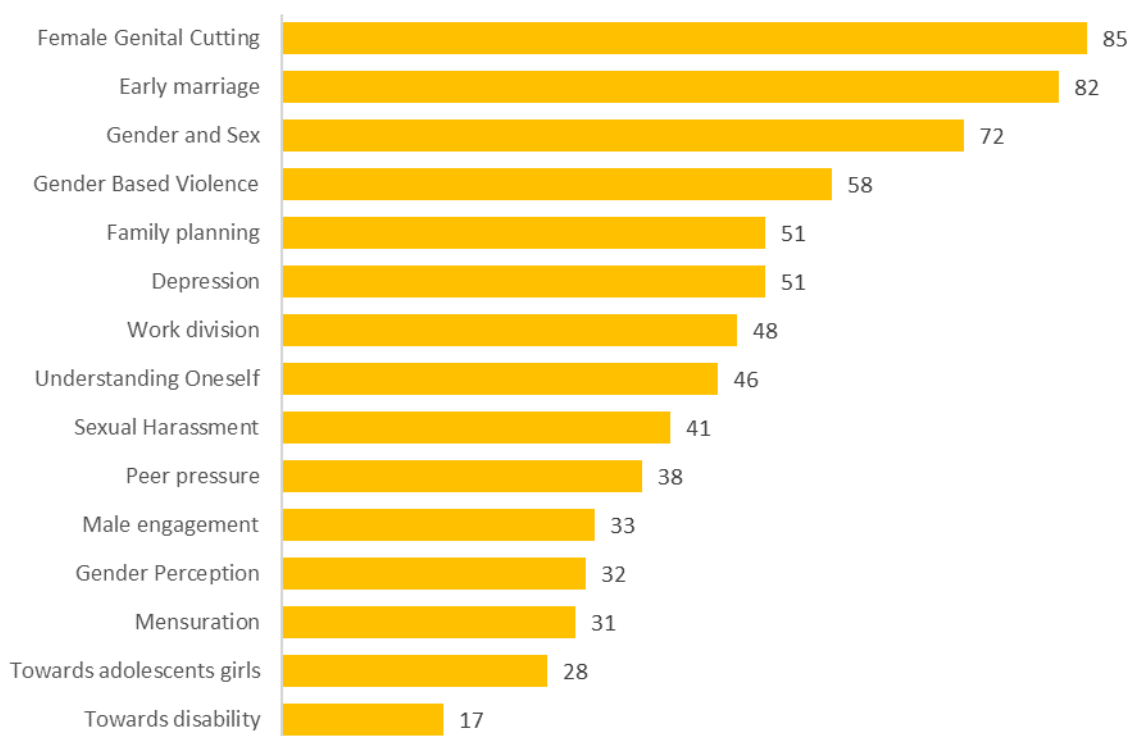
Facilitators played the sessions using the talking books and reached 1,320 SAA members, while girls' mentors reached 840 girls. By now, the talking books seem to play an important role in increasing the group discussions' appeal to the group members, as they motivate them to listen in and discuss issues for a longer period of time than without the TB device.

Usage data was collected for 56 Talking Books to date. The project team is in touch with the Amplio team to enable data collection from all 72 books. After three months of programming, groups listened

to 713 complete messages, for a total of 35 hours of played messages and an average of 38 minutes of listening per talking book. Annex III provides a detailed report on the data collected to date through the TB. Below are some highlights from that report.

The data collected reports on the total number of times each message was played to completion across all 56 talking books (see graph below).

**Figure 2: Total Completions per Message for all Talking Books**



*Figure 4: Data of the talking books' usage*

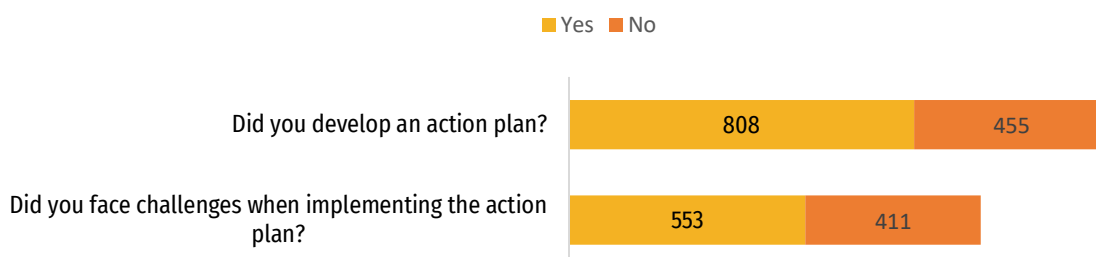
As shown in the table above, messages that have been completed by all 56 devices are on FGC, EM, Gender and Sex, and GBV. Messages that scored the lowest include gender perception, menstruation, adolescence, and disability. The coming year, the project intends to evaluate sessions that have not been completed to make sure other sessions are given as much priority as the FGC and EM sessions.

The BERHAN project used the Talking Book customs survey to gather feedback from the groups regarding their ability to translate group lessons into action plans. The table below presents the survey results using data from 44 talking books. The custom survey also prompted user feedback



recordings, which are discussed in more detail in Annex III. Unfortunately, the quality of the recordings was not ideal and it was difficult to understand everything acoustically. The project team will encourage the groups to record feedback in calm areas.

### Custom Survey Responses



The data above indicates that groups have not developed action plans addressing all topics they listened to (which aligns with the observations from the project team so far that most action plans focused on stopping FGC and EM). The fact that almost 50% of the responses indicated that groups face challenges in implementing action plans is an important information that the project team will be able to follow up on in the final year of the project with the group facilitators and government staff involved.

### **Act. Cluster 1:3. Training of Girls’ Groups on SRH, HTP, and life skills**

#### **4.1.3.1. Provide training for Girls’ Groups on sexual reproductive health and HTP.**

This reporting period, the project provided trainings on sexual and reproductive health and HTP to 1,726 girls in 60 girls’ groups in 6 target kebeles of Fogera woreda. Those trainings were provided considering the different age categories. Accordingly, some topics such as family planning, pregnancy, reproductive body parts, puberty and menstruation were addressed specifically for the 15- 19-year-old age group, in accordance with the advice from the regional education burau. These topics discussed in the 15-19-years age group were not presented in the 10-14-years age group. However, topics related to basic knowledge about SRH were delivered to both age cohorts. The training was provided in a separate training hall to each age group, also a separate manual was developed for this purpose. The trainers were instructed on how to apply a do-no-harm policy while delivering the training. In most cases, experts from the health sector, from the schools’ biology departments and SRH club leaders were deployed to hold the SRH sessions of the training. The other part of the training, concerning gender equality and HTP, was taught by experts from the education and the women and social affairs bureau. The training was delivered at the kebele level using schools and other community centers as training venues. The training modality was

participatory, employing role play, drama, group discussions and reflections. More importantly, the training followed the validated manual and there were daily briefings to ensure the training's quality.

After the training, the government staff asked the girls questions during their supervision visits around family planning, contraceptive use and pregnancy. In one visit the girls were confidently responding to questions such as what family planning is and if they are willing to use family planning to stay in school. One girl specifically explained that she is not comfortable bringing newborn children to school because it does not help her focus, demonstrating her understanding of the importance of family planning. Regardless, the girls also expressed that the community still expects them to have children.

**Table 3: Participants in SRH and HTP training**

S/N	Woreda	Kebele	Girls per kebele/Plan	Girls received training/Achievement	%
1	Fogera	Tiwazakana	300	289	96
2		Zenge	300	288	96
3		Wotenbe	300	264	88
4		Shina	300	300	100
5		K/ hana	300	288	96
6		Wagetera	300	297	99
<b>Total</b>			<b>1,800</b>	<b>1,726</b>	<b>96</b>

#### **4.1.3.2. Provide training for Girls' Groups on life skills' development**

One of the major activities executed in this reporting period is the training provided to girls' groups on life skills development. The project provided the training to 60 girls' groups (1,726 girls attended the training) in Fogera woreda, in six target kebeles from 7 February, 2022, until 21 February, 2022, with each training session lasting three days. The training was delivered at the kebele level using schools and other community centers, such as training halls. The training covered psychosocial risk factors, negotiation skills, decision-making, peer pressure, stress management and other basics life skills outlined in the manual. The training modality focused on participation, with role play, drama and group discussions and focused reflections. The training

used the validated manual, and daily briefings were organized between the project team and the training facilitators to ensure the training's quality.

The training helped girls to acquire skills and knowledge for their self-awareness, self-esteem, negotiation and decision-making skills, and to manage peer pressure and stress. On the third day of the training, an improvement was observed in the girls by the facilitators, particularly in their communication skills and confidence compared to the first day of the training. Most of the girls were actively participating and were able to communicate with the trainers and their peers in the sessions.

After the training, the project team observed that the girls communicate more actively than they did at the start of the project. This was observed during the quarterly supervision visits and regular meetings with their mentors, when the girls were more comfortable to state their ideas and opinions in a public setting. At the beginning of the project, facilitators would encourage girls to speak their minds, but during these post-training visits, the project team observed that girls were even competing to be given the chance to speak. The midterm review confirmed that girls improved their decision-making and negotiation skills when compared to the baseline findings.

**Table 4: Training participants per kebele**

S/N	Woreda	Kebele	Girls per kebele/Plan	Girls got training/Achievement	%
1	Fogera	Tiwazakana	300	289	96
2		Zenge	300	288	96
3		Wotenbe	300	264	88
4		Shina	300	300	100
5		K/ hana	300	288	96
6		Wagetera	300	297	99
<b>Total</b>			<b>1,800</b>	<b>1,726</b>	<b>96</b>

#### **4.1.3.3. Train community mentors to support the Girls Groups (on SRH and life skills)**

This reporting period, the project provided refresher trainings to 35 female mentors from June 6–10, 2022, at Debretabor town. The training was facilitated by the project team with the main objective of familiarizing the girls' mentors with the revised and accredited SRH, life skill and HTP girls' group discussion manual contents, and to strengthen their facilitation and communication skills. The methodology of the training was interactive and practical, where each mentor presented and facilitated a session through role play. After each discussion, participants raised questions, commented on the discussion, and exchanged



*Figure 5: Mentors' training on facilitation skills in practice at Debretabor on June 6, 2022.*

ideas. At the end of the training, the trainees evaluated the training as helpful, having acquired new knowledge and learnt proper facilitation skills from each other. The training facilitators observed that most of the mentors' facilitation skills and confidence improved over the course of the training.

The training also created room for participants to evaluate themselves on areas which need improvement for future facilitation sessions. Mentors reflected on challenges too, such as the heavy workload they face at home which forced them to minimize mentorship sessions from 4 to 2 per month. The distance between their home and the GG's meeting place poses an additional challenge, as one mentor is expected to lead up to 3-4 groups per kebele. These challenges made it difficult for mentors to collect data from the groups on a regular basis and follow up as per the needs of the groups. A recommendation they made is to re-evaluate the roles and responsibilities of mentors. In the coming year, the project team plans to provide refresher trainings to the girls' group facilitators so that they can support the mentors and take over some of their responsibilities as well. At the upcoming quarterly meeting, the project team will provide the required support to the mentors as well.

#### **4.1.3.4. Print Government Puberty Book for girls.**

Completed in 2021.

#### **4.1.3.5. Support Package for girls' mentors:**

Most materials were procured and delivered at the end of year 2, however the procurement process of some remaining materials (such as umbrellas and bags) is delayed due to the increasing costs. The project team was advised to compare prices from multiple vendors and only move forward with the purchase when they can buy them at a reasonable price.

#### 4.1.3.6. Training for boys' groups on SRH and HTP

The BERHAN team contextualized the girls' groups' life skills, HTP and SRH manuals to fit to the boys' groups' context. Based on the newly contextualized material, the project conducted a training in all its intervention kebeles for a total of 24 groups. The training was conducted in multiple rounds on October 22-24, 2022, October 28-30, 2022, and November 4-6, 2022. A total of 716 boys participated in the training and will start to conduct their own discussions that will be supported and followed up on by the government and project staff in 2023.

#### 4.1.3.7. Support (materials and tutorials) for marginalized female pupils.

The project team and the government partners held discussions with kebele core group members, school principals and teachers on how to select students for scholastic material support and identify their priority needs. School directors and core group members took the lead in identifying the most marginalized female pupils and agreed to conduct a small assessment with the female students. Correspondingly, the assessment was conducted in 17 schools with the participation of 671 selected students as presented in the table below.



Figure 6: Students' discussion for a needs assessment for school materials at Berkut School, June 2022.

**Table 5: Number of Students participating in the school-based material needs assessment by the kebele and schools, May and June 2022**

Need Assessment (Respondents per school)			
S/N	kebele	Schools	Number of students who participated in the needs assessment
1	Shina	Shina General primary school	46
2	Kidist Hana	Kidist Hana General primary school	25
3	Kidist Hana	Sertie General primary school	81
4	Wagetera	Eshet general primary school	22
5	Wotneb	Wotneb general primary school	43
6	Tiwuha zakana	Workmeda General primary school	26
7	Zenge	Zeneg General primary school	30

8	Dengolet	Dengolet & Zenja general primary school	<b>18</b>
9	Debreselam	Tinbika general primary school	<b>80</b>
10	Debreselam	Digie and tach media Gote	<b>50</b>
11	Debreselam	Digie	<b>20</b>
12	Berkut	Kut general primary school	<b>26</b>
13	Berkut	Ber General primary school	<b>25</b>
14	Berkut	Berkut kebele center	<b>27</b>
15	Genamemicha	Genamemicha general primary school	<b>80</b>
16	Denbaquasaye	Denba general primary school	<b>32</b>
17	Komestabeja	Kometse General primary school	<b>40</b>
		<b>Total</b>	<b>671</b>

Based on the assessment, the procurement was conducted and school materials were distributed to 1,200 selected female pupils in all 12 kebeles in both project intervention woredas. The materials distributed per female student include one English language dictionary book (110,000 words), 16 exercise books and 10 pointed pens per student. When the project team delivered those materials to the students, their reaction was astonishing.



Figure 7: At Estie woreda, Genamemcha kebele, girls receive their school materials.

The woreda communication affairs office has posted on their social media account about the support BERHAN provided, where they have more than 12,000 followers<sup>3</sup>.

<sup>3</sup>[https://m.facebook.com/story.php?story\\_fbid=pfbid02KpnWAd7LzfmhDss4uKEcawYAPZW9GwMqL53auqJMeaq4tiJfCJ4a7KV9RjhYrNAXl&id=100002473748120&sfnsn=mo&extid=a&mibextid=vwxlGF](https://m.facebook.com/story.php?story_fbid=pfbid02KpnWAd7LzfmhDss4uKEcawYAPZW9GwMqL53auqJMeaq4tiJfCJ4a7KV9RjhYrNAXl&id=100002473748120&sfnsn=mo&extid=a&mibextid=vwxlGF)

## **Act. Cluster 1.4. Participatory review meetings, supervision, and class learnings**

### **4.1.4.1. Conduct quarterly supportive supervision.**

BERHAN organized joint supportive supervision and review meetings every quarter. Conducting supportive supervision at the kebele level jointly with the woreda and zonal technical steering committee is vital to gain a closer look of the project's implementation and effect at the grassroots level. Different sector heads were members of the supervision team, which comprises the heads of health, education, finance, administration, chief administration, communication, religious leadership, justice, cooperatives, police, women, youth, and children's affairs.



*Figure 8: A team visiting a BERHAN SAA/VSLA group at Fogera woreda, Zeng kebele, on June 26, 2022.*

**Table 6: Demography of participants in the supportive supervision.**

	Woreda-level, zonal and regional participants	Number of experts		Number of Heads		Total
		Male	Female	Male	Female	
1	Estie	9		12	1	<b>22</b>
2	Fogera	7	1	9	1	<b>18</b>
3	Zonal	5	2	10	1	<b>18</b>
4	Regional	3				<b>3</b>
	Total	24	3	31	3	<b>61</b>

The supportive supervision visits were participatory, allowing community and target groups to speak about the change they brought about, with group discussions in a standard sitting arrangement. The project team encouraged the participants of the visit to document their findings by using an open-ended checklist, by conducting interviews with participants/targets, and by adding a description of their observations in their notes. In addition, every visiting team member was invited to provide feedback to the people they talked to. Some of the observations included the following: the visiting team saw changes in SAA groups at a personal level, such as an increase in income and in women's confidence to speak in public on their rights, including persons with disability attending public meetings. Group members were able to clearly identify and speak about power relations, signs of poverty and gender equality, in particular the division of labor. Besides, there is a change in most participants' attitude towards early marriage and FGC. However, the visiting teams also identified some gaps in the

development and monitoring of action plans by the groups as per the minimum standard of the manual, with more skill-building needed in this regard. This has not stopped the groups however to work towards stopping planned FGC and EM cases in their communities, which seems to be becoming easier for the groups over time. Contributing factors to the latter success includes the group members mastering communication and negotiation skills and their willingness to teach their neighbors about the harmfulness of FGC, using Idirs, Equibs and other social gatherings to raise the awareness of other community members. Group members are also actively screening women who delivered a baby in their surroundings and circles, then work together to convince parents and guardians of single mothers to refrain from performing FGC on the baby. The zonal and woreda-level government partners took ownership of monitoring the progress in this regard which also enhanced the SAA group members' engagement over time.

The first quarterly supportive supervision and review meeting with the zonal and woreda-level government partners was held in 12 target kebeles on March 29, 2022, in Estie and Fogera woredas at the same time. Following this field supervision, a meeting was held in Woreta town on March 30, 2022. The second supportive supervision visits took place in eight kebeles among the 12 operational kebeles from 25-26 of June, 2022 with twenty-three (23) zone and woreda-level technical experts. Immediately after the supportive supervision was completed, a review meeting was held from 29-30 of June, 2022, at Addis Zemen town, with the zonal and woreda-level project steering committee members present. Sixty-four (64) participated in the review meeting.

During the second visit the supportive supervision team reflected with SAA core group members in 8 kebeles about their monthly discussions on selected topics from the SAA discussion manual. They talked about the group members' commitment to spread messages on the impact of social norms change on their community using different platforms: for instance, religious leaders managed to teach and create awareness on harmful practices in their respective churches. Additionally, core group members (as per the bylaws) supported SAA/VSLA groups in their respective villages, by assigning three core group members to one group. As a result, core groups were effective in managing group conflicts and ensuring that VSLA loans are returned on a timely basis. This resulted in improving the groups' functionality and cohesion.

All the groups so far have discussed topics including family planning, their vision and life goals, early marriage, female genital cutting, gender-based violence, puberty, household decision-making, disability, power relations, women's participation in household financial decision-making, the division of household chores, and gender equality. During the reflection sessions, it was observed that, as a result of the work already performed by the project, the groups



Figure 1: Community meeting in Estie woreda, May 2022.



i) learned how to solve conflicts within the group and ii) increasingly respected each other's opinions. One member of Workamba SAA/VSLA group in Berkut kebele of Estie woreda proudly reflected on a change in her life thanks to being involved in the discussions. This participant expressed that her decision-making power on finance-related issues in the household significantly improved, as she can decide how much to save, where to invest and what to purchase. She was able to cover all school material needs for her children and became a role model in her village with regards to equally allocating small household chores to her male and female children in the house. She also stated that she understood the impact of harmful practices and felt prepared to fight against any HTP that should take place in her community.

The key challenge presented by the core group members was their difficulty of holding the monthly meeting with all members' participation. The members elaborated on the various reasons for their absence, including social issues, health problems, overlapping personal priorities and the like. The supervising team provided directions for the groups to strictly apply their bylaws, which includes small cash penalties (5 to 10 ETB) if members are absent on three consecutive meetings or consistently come late without notifying the group facilitators in advance.

For the 3<sup>rd</sup> visit, zonal and woreda-level technical experts went to both intervention woredas from October 3-4, 2022. The supervision team was comprised of representatives from the health, women, children, and social affairs, education, communication, justice, cooperative, police, administration, and finance offices both at the zonal and woreda level.

The team observed the girls' groups and SAA and VSLA discussions, while the groups reflected on their achievements, progress, and challenges. The team concluded that all visited groups show remarkable results in fighting against early marriage, FGC, and harmful traditional practices in their respective kebeles and villages. They have continued raising awareness using different platforms together with religious leaders in their respective churches. Observations revealed that some groups are more advanced in making their village free from EM and FGC, as they work with community structures including house to house orientation with religious leaders and community gatherings. The most active groups were found to have particularly competent community SAA facilitators. Furthermore, both the project teams' and the supervision teams' observations confirmed that women were participating more than some of the male members- which could be a result of the project empowering women and/or targeting more women in number. Another major change the team observed and appreciated is that SAA/VSLA groups started replicating groups in their villages for those interested in joining and forming SAA/VSLA groups themselves. As the group members reflected, many members of the community were requesting them to be part of their group, and as a result, they motivated them to create their own platforms. The project's SAA facilitators took the lead in introducing newly established groups on the development of their bylaws, and on the process for group discussions and action planning. The third quarter's supportive supervision attracted media coverage by the zonal communication team's facebook page, a page with 37,000 followers which constitutes the most actively engaged page in the south Gondar zone.

The fourth supportive supervision was conducted on November 25, 2022, in all intervention kebeles. The team comprised zonal and woreda-level Anti-HTP committee members who visited and supported the kebele-level core groups. During the visit, the team observed changes brought about by the SAA group discussions, the VSLA groups' saving and loan administration and regarding women's participation in IGA.

#### 4.1.4.2. Conduct monthly review meetings with SAA Facilitators

This reporting period, in most of the target kebeles, SAA facilitators have been conducting their regular review meeting with core group members once a month, giving them the opportunity to review their monthly progress, changes, challenges (some conflicts related to early marriage cancellation) and solutions (discussion and negotiation-based agreements to cancel the proposed early marriages and FGC) to the challenges faced. The review meeting has helped core group and SAA members to work hand in hand to cancel arranged early marriages and terminate the planned FGC cases in the community.

**Table 7: Monthly review meeting with SAA facilitators and core group members (average attendance data)**

S.N	Kebele	Sex of Core Group Participants		Sex of SAA Facilitators		Total
		Male	Female	Male	Female	
1	Shina	37	17	27	18	<b>99</b>
2	K/Hana	31	13	20	17	<b>81</b>
3	Wagetera	N/A	18	24	22	<b>92</b>
4	Tiwaza Kana	14	13	21	15	<b>63</b>
5	Zenge	26	22	23	24	<b>95</b>
6	Wotenb	17	22	23	21	<b>83</b>
7	G/memecha	28	22	24	27	<b>101</b>
8	Komets	35	25	20	23	<b>103</b>
9	Demeba	53	26	27	26	<b>132</b>
10	Dengolt	43	16	26	23	<b>108</b>
11	Berkut	51	24	27	26	<b>128</b>
12	Debere selam	42	17	27	21	<b>107</b>
<b>Total for 12 Kebeles</b>		<b>405</b>	<b>235</b>	<b>289</b>	<b>263</b>	<b>1,192</b>

Below is an example of the documentation of an SAA group in Zeng kebele, Fogera woreda, who reached an agreement and designed an SAA action plan to work on early marriage and FGC to be

taken forward by every member of the group and records meeting minutes with the members' signatures.

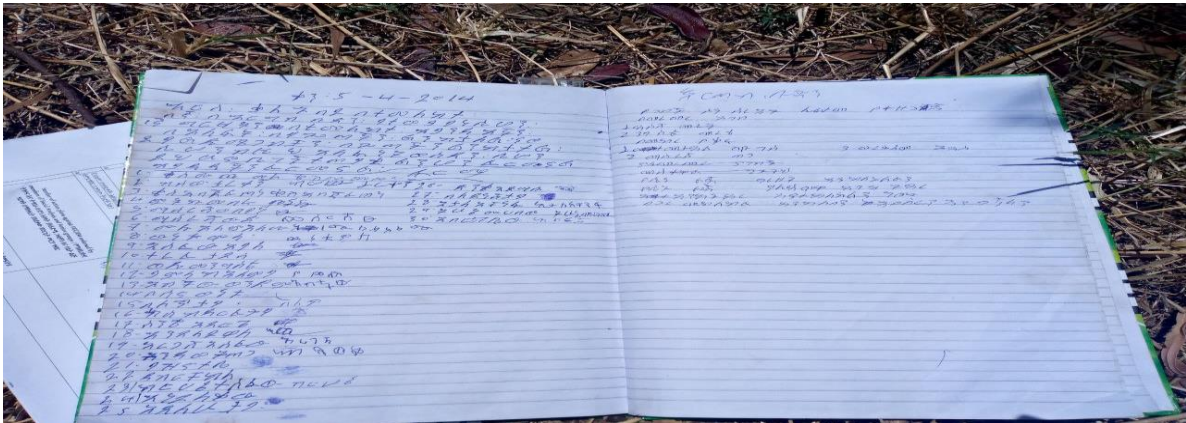


Figure 10: SAA action plan to work on FGC termination and early marriage cancellation with the minutes of the group meeting in Zeng kebele, Fogera woreda, Ergib group, March 29, 2022.

Some of the gaps identified during the meeting included some members being unable to actively attend monthly review meetings, some core group members being unable to fulfill their roles and responsibilities, poor documentation of meeting minutes and reports at the kebele level, and some members not abiding by the bylaws drafted by the groups. These challenges were discussed and core group and SAA group members agreed on solutions and will hold each other accountable.

#### 4.1.4.3. Organize cross learning visits among SAA/VSLA groups.

The project had planned to organize cross learning visits during 2022, however, the government's engagement is critical for this activity and government officials could not attend due to competing priorities from their side. This activity is, therefore, only now in the process of being organized.

#### 4.1.4.4. Conduct quarterly review meetings with the Girls Groups/mentors.

This interim reporting period, the BERHAN project organized review meetings with girls' group mentors twice. The first review meeting was conducted from October 20-21, 2022 for two days. 35 mentors participated in the review meeting and presented their activities' status, lessons, achievements, best practices, and challenges encountered.

The review meeting revealed that most mentors were able to attend girls' group discussions, (co-) lead their sessions, and that they observed girls' attitude changing over time with regards to their confidence and communication skills. One lesson learnt was that because of the physical distance between GG's location, mentors were struggling with logistics and safety- which the project team tends to solve by providing more skill support to the GG facilitators. Moreover, the rainy and

harvesting season made it inconvenient for the groups to meet. As a result, the meeting schedule was changed to a bi-weekly setup. The mentors further learnt that girls aged 10-14 years participate more often than those aged 15-19 years, because the mentors facilitate the discussions in the first group directly while in the second, the mentors only monitor while peers (GG facilitators) facilitate the discussions. As a result, the project team recommended the mentors to facilitate discussions with GG facilitators for the 15-19 age group.

The second review meeting was conducted on December 24, 2022, with 27 mentors. An improvement of the mentors' facilitation and presentation skills was visible during this meeting. The absentees included 5 mentors who dropped out, for reasons including relocation to another place, engagement in another activity, and overload with their day-to-day occupation. The project will invite other girls who want to become mentors and will connect the SAA facilitators with the girls' mentors so that they can support them in their facilitation role. The girls' mentors will also be invited to join the SAA and core group members' cross-learning and review meetings to learn from their adult peers.

#### **4.1.4.5. Training on Ethiopian legal framework on HTPs and GBV for Anti HTP**

The training on Ethiopia's legal framework was conducted from July 22-24, 2022, in Bahir Dar. A total of 40 (11 female) HTP experts attended the training. The objective of the training was to capacitate or create awareness for the HTP technical committee members on Ethiopia's criminal and revised code that prohibits FGC, legal consequences for practitioners, national family law, and laws on rape, abduction, gender-based sexual exploitation and harassment. The HTP committee members also joined zonal and woreda-level experts during their supervision visits of the project and review meeting. They developed a sectoral plan of action on raising awareness for women's empowerment to bring about attitudinal change in the community, as well as strengthen health care support, enforcement of the law, budgeting, and sector coordination.

### **Act. Cluster 1.5: Behavioral Change Communication and involvement of role models**

#### **4.1.5.1. Produce video/photovoice/case story**

The project finished the onboarding of consultants with the desired experience on producing high-quality video material and pictures. The project developed a filming plan selecting locations to capture stories after consultation with both the local and regional communication teams. The consultants have already returned from the filming trip and the project team expects the first draft to provide their inputs and comments.

#### **4.1.5.2. Role model identification and recognition at community events**

This activity has been postponed to 2023 due to unavailability of government partners.

#### **4.1.5.3. Establish and support early adopters groups**

This activity has been postponed to 2023 due to unavailability of government partners.

#### **4.1.5.4. Organize market square event/video display**

BERHAN has been working on the preparation of IEC/BCC materials that can be used for market square events and video displays which consultants are about to finalize. Pilot testing of the draft products was conducted, with comments and suggestions handed to the consultant. Materials such as Montaribo (sound amplifier) and LCD projectors have already been procured, while the actual display on the market square will start in 2023, immediately after the video editing process is completed.

#### **4.1.5.5. Organize community public debates and demonstrations of positive behavior**

The project team has developed a public debate and demonstration guide that can help the market square event to be moderated by the zone and woreda-level education bureau experts in a standardized manner. Topics were defined in alignment with the project's priorities in consultation with the school principals. Using the debate guide, the selection of discussion topics, debate sites and group selection for the debate is ongoing. One public debate session was conducted on June 6, 2022, with a total number of 40 participants (8 female). School directors, teachers, and woreda education experts from Estie woreda participated. The issues of debate focused on male students' engagement on MHM at the school level. Actual problems and challenges of male students' attitude towards MHM were reflected upon with the participants, as well as local health practices regarding MHM, mentioning an example of their school context. The moderator concluded that efforts are required to maximize male students' involvement in different ways, such as including them in the school health /MHM clubs and in the production of local sanitary pads.

### **Act. Cluster 1.6. Sensitization of teachers and school clubs**

#### **4.1.6.1. Organize and strengthen school clubs**

Completed in 2021.

#### **4.1.6.2. Training and theater development for school clubs on HTPs (Harmful Traditional Practices), gender, and life skills**

As a result of the theater training, teachers organized drama-based theater on HTPs in the school compounds. During the bi-annual parents and teachers' advisory (PTA) meeting, theatrical poems on MHM were presented during break sessions.

#### **4. 1.6.3. Refresher training on HTPs, gender, and life skills**



*Figure 11: Trainees' group exercise on the challenges observed.*

During this reporting period, a refresher training on HTPs, gender and life skill was organized for two days, from December 31, 2022, to January 1, 2023, in Debretabor. Forty-nine (49) (eighteen (18) female) participants attended the refresher training from 12 targeted intervention schools. In the training, menstrual hygiene management; the role of schools in the fight against harmful traditional practices; the roles and challenges of the school environment, particularly on the reporting and cancellation of early marriage cases; school clubs' status and their role in building pupils' life skills were among the major topics that were presented and exercised. At the end

of the refresher training, an action plan was developed by each group to improve their school, to work with the SAA core groups, implement the Community Score Card (CSC) in their school and strengthen the referral systems for SGBV cases. To improve the feedback mechanism's practicality, suggestion boxes were installed in the schools. So far, only one feedback was provided in one of the suggestion boxes. Each box is monitored by a committee, comprised of one principal and three teachers.

#### **4.1.6.4. Training for teachers on school health packages, gender, and life skills**

Completed in 2021. After this training has been delivered to the teachers, the teachers cascaded the training to the girls' groups. 120 girls' groups received the cascaded training by the teachers.

#### **4.1.6.5. Refresher training for teachers on school health packages, gender, and life**

Due to time constraints, this activity had to be postponed to 2023.

#### 4.1.6.6. Training for teachers on the preparation of locally-made sanitary pads.



Figure 12: Demonstration of the locally-made sanitary pad preparation training.



Figure 13: Practice on the preparation of locally-made sanitary pads, March 7, 2022.

A training for teachers on the preparation of locally-made sanitary pads was provided. The training was conducted from March 3-7, 2022, in Bahir Dar. A total of 36 participants (14 female) from 12 BERHAN-targeted schools, including school principals, mini media club leaders, SRH club leaders and gender club leaders received the training.

The training was both theoretical and practical, as it equipped participants with the knowledge to produce locally-made sanitary pads using local resources. At the end of the training, all participants produced sanitary pads, presented their work, reviewed and received comments from trainers and their colleagues, and were ready to immediately start pad production in their schools.

The training included a pre- and post-tests on the general understanding of menstrual hygiene management. The figure below demonstrates the results:

No	Code	Pre test	Post test	Remark
18	018	75	100	
19	019	75	100	
20	020	80	100	
21	021	75	100	
22	022	40	100	
23	023	45	100	
24	024	65	100	
25	025	60	100	
26	026	55	100	
27	027	70	100	
28	028	80	100	
29	029	65	95	
30	030	65	100	
31	031	65	100	
32	032	55	100	100
33	033	50	100	
34	034	60	100	
35	035	75	100	
36	036	75	100	
37	037	85	100	
38	038	90	100	
39	039	60	100	

No	Code	Pre test	Post test	Remark
1	001	65	100	
2	002	50	100	
3	003	45	100	
4	004	60	100	
5	005	60	100	
6	006	50	100	
7	007	70	100	
8	008	80	100	
9	009	55	100	
10	010	45	100	
11	011	80	100	
12	012	60	100	
13	013	65	100	
14	014	80	100	
15	015	65	100	
16	016	65	100	
17	017	65	100	

Figure 14: Pre and posttest on locally made sanitary pad preparation.

#### 4.1.6.7. Production of locally-made sanitary pads by students.



Figure 15: Girls during the production of locally-made sanitary pads in Tiwazakana kebele, Fogera woreda.

Using the local resources and skills received from the training, teachers and students started producing pads. Targeted schools further offered awareness creation and an introduction on the production of locally-made sanitary pads. The table and figures below offer detailed information:

**Table 8: Schools engaged on locally-made sanitary pads and # of locally-made sanitary pads produced.**

S.N	Kebele	School Name	# of locally-made sanitary pads produced	Number of students who use locally-made sanitary pads
1	Dengolt	Dengolt/p/school	20	16
2	Berkt	Berkut/p/school	40	30
3	Debereselay	Debereselay/p/school	10	12
4	Gena memecch	Gena memecha	8	5
5	Denba qwasaye	Denba	20	15
6	Komts abeja	Fasilo	16	6
7	Shina	Shina	35	30
8	Kidsthana	Kidsthana	15	5
9	Wagetera	Wagetera	17	7
10	Tiwa	Workmeda	22	20
11	Zeng	Zeng	23	16
12	Wotenb	Wotenb	37	6
	<b>Total</b>		<b>263</b>	<b>168</b>



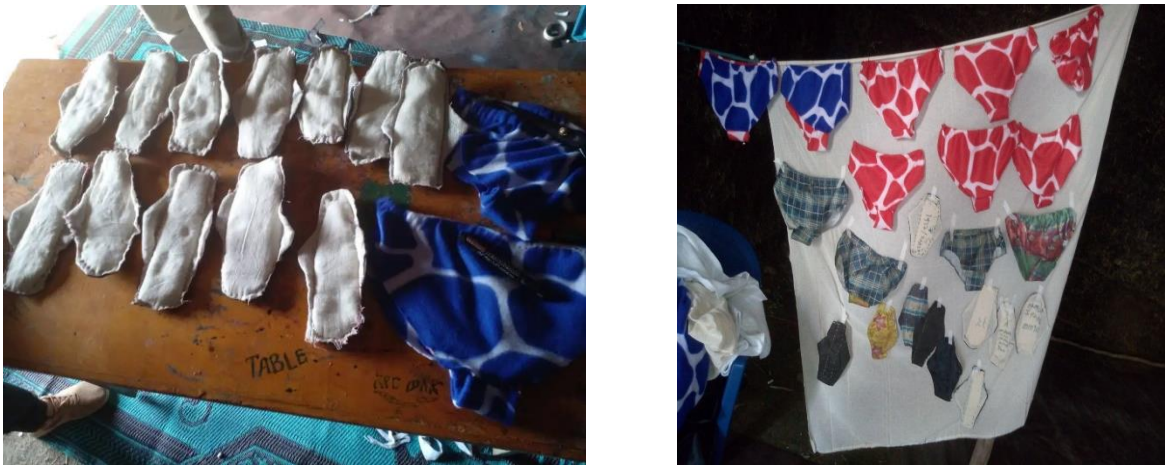


Figure 16: Locally-made underwear (left), sanitary pads (right), in Zeng Kebele, Gera woreda, May 2022.

#### 4.1.6.8. Bi-annual review meetings with teachers

The biannual review meeting with teachers has been organized twice. In the first bi-annual meeting, 47 (12 female) participants attended school principals' presentation of their performance, best practices, challenges, and action plans. All 12 schools arranged and strengthened their MHM rooms, strengthened their SRH and mini-media clubs to be more functional, and provided orientation to students on how to make sanitary pads using locally available materials. As the report shows, the utilization and production of locally-made sanitary pads is in substantial progress. Challenges raised during the review meeting include that 6 schools have no adequate access to water that can help them improve MHM. As a result, the maintenance of a school water point was recommended. As a way forward, additional MHM materials will be supplied to furnish the MHM rooms and maintenance assessments will be conducted for those schools with malfunctional water schemes. Furthermore, the project will supply water treatment chemicals to schools' water schemes/sources treatment.

The second bi-annual review meeting was conducted on December 30, 2022, in Debretabor. During this review meeting, school principals presented the performance of their schools compared with the previous bi-annual performance status. Some schools, such as *Shina* from Fogera woreda, show significant improvement in establishing well-organized MHM rooms, and in raising students' awareness about menstrual hygiene management. In 2023, the teachers want to increase the production of sanitary pads for pupils to improve the quality of the products and for any leftovers not needed by the pupils to be made available to girls in the wider community.

#### 4.1.6.9. Print and distribute government school health package manuals:

Completed in 2021. The already printed manuals have been distributed to the education office so that government schools can access the manuals.

#### 4.1.6.10. Produce IEC/BCC materials on SRH/HTPs

A consultant is on board conducting field visits and developing draft materials following the consultation with the community. In the coming quarter, the materials will be ready for use after a pre-testing with selected community members.

#### 4.1.6.11. Establish Menstrual Hygiene Management rooms.

MHM rooms in all schools will be equipped with water tanks, mattresses, towels, and chairs through the project. The procurement and distribution has been finalized. There are some differences from school to school with regard to the rooms' size, as in some schools a separation to give more privacy is sometimes not possible because the rooms are too small and others even have separate rooms for the sanitary pad production. One of the woreda communication facebook pages posted about the equipment of MHM rooms alongside female pupils' scholastic materials distribution.

### **Output 2. Increased ability of marginalized community members (and FGC practitioners who abandon the practice) to generate an income and save money.**

The results under output 2 are promising. The project recorded that 213 FGC practitioners stopped practicing FGC in the intervention kebeles. Respondents from FGDs and KIIs mentioned that FGC practitioners ceased to practice FGC after receiving awareness creation and IGA training sessions. With regards to financial decision-making processes in the households, the mid-term review shows that 78% of the women aged 19-49 and 37% of the married adolescents aged 14-18 are now participating more equally. The qualitative in-depth interview findings also support the finding that the division of labor and household decision-making is more equal. However, a significant number (31%) of married adolescents aged 14-18 reported that they did not equally participate. Finally, female members of VSLAs have also been increasingly able to save money and contribute to the groups' saving activities. The project team assumes that given that a number of VSLA members took out a loan and invested these amounts into IGAs, they were more easily able to save over time.

No	Indicator	Baseline	Midterm	Target
2.1	# of FGC practitioners in targeted kebeles who reduced or stopped the practice of FGC	69 <sup>4</sup>	213	120
2.2	% of women aged 15-49 years participating in a	42	64.7	80

<sup>4</sup> Who stopped or reduced the practice within the last year

	<b>VSLA who report they can equally participate in household financial decision-making (disaggregated by vulnerability)</b>			
2.3	<b>% of women aged 15-49 engaging in VSLA who increased their savings</b>	N/A	91	100

**Act. Cluster 2.1: Village Savings and Loan Association (VSLA) training and distribution of VSLA kits**

**4.2.1.1. VSLA TOT training**

Completed in 2020.

**4.2.1.2. Support and follow the formation of VSLA groups.**

The project is following up with the VSLA groups, after several dropouts in 2022. A total of 341 members have dropped out of the VSLA membership, mostly due to security issues (men who were called to participate in the war). Some members relocated due to their increasing economic demand and some members canceled their membership due to individual conflicts of interest. As of now the groups are still functioning well, even though the number of members reduced for some of them. Nevertheless, the project team discussed with the groups that newcomers who want to join the group can be included as members.

**4.2.1.3. Provide VSLA cascading training.**

Completed in 2021.

**4.2.1.4. Procure and distribute VSLA kits**

Completed in 2021.

**4.2.1.5. VSLA training for the Girls Groups**

BERHAN provided a training on VSLA methodologies and practices to 120 girls' groups. Out of the 3,600 GG members, a total of 3,433 (95.4%) completed the VSLA training in 12 kebeles.

**Table 9: Demography of participants from VSLA training**

S/N	Woreda	Kebele	GG members Per Kebele (Plan)	GG members who took the VSLA training (Achievement)	
				# of members who took the training	Date of training
1	Estie	Dengolt	300	286	March 19-21, 2022
2		Berkut	300	273	March 25-27, 2022
3		Debreselam	300	266	March 25-27, 2022
4		Genamemicha	300	289	March 19-21, 2022
5		Denbaquasaye	300	286	April 2-4, 2022
6		kometseabeja	300	280	April 2-4, 2022
7	Fogera	Tiwazakana	300	298	March 19-21, 2022
8		Zenge	300	291	April 2-4, 2022
9		Wotenbe	300	267	April 2-4, 2022
10		Shina	300	299	March 19-21, 2022
11		K/ hana	300	298	March 25-27, 2022
12		Wagetera	300	300	March 25-27, 2022
<b>Total</b>			<b>3,600</b>	<b>3,433</b>	

#### 4.2.1.6. Provide VSLA kits to the Girls' Groups

The necessary VSLA kits were distributed to 120 girls' groups, consisting of: a saving box with double lockers, three types of plates, a registration book and passbook.

**Act. Cluster 2.2: Income Generating Activities, livelihood support and linkages to financial institutions.**

**4.2.2.1 Training on Income Generating Activity (IGA)**



Figure 17: IGA SPM ToT training, Bahir Dar, September 2022.

BERHAN provided the TOT from August 13-17, 2022, to 28 (8 female) zone and woreda-level experts from the cooperatives office, women, children and social affairs bureaus, and livestock and agriculture sector office. The training covered IGA selection, planning and business management and practical exercises on IGA selection. It included theoretical and practical skills, methods and approaches on how to engage in IGA, the selection criteria of an IGA, how to manage selected IGAs, as well as the principles of the market. Different goods were purchased for

the training’s purpose and distributed to the trainee to be used during their cascading training. After the TOT was completed, all trainees were provided with a certificate for their successful completion of the 5-days training.

After the TOT, BERHAN organized an IGA-SPM cascading training for 679 (129 Male and 550 female) VSLA members, who have been engaged in IGAs in 12 kebeles. The training took place in two rounds: First round between August 25 – 28/2022 in both Woredas and second round between September 1-4/2022 and 2-5/2022 in Estie and Fogera, respectively. The training participants selection was made based on the target beneficiary’s’ active participation in VSLA groups and loan activities, but also based on other factors, including if they have a disability or are FGC practitioners who want to stop the practice. Women and persons with disabilities (65) constituted 70% of the training participants.



Figure 18: IGA cascading training, Fogera woreda, Woreta, August 2022.

During the training, participants were exposed to the required skills and experience on starting IGAs, developed a business plan based on the market and their individual interest. The project plans to

support the members on their business plan integration during the VSLA quarterly supervision visits planned in the coming implementation year.

#### **4.2.2.2. Provide livelihood support**

This will be implemented in 2023.

#### **4.2.2.3. Training on linkage/access to formal financial institution**

This will be implemented in 2023.

#### **4.2.2.4. Support to newly established cooperatives**

This will be implemented in 2023.

### **Act. Cluster 2.3 Participatory review meetings and supervision**

#### **4.2.3.1. Quarterly supportive supervision with VSLA groups**



Figure 19: Quarterly supportive supervision with VSLA groups.

BERHAN project conducted joint VSLA quarterly supportive supervision visits with zonal and woreda technical committee in both woredas. This activity was essential to make sure the project activities are conducted with the proper involvement of government sector representatives.

The technical committee was able to visit and support VSLA groups alongside with SAA, Girls group and core groups. The supportive supervision team has exerted efforts to practically support the

groups to improve the management of the group VSLA (keep complete registers, passbooks, and loan management) their saving practice, loan utilization, and support women's participation in household financial decision-making. The data shows that to date a total of 1289 (926F) members of VSLA groups have taken loan and engage in IGAs. The supervision team also learnt that the most common types of income generating activities include poultry production, and petty trading (*local alcohol selling, inputs for irrigation and crop production*), sheep and goat rearing and cotton preparation.

In the previous implementation year, major challenges included lack of proper register keeping, gap in managing saving balances and the use of money provided to the group's social fund for loan purposes. As a mitigation measure in 2022, participants of the quarterly review meetings dedicated their support to reviewing registers, providing recommendations for better saving and loan administration and revisiting laws with the groups on the use of the social fund. In addition, sector office experts that took the VSLA TOT training provided on-site technical support. Finally, last year the project team found out that VSLA groups had neglected some of the SAA activities: this year we found out that the groups were more disciplined in giving both VSLA and SAA activities almost equal attention.

**Table 10: VSLA data (January 2022 to December 2022) – all in ETB**

S. N	Kebele	Actively participating and regularly saving members			Monthly saving of the group	Quarterly Saving	Annual Saving	Amount of cash used for loan	Interest collected from loan	Number of loan receiver's			Social Fund Collected	
		F	M	T						F	M	T		Pwd
1	Tiwaza Kana	201	84	285	5,495	16,485	65,940	31,660	22,520	30	11	41	9	14,627
2	Zeng	186	89	275	4,955	14,865	59,460	33,100	14,700	35	13	48	10	11,509
3	Wotenb	161	68	229	3,820	11,460	45,840	24,330	15,400	40	10	50	4	11,509
4	Shina	196	91	287	7,693	23,079	92,316	139,250	16,035	111	35	146	5	15,067
5	Kidst Hana	188	80	268	4,913	14,740	58,960	102,500	9,765	90	40	130	6	12,842
6	Wagetera	198	89	287	11,758	35,275	141,100	199,400	20,010	135	50	185	6	26,547
<b>Fogera Total</b>		<b>1,130</b>	<b>501</b>	<b>1,631</b>	<b>38,634</b>	<b>115,904</b>	<b>463,616</b>	<b>530,240</b>	<b>98,430</b>	<b>441</b>	<b>159</b>	<b>600</b>	<b>40</b>	<b>103,500</b>
7	G/memecha	187	91	278	5484	16,451	65,804	78,500	7,340	110	50	160	4	5,516
8	Komts	193	95	288	3383	10,150	40,600	69,780	2,300	100	40	140	9	6,910
9	D/quasaye	195	96	291	3107	9,321	37,284	59,950	2,587	70	40	110	2	6,375
10	Deberselam	132	72	204	2288	6,865	27,460	22,000	1,566	40	14	54	0	4,462

11	Berkut	18 2	81	26 3	3750	11,25 0	45,0 00	64,100	4,87 4	80	30	11 0	7	5,336
12	Dengolt	18 8	98	28 6	5085	15,25 5	61,0 20	56,900	5,46 4	85	30	11 5	7	5,336
Estie Total		1, 07 7	53 3	1, 61 0	2309 7	69,29 2	277, 168	351,23 0	24,1 31	48 5	204	68 9	29	33,935
Total BERHAN		2, 20 7	1, 03 4	3, 24 1	61,7 31	185,1 96	740, 784	881,47 0	122, 561	92 6	363	1, 28 9	69	137,435

#### 4.2.3.2. Conduct quarterly VSLA review meetings with the group leaders.

Four quarterly review meetings with 496 (289 female) VSLA management committee members have been conducted in all kebeles from January – December 2022. These quarterly review meetings have been chaired by government partners from Woreda women, children and social affairs office, and cooperatives office. The team verified and reviewed the documentation with the management members to check the overall savings per month, social fund revenues and expenses, types of income-generating activities pursued by the members and loans outstanding. They also reviewed the participation of persons with disability and how they document the status of financial decision-making in the households of the members. Support was provided when needed.

#### **Output 3. Improved ability of government stakeholders and service providers to respond to SRH service needs and to FGC complications.**

Under output 3 results have started to crystalize, if just more slowly as most activities have been implemented later in the project, and the team has been facing some challenges in achieving success. To date three Community Score Card sessions have taken place, bringing together service providers and users to identify priority areas for action and agree on action plans. Two of the CSC groups already took action to achieve the objectives they set as a group. Moreover, government stakeholders have been implicated in numerous design and planning discussions, skills trainings and awareness raising activities. While the war was still ongoing government partners sometimes de-prioritized some of the project’s activities and it was not easy to assess if their additional skills and capacities translated well into implementation. The project’s team, and the MEAL advisor in particular, will put emphasis on this in 2023. Finally, it is still challenging to find survivors of FGC or other SRH complications due to ongoing tabus in the communities. The refresher trainings on the referrals of



GBV cases and the continued awareness raising from the project team will hopefully enable the project to support more survivors in 2023.

No	Indicator	Baseline	Midterm	Target
3.1	# of new/strengthened inclusive accountability spaces in which marginalized citizens can negotiate with service providers and public authorities on issues of SRHR (Sexual Reproductive Health and Rights)	N/A	3	5
3.2	# Cases of SRH complications referred within the health system	0	3	45
2.3	# of government stakeholders reporting increased capacity to deliver responsive SRH services	N/A	N/A	77

**Act. Cluster 3.1 Training on Gender Equality and Diversity (GED)**

**4.3.1.1. Annual Gender mainstreaming meeting with Government partners.**

BERHAN organized an annual gender mainstreaming meeting with government partners on 29-June



Figure 20: Mr. Tilahun, Zonal Deputy Admin, delivers the zone review meeting's opening remarks, June 29, 2022.

-2022 led by the zonal deputy administrator. 64 participants (17 F) attended the meeting. A bi-annual overview of the project's performance (Jan-June/2022) was presented by the project team and the South Gondar zone women, children, and social affairs office representatives with a special focus on gender mainstreaming activities in the zonal sectors. Gender mainstreaming activities included offices documenting

data in a sex-disaggregated manner, having gender sensitive checklists that consider women and girl's needs, monitoring meaningful participation of women in leadership, capacity building and economic

empowerment programs, among others. One area of improvement identified was to include male government experts when gender issues are handled.

#### **4.3.1.2. Gender Equality and Diversity Training**

Completed in 2021.

#### **4.3.1.3. Support the regional WCYA office to organize annual regional level anti-HTP platform conference**

Discussions have taken place with the regional WCSA bureau head, deputy head and concerned directorates to agree on TORs (Terms of Reference) for a two-days discussion that will focus on ways to strengthen the Anti-HTP platform. The discussion took place on the 1st week of October 2022 in Debreabor. Participants included Zonal anti – HTP committee members, Zonal WCSA department heads and other concerned experts who reviewed the current status of the anti – HTP committee and discussed challenges and gaps. Action points were developed, for example the Region agreed to follow up with the anti-HTP committee by requesting reports and making site visits to provide technical support. The committee is expected to conduct an evaluation and assessment on the progress, and send it to the regional WCYA office. The conference will take place in 2023.

### **Act. Cluster 3.2 Strengthen referral linkages and respond to FGC complications.**

#### **4.3.2.1. Sensitization events on referral linkage establishment**

Completed in 2021.

#### **4.3.2.2. Develop referral cards and review case detection and referral linkage.**

The referral linkage pathway is in place and was shared with the project team and public institutions. Two cases of GBV in the community were reported through the referral pathway.

#### **4.3.2.3. Support women with FGC complications**

BERHAN is following up with the zonal and woreda health office to help in the tracking of these cases. But no case of FGC complication was reported yet. The project team believes these cases are still too much of a tabu. In addition, as formal structures require a witness to proceed with allegations and witness protection is loose, the community is not confident to support survivors. The project broadened the referral cards and support to also include GBV and SRH complications for the remaining implementation period.

#### 4.3.2.4. Psychosocial support and age verification training for health professionals

A training on psychosocial support and age verification was provided to 78 (24 female and 54 male) health professionals in both project woredas starting from September 16-21/2022 and September 20-26/2022 in Estie and Fogera woreda, respectively. The age verification session was provided by an expert from regional health bureau, with rich experience in this area. The training included theoretical and practical sessions, such as group exercises and role play that showed the trainees how to estimate the age of a person using practical methods that follow standard scaling methods. The psychosocial support session was delivered by experienced professionals with a background in clinical psychology and social psychology from Debretabor University. The trainers are also experienced in GBV cases counseling and training facilitation. The training modality included theoretical and practical principles, approaches, models, and perspectives on how to provide psychosocial support for GBV survivors. At the end of the training, the trainees agreed and reached a collective settlement to provide on-site orientation to their respective colleagues that are working in health institutions.



Figure 21: Partial view of the Psychology Training participants, Estie woreda, October 3, 2022.

#### 4.3.2.5. Establish and furnish shelters at woreda level for GBV survivors.

BERHAN has advertised a call for interest to work with a qualified expert that will support the team with the shelter construction and management plan. Potential candidates for the bid have been selected and the construction of the shelters in both woredas has already started. Currently, in both sites, the foundation works are completed, and superstructure works are undergoing.

An MoU has been signed with woreda level offices, including women and social affairs, Woreda administration office, Justice office, Health office and Education office. The first section of the MoU contains the objectives, approaches and principles of shelter management, child protection and equal service provision. The second section entails the roles and responsibilities of the main sector offices, the women and social affairs and justice and police offices.

The consultant will first support the team to develop a roadmap for the implementation of the elements agreed upon in the MoU. BERHAN will also organize a learning visit for the government partners to learn how professional shelters are run in other woredas.

**Act. Cluster 3.3 Community Scorecard training and interface facilitation**

**4.3.3.1. Community Score Card (CSC) TOT training**



Figure 22: CSC training, Interface Meeting, at Fogera woreda, Kidst Hana School Compound, March 17, 2022.



Figure 23: CSC training, Interface Meeting, at Fogera woreda, Kidst Hana School Compound On March 17, 2022.

BERHAN organized a 5-days training on CSC from March 14 to 18/2022 in Bahir Dar. A total of 17 (1 F) participants participated from the health and education sectors offices. The training introduced the complete CSC process, starting from selecting participants for interface meetings. Kidest Hana from Fogera Woreda was selected for the practical sessions and the rest of the training took place in Bahirdar to focus on the trainees’ reflections and discussions.

**4.3.3.2. Community Score Card cascading training.**

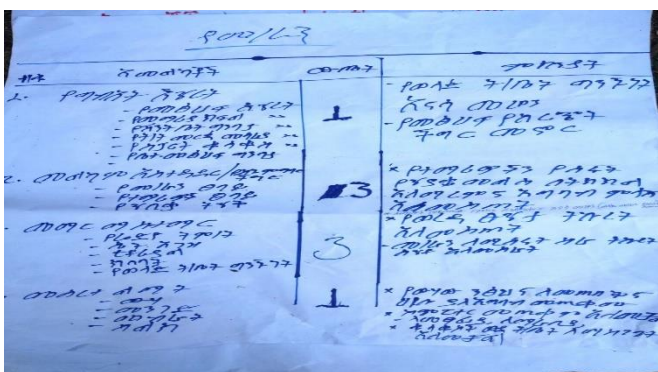


Figure 24: Service Providers’ Scoring, at Dengolt kebele.

A three-days CSC cascading training took place from June 15-17 in Estie town, and from June 18-20,2022 at Woreta town.

All CSC steps were followed and applied both in theory and through practical sessions. The 100 (84 M & 16F) participants (51(8F) were from Estie and 49(8 F) were from Fogera Woreda) received basic facilitation skills and knowledge about CSC, including generating and selecting

issues, the use of the CSC indicator matrix, scoring of issues, consolidating issues identified and the development of action plans.. The practical sessions were held in two project intervention kebeles: Tiwazaka kebele for Fogera trainees and Dengotl kebele for Estie trainees.

The participants included kebele managers, kebele chairs, school principals, school cluster supervisors, kebele police officers, kebele agriculture heads, kebele cooperative officers, kebele social justice and kebele women affairs officers. The CSC monitoring committee was created, comprised of five members from rights holders (service users) and duty bearers (service providers), and will monitor the action plans on a monthly basis and will document the progress of the implementation and discussions.



Figure 25: CSC Community groups and girls' groups consolidation meeting at Dengolt kebele, Estie woreda, June 17, 2022.

#### 4.3.3.3. Orientation work to conduct CSC

An orientation was provided to community members who are direct beneficiaries of the BERHAN project in all intervention kebeles. The orientation focused on introducing how CSC works and on the selection of service providers and service users.

#### 4.3.3.4. Conduct community scorecard with the community (service users)

CSC sessions with the community have been taking place in Estie woreda, dengolt kebele, and Fogera woreda, Kidst Hana and Tiwazakana kebeles. Service users included school girls, boys, parents and the school community. The sessions were facilitated by those who took TOT on CSC. The participants identified issues, prioritized them, and scored them as per the CSC method. Afterwards, a joint action plan was developed with service providers.



Figure 26: Community Score Card meeting.

#### 4.3.3.5. Conduct community scorecard with service providers

BEHRAN project organized a CSC with service providers in Estie and Fogera woredas Kidst Han, shina and Dengolt kebeles respectively. The service providers were school principals, SRH club leaders, gender club leaders and minimedia club leaders. They discussed the main issues in their schools, prioritized them and met with service users to agree on an action plan. Besides, interfaith meetings with service providers and service users were conducted to bring on board faith leaders as well.

#### 4.3.3.6. Conduct bi-annual CSC meeting with service users and service providers

Planned in 2023.

#### 4.3.3.7. Support and follow up on implementation of action plans.

In Fogera woreda, Kidst Hana kebele, following the CSC discussion, one latrine room was built based on the action plan developed by the community members. The service users mobilized cash money, labor and contributed by collecting/providing wood that was used to build the latrine, whereas service providers took the responsibility of mobilizing the remaining budget and provided factory related inputs and materials.



Figure 27 Latrine rooms built after CSC Implementation and action plan in Kidist Hana Kebele

In addition to the latrine room, the community raised funds and built four blocks of classrooms through the CSC monitoring committee.



Figure 28: Classroom built by CSC at Kidist Hana kebele, Fogera woreda.

#### 4.3.3.8. Conduct SAA and CSC integration session

This activity is planned to take place in March 2023. As a priority, those that have been trained on SAA and CSC will be assigned to facilitate the integration sessions to ensure ownership of the implementation

is in place. This activity was not implemented in 2022 as the CSC process was important to be implemented prior.

### **Act. Cluster 3.4 Participatory review meetings and supervision**

#### **4.3.4.1. Regional project steering committee monitoring visit and review meeting.**

The regional steering committee monitoring visit and review meeting took place on December 13 and 14, 2022, in Fogera woreda's Tiwazakana kebele and Gondar. Twenty-seven (27) participants participated in the visit and review meeting from regional, zonal and woreda level sector offices. There was also a donor visit alongside the regional monitoring visit, conducted jointly in the field and review meeting. One of the main issues that was discussed is the exit strategy, which will be further developed in 2023.



*Figure 29: Regional project steering committee monitoring visit at Tiwazakana kebele, discussion with girls' group.*

#### **4.3.4.2. Quarterly supportive supervision visit and review meetings with the zonal office.**

The conducted supportive supervision visits received media coverage through the Zone's communication Facebook page, with 37K followers, the most actively engaged page in the south Gondar zone. Zonal and Woreda level technical experts conducted a field visit on October 3&4/2022 in both intervention woredas. The supervision team included representatives of health, women, children, and social affairs, education, communication, justice, cooperative, police, administration, and finance offices both at zonal and woreda level.

The supportive supervision team supported and observed girls' group, SAA and VSLA discussions, while the



*Figure 31: The visiting team at Shina kebele with the girls' group.*



Figure 30: Zonal and woreda technical experts' supervision at Zeng kebele, October 3, 2022.

groups reflected upon their achievements, progress, and challenges as well. All groups visited showed remarkable results in fighting against early marriage, FGC, and harmful traditional practices in their respective kebeles and villages. As a result, they have continued to use different platforms to achieve those goals: for instance, religious leaders managed to teach and create awareness against harmful practices in their respective churches.

#### 4.3.4.3. Annual planning and review meeting with the woreda implementing partners.

This meeting was put together with the gender mainstreaming meeting with 64 (17 F) government partners on 29-June -2022 led by the zonal deputy administrator (Activity 4.3.1.1).

#### 4.3.4.4. Experience sharing visit and result dissemination meeting with donor and partners.

Planned for 2023.

#### 4.4.4.5. Mid-Term Review

A Mid-Term Review (MTR) was conducted by the CARE project team and a final report produced. Recommendations and the project's plan to address them are listed below:

- The BERHAN project is effectively working with the community through the SAA/VSLA group members. However, it appears the ability of adolescent girls aged 15-18 years to make decisions regarding their sexual relations worsened. This finding is surprising to the project team, as it does not correlate with the observed results and monitoring data of the project. The BERHAN project will nevertheless **i) accelerate and strengthen adolescents' group discussions to equip them with the necessary knowledge and skills to build their confidence to exercise their sexual and reproductive health rights, ii) support the community to create a more enabling environment for adolescent girls.**
- There are also findings that show that more work is needed around the topic of women's mobility in light of men still having to allow women to leave the house. Moreover, men are also very much



involved in the sexual reproductive rights of women, specifically on deciding when to have sex and the use of contraceptives. **Parent and debate sessions will be essential to address these challenges and have been included in the budget reallocation request from 2022.**

- Action plans developed by the community require follow up by the community facilitators. SAA and VSLA groups are usually strong on developing action plans but following up on the implementation is a challenge. **The M&E project staff and community facilitators of the project will track action plan implementation by increasing the number of visits.**
- The midterm review showed that there is still more work required by the project to increase the community members' commitment on refraining from practicing EM. There must be some experience sharing between role models on challenging EM. In relation to this, male community members require more reflection on EM issue. **Experience sharing among SAA groups assisted by the role models will be implemented in the project in 2023.**
- The study found that, in some of the girls' groups there is a lack of motivation to participate in some of the group activities. This is mainly because young girls require motivation and graduation ceremonies to keep them interested in the group sessions. **As an action plan, the project will introduce a graduation ceremony and certification to motivate the girls to take part in the Girl Groups. Moreover, the girls groups will participate in skill sessions on action plan development as well.**
- The study found that the SAA/VSLA members sometimes did not trust in the management committee members for different reasons. Thus, it would be important to sensitize the community again with regard to the project's goal and the selection criteria for management committee members. If possible, a training day for all members should be organized to reiterate the additional work being done by the management committee members, the selection criteria, and the approaches of SAA and VSLA, to help members build confidence in the management committees. **The project most probably will not have the resources for an additional training, but awareness raising will be done during monitoring visits and review meetings.**
- The Berhan project implementation facilitates the cancellation of many cases of early marriage and Female Genital Cutting, documenting successes and best practices. **These will be shared with concerned stakeholders** using the existing forums like technical working groups to excel the results.
- The midterm finding revealed that out-of-school adolescents have better access to reproductive health and information than in-school adolescent girls. Thus, to equip in-school girls with this knowledge and to enforce positive change the project will **strengthen the existing school clubs (girl or SRH club) through trainings or initiating new school clubs.**
- Some of the respondents reported that some of the proposed EM cases in their community were not cancelled, due to a lack of support or lack of reporting by EM/ FGC facilitators. The project will **engage justice service providers** as reporting is more encouraged when the justice wing is active and present in the community. Moreover, the **project will strengthen its collaboration**

**with government structures** such as the **police, justice or lower-level security structure**. Working closely with woreda and zonal structures and advocating about these issues using the platforms available might also further minimize the number of EM and FGC cases.

- The project will strengthen the existing project platforms, such as the VSLA, SAA, adolescent groups, and **encourage its members to engage in conversations outside of the group** with other community and household members.
- Given the difficulties community members are facing to improve their livelihood, the project will i) **sensitize a more equal distribution of loans** in the VSLA groups, ii) provide **inputs for people with disabilities** who want to start an IGA.
- The project will work more closely with married adolescents girls to **increase their participation in financial decision-making** in their HH.

## **5. Visibility, publications etc.**

### **5.1.1. Learning materials.**

The project team met in the last quarter of 2022 together with CARE Austria in Debretabor to identify the main learnings the project wants to document. For this exercise a colleague from CARE International will support the BERHAN team to develop learning briefs, based on the project's monitoring data but also on qualitative data that will be collected in 2023. These learning briefs will also include high quality pictures for which a photographer will be hired.

### **5.1.2. Visibility and communication activities:**

The below is an example of the visibility of the project. The Project also intends to prepare materials that include positive IEC/BCC messages on posters, brochures and T-shirts for community and partners in 2023.



Figure 32: Visibility material produced for a training of health professionals.

**Social media posts were also published in 2022, below is a summary:**

PROJECT TITLE: BERHAN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS	
<b>FACEBOOK</b>	
<a href="https://www.facebook.com/photo/?fbid=478725107636606&amp;set=a.362511965924588">https://www.facebook.com/photo/?fbid=478725107636606&amp;set=a.362511965924588</a>	11.10.2022
<a href="https://www.facebook.com/photo/?fbid=481800480662402&amp;set=a.362511965924588">https://www.facebook.com/photo/?fbid=481800480662402&amp;set=a.362511965924588</a>	15.10.2022
<a href="https://www.facebook.com/photo/?fbid=513397497502700&amp;set=a.362511965924588">https://www.facebook.com/photo/?fbid=513397497502700&amp;set=a.362511965924588</a>	28.11.2022
<a href="https://www.facebook.com/photo?fbid=517731180402665&amp;set=a.362511965924588">https://www.facebook.com/photo?fbid=517731180402665&amp;set=a.362511965924588</a>	04.12.2022
<b>TWITTER</b>	
<a href="https://twitter.com/careAustria/status/1579851099078787072?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw">https://twitter.com/careAustria/status/1579851099078787072?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw</a>	11.10.2022
<a href="https://twitter.com/careAustria/status/1579837723833401345?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw">https://twitter.com/careAustria/status/1579837723833401345?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw</a>	11.10.2022
<a href="https://twitter.com/careAustria/status/1579798175518715907?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw">https://twitter.com/careAustria/status/1579798175518715907?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw</a>	11.10.2022
<a href="https://twitter.com/careAustria/status/1579770129126420480?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw">https://twitter.com/careAustria/status/1579770129126420480?s=20&amp;t=uyue77PP8zBB-gyRuHI5Nw</a>	11.10.2022
<a href="https://twitter.com/ka_katzer/status/1579756045895073792">https://twitter.com/ka_katzer/status/1579756045895073792</a>	11.10.2022
<a href="https://twitter.com/careAustria/status/1582260684095516672">https://twitter.com/careAustria/status/1582260684095516672</a>	17.10.2022
<a href="https://twitter.com/careAustria/status/1582055000984805380">https://twitter.com/careAustria/status/1582055000984805380</a>	17.10.2022
<a href="https://twitter.com/ka_katzer/status/1582010137296134146">https://twitter.com/ka_katzer/status/1582010137296134146</a>	17.10.2022

<a href="https://twitter.com/careAustria/status/1582007683778891777">https://twitter.com/careAustria/status/1582007683778891777</a>	17.10.2022
<a href="https://twitter.com/careAustria/status/1583374486392348672?s=20&amp;t=wbB0TbKIsMUBa-6dBElygQ">https://twitter.com/careAustria/status/1583374486392348672?s=20&amp;t=wbB0TbKIsMUBa-6dBElygQ</a>	21.10.2022
<a href="https://twitter.com/careAustria/status/1584459367973208066?s=20&amp;t=2dmmRn0c8nTGDhokVw1xFw">https://twitter.com/careAustria/status/1584459367973208066?s=20&amp;t=2dmmRn0c8nTGDhokVw1xFw</a>	24.10.2022
<a href="https://twitter.com/careAustria/status/1592904721953861632?s=20&amp;t=3-IE-IZ8c3vV2hsrX548Pg">https://twitter.com/careAustria/status/1592904721953861632?s=20&amp;t=3-IE-IZ8c3vV2hsrX548Pg</a>	16.11.2022
<a href="https://twitter.com/careAustria/status/1597850432952750080">https://twitter.com/careAustria/status/1597850432952750080</a>	30.11.2022
<a href="https://twitter.com/careAustria/status/1599718601803513856">https://twitter.com/careAustria/status/1599718601803513856</a>	05.12.2022
<b>INSTAGRAM</b>	
<a href="https://www.instagram.com/p/CjkKcmNu7fF/">https://www.instagram.com/p/CjkKcmNu7fF/</a>	11.10.2022
<a href="https://www.instagram.com/p/CjuTmKnOW6r/">https://www.instagram.com/p/CjuTmKnOW6r/</a>	15.10.2022
<a href="https://www.instagram.com/p/ClgP3TatEAD/">https://www.instagram.com/p/ClgP3TatEAD/</a>	28.11.2022
<a href="https://www.instagram.com/p/ClwIHHpO-uu/">https://www.instagram.com/p/ClwIHHpO-uu/</a>	04.12.2022
<b>ARTICLES</b>	
<a href="https://www.care.at/newsbeitrag/weltmaedchentag-warum-soll-ich-heiraten-ich-will-in-die-schule-gehen/">https://www.care.at/newsbeitrag/weltmaedchentag-warum-soll-ich-heiraten-ich-will-in-die-schule-gehen/</a>	11.10.2022
<a href="https://www.care.at/newsbeitrag/aethiopien-zwei-huehner-auf-kredit-so-habe-ich-angefangen/">https://www.care.at/newsbeitrag/aethiopien-zwei-huehner-auf-kredit-so-habe-ich-angefangen/</a>	17.10.2022
<a href="#">Äthiopien: Gibt es schädliche Praktiken wie Kinderehen auch in Österreich? (care.at)</a>	21.10.2022
<a href="#">» Dein Körper, deine Rechte! - CARE Österreich – Hilfsorganisation – Spenden helfen – CARE Österreich</a>	
<a href="#">» Ethiopia: Sexual and Reproductive Health and Rights Initiative in Amhara, Ethiopia – ETH934 - CARE Österreich – Hilfsorganisation – Spenden helfen – CARE Österreich</a>	
<a href="https://www.care.at/newsbeitrag/aethiopien-ich-habe-mich-immer-noch-nicht-von-den-schmerzen-erholt/">https://www.care.at/newsbeitrag/aethiopien-ich-habe-mich-immer-noch-nicht-von-den-schmerzen-erholt/</a>	16.11.2022
<a href="https://sdgwatch.at/de/was-wir-tun/blog/2022/12/12/sdg-fokusbeitrag-1222-frauen-st%C3%A4rken-und-sch%C3%BCtzen-orange-the-world/#Heading%202">https://sdgwatch.at/de/was-wir-tun/blog/2022/12/12/sdg-fokusbeitrag-1222-frauen-st%C3%A4rken-und-sch%C3%BCtzen-orange-the-world/#Heading%202</a>	12.12.2022
<b>CAMPAIGN WEBSITES</b>	
<a href="https://inside.care.at/de/16-days-2022/">https://inside.care.at/de/16-days-2022/</a>	16.11.2022
<b>LINKEDIN</b>	
<a href="https://www.linkedin.com/posts/care-austria_wecare-ethiopia-blog-activity-6989140234315706368-Jngi?utm_source=share&amp;utm_medium=member_desktop">https://www.linkedin.com/posts/care-austria_wecare-ethiopia-blog-activity-6989140234315706368-Jngi?utm_source=share&amp;utm_medium=member_desktop</a>	21.10.2022

### Monitoring Visit CARE Austria

CARE Austria's Programme Officer visited the BERHAN team for a few days in Addis and Debretabor between 24<sup>th</sup> October and 3<sup>rd</sup> November 2022, to discuss the project's progress, discuss any challenges and support the team wherever there are gaps in monitoring. The team also participated in a refresher on ADA compliance and met with ADA's focal point for the BERHAN project in Addis.

## **Annexes**

**Annex I - Matrix Progress Update of Activities**

**Annex II - Mid-Term Review Report**

**Annex III - Talking Book Report**

**Annex IV – Most Significant Change Stories**

**Annex V- Human Interest Stories**