Progress Report

Progress Report No.:

Contract Number: GZ: 2842-00/2019/Gen Pro/2-L&R/2019
Title of the Intervention: BERHAN - Sexual and Reproductive Health and Rights Initiative in Amhara
Project Period:01.03.2020- 31.08.2023

Reporting period:

Reporting period: 01.03.2020-31.12.2020	Report submitted on (date): 26.02.2021
Due date: 28.02-2021	

The answer to all questions must cover the reporting period as specified above. The report must be completed and signed by the <u>contact person of the grant recipient/contractor.</u> The information provided in this technical report must correspond to the financial information provided in the financial report. Please expand the paragraphs as necessary.

ADA will reject any incomplete reports.

Austrian Development Agency

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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- headquarter
HTP- Harmful Traditional Practice
IGA- Income Generating Activities
MEAL-monitoring, evaluation, accountability and learning
M&E- Monitoring and Evaluation
NGO- Non-Governmental Organization
PPE- personal protective equipment
PSEA- Prevention of Sexual Exploitation and Abuse
SAA- Social Analysis and Action
SNAP- Social Norms Analysis Plot
SRH- Sexual and Reproductive Health
SRHR- Sexual and Reproductive Health and Rights
TOT- Training of Trainers
VSLA- village savings and loan association

Summary of the progress of the intervention

BERHAN – Sexual and Reproductive Health and Rights initiative in Amhara region of Ethiopia is a 42 months initiative implemented by CARE. The initiative targets 31,396 women, girls, men and boys in rural communities in Este and Fogera woreda of south Gondar zone, where rates of female genital cutting (FGC) and early marriage (EM) are high and government Sexual and Reproductive Health (SRH) capacity and accountability is low.

This reporting period, the implementation could not take place as per the original project timeline due to the global pandemic of COVID-19. Ethiopia declared a state of emergency which lasted from April-September 2020. During this period we were not allowed to gather more than four people at a time, travel restrictions between regions were in place and government authorities were very busy attending to COVID-19 related needs. CARE Ethiopia adopted new working modalities, with most of the staff working from home.

The state or emergency of the Ethiopian government was lifted in September 2020 onwards, and as CARE Ethiopia developed new operational guidelines we resumed with the project implementation. Below are some of the key achievements of this implementation period (March-December 2020):

1. The project team developed a COVID-19 adapted plan and got approval from the donor to use a portion of the approved budget for the purchase of personal protective equipment (PPE);
2. In collaboration with the key government partners at zonal and woreda level, CARE selected the project implementation kebeles;
3. A project launching workshop was conducted with the presence of key stakeholders at regional, zonal and woreda level;
4. The process for the baseline and SNAP (Social Norms Analysis Plot) started and the consulting firm submitted the inception report;
5. The ToRs for the development and implementation of the project's GBV Monitoring and Mitigation plan was finalized and we started negotiations with CARE International;
6. The ToRs for the mainstreaming of disability inclusion consultancy were finalized and advertised. CARE had to re-advertise the ToRs as we only got 2 offers in the first round. CARE is currently reviewing the additional proposals received;
7. Drafts of training manuals were developed. The manuals will be finalized after incorporating key finding from the baseline and SNAP;
8. A SAA and VSLA Training of Trainers (TOT) for project staffs and government partners were organized;
9. A planning and review meeting was conducted with regional, zonal and woreda implementing partners to review progress and agree on the 2021 workplan.
10. A Monitoring, Evaluation and Learning plan was developed and it now under final review.

Background/ context (update)

This reporting period, the project has not made any significant changes to the project design and frameworks. However, due to the global COVID-19 pandemic, the Ethiopian government declared a state of emergency that in turn created a significant challenge for the project to implement activities as per the original timeline. Consequently, the project team developed an adapted plan, which was shared with the ADA in May 2020. More information on the impact of COVID-19 on the project and CARE's operations in general was shared with the ADA in October 2020. Since the state of emergency was lifted in September the project team did its best to catch up as much as possible with the delays of the previous month. As of now, we aim at catching up with the delays and do not foresee any major changes to the design of the project.

The COVID-19 pandemic has also contributed to an increment in GBV cases and of early marriage practices, as reported by the regional women and youth office. During the state of emergency, all the schools were closed and most of the formal and informal government and community structures were not functioning as they usually would. Furthermore, following the opening of the schools, the principals and government authorities observed that a number of girls were not back at school. The regional women children and youth affairs office has been asking for support from the project team to conduct awareness activities as January was approaching, a month were weddings take place in most parts of the region. The project will respond while aligning with the planned activities and available resources; but we highlighted that it needs critical response from the government's side as well.

CARE Ethiopia north program office (at office level) is a member of the South Gondar zone COVID 19 task force and plays an active role in COVID-19 protection and advocacy activities.

In November 2020, the northern part of Ethiopia i.e., Tigray region experienced a full-scale war between armed forces of the Tigrayan and the Ethiopian defence forces. The Amhara region special forces also took part in the war supporting the Ethiopian defence forces. This conflict created some delays on travel-related plans of the program team including safety and security issues. Besides, there were also restrictions with regards to gathering community members, traveling across the northern parts and air flight. Finally, during the peak time of the war, the focus of the Amhara region government administrators and even of the community was on the war, which made it difficult to get their full attention on the project.

Stakeholder analysis (update)

The beneficiaries and partners of the project remain the same. BERHAN has not made any revisions to the targets and organizational structure of the project. Processes and management have not changed either, apart from the fact that most of them take place virtually. Below is an overview of our targets and reach as per December 2020.

22.02.2021	Overall target			Achievement YR 1		
				Mar-Dec 2020		
DIRECT BENEFICIARIES	F	M	Pwd	F	M	Pwd
Gate keepers (religious leaders, clan leaders, school principals, key power holders)	160	200				
Community members older than 20 years old (parents, parents in law, grand parents, young adults)	2000	1600				
Youth aged 15-19	2520					
Youth aged 10-14	1080					
Government partners	38	39		17	71	
School girls and boys participating in school sentisization	2545	1091				
Health care proffessionals (HEW & HW)	20	10				
School teachers *	28	20				
Women/girls with FGM complication *	45	0				
Community members (awareness raising)	10200	9800				
TOTAL	18636	12760	0	17	71	0
TOTAL OVERALL	31396			88		

Monitoring results

Because of COVID-19, the implementation of activities that were meant to be implemented during the project's inception phase (baseline, gender analysis, kick-off workshop, among others) were delayed. Due to the state of emergency, travel restrictions were put in place which hindered the project staff from travelling to field-level government partner offices and to the beneficiaries for project briefings and joint planning sessions. Group discussions among community members, norm holder groups and girls groups could not start due to the delays in conducting the baseline survey/gender analysis- the reason being that we do not want to influence the data collection and will need the identified norms and recommendations from the analysis before we can start with the discussions.

Since March 2020, the project team has taken different measures to reduce the impact of the COVID-19 pandemic on the project implementation. CARE Austria and CARE Ethiopia have been in close and regular contact to overcome the numerous challenges the team was facing. CARE supported the team members to enable them to work from home. The team deliberated together and finalized the development of an adaptive plan in May 2020 covering the implementation until December 2020. As per the operational COVID-19 guidelines of CARE, the project team organized trainings and meetings only with small numbers of participants ensuring all the COVID-19 protection measures are in place. In addition, all the preparation works for the baseline assessment and SNAP, and the consultancies to mainstream inclusion and develop a GBV monitoring and mitigation plan were done, including refining the ToRs and advertising them. Eventually we contracted the consultant for the baseline and SNAP assessment, and started reviewing the inception report.

The project signed an agreement with four regional bureaus: i) women, children and youth, ii) health bureau, iii) education bureau and iv) finance and economic cooperation. Representatives of these bureaus will be members of the project's steering committee. ADA and CARE Ethiopia staff members will also be key members of the PSC, who will play a vital role in monitoring the project implementation. This reporting period we also conducted a kick-off meeting with regional, zonal and woreda representatives, and in addition at the woreda level, we conducted a planning and review meeting, which will be another important

platform to ensure proper monitoring by government authorities. BERHAN's project manager, who is based in South Gondar, has been using the last months to reach out to all relevant government partners, who are all committed to work on the project with CARE and already provided their support in facilitating some of the trainings that took place (Training of Trainers on SAA and VSLA).

Beyond this, the project team is also a member of the regional CP (child protection) and GBV task force, that is led by the regional Women, Children and Youth bureau. This is an important platform where CARE will be able to share progress and learnings from the project.

Furthermore, the team started drafting a number of key discussion manuals and invested their time in finalizing some of the key documents that will guide the project implementation and monitoring, including the visibility and communication plan (aligned with the ADA guidelines) and the Monitoring, Evaluation, Accountability and Learning (MEAL) plan. The MEAL plan contains a complete indicator matrix, data disaggregation overview, targets and achievements of the project, data collection methods and an overview of the learning products.

As of now we do not foresee a change in the design of the project. In fact, the project is now more relevant than ever, as government authorities have contacted us to respond to an increase in early marriages in the region. There is one innovation the BERHAN team has been deliberating about, that could lead to a small change in the way we want to reach SAA and girls groups. The idea is to use *Talking Books*, to improve the consistency of our messaging and also enable smaller SAA and girls groups to engage in discussions together. The idea will be presented to the ADA beginning of 2021.

Risk Management

The project was designed at a time when Amhara's region was facing intensified security problems. The problem was effectively managed by the regional government and has no longer an impact on the instability of the region. Nevertheless, the election planned in 2020 was postponed to June 2021 due to the COVID-19 pandemic and we anticipate potential insecurity and further political tensions (as explained in the table below). The other risk that we identified in the project proposal was the possibility of forecasted droughts affecting the implementation areas. The impact of droughts during this reporting period was minimal, but they might still have an impact for the future implementation (see table below).

Regarding the third risk listed in the proposal, which included lack of access to services as well as other structural barriers that hinder girls and women in achieving their SRH rights, we also believe it will continue to impact the project. To reduce its impact however, the project team started building strong partnerships with government authorities at all levels to create an enabling environment and improve SRH service access and quality. Regarding the social and gender risks, the project started the process to develop the project's GBV monitoring and mitigation plan.

No unintended environmental, gender and/or social risks arose during this reporting phase.

Risk Register (risk assessment at the time of reporting)

Description of the risk[1] (concrete event, its cause and possible negative impact)	Likeli-hood[2]	Possible impact[3]	Risk management measures planned (to reduce either likeli-hood or possible impact or both)
COVID-19 pandemic: the number of cases is still very high in Ethiopia and worldwide. New strains of the virus are also reported in different parts of the world with higher levels of fatality. In Ethiopia, people's adherence to the COVID-19 prevention measures are not to the expected level, thus, the spread of the virus may increase in the coming period. This might lead to further re-strictions or another lockdown, which might affect the project's ability to follow its activity implementation timeline. In addition, the COVID-19 pandemic might lead to an increase in HTPs, es-pecially early marriages, which might increase the need for investments/re-sources to work on advocacy and other activities.	3	2	The project procured all the re-quired PPE for the safety of the staff, partners and the community engaged in project implementa-tion. In addition, the project will mainstream as much as possible COVID-19 awareness raising to inform the communities about all the required prevention measures. In case of another lockdown the project staff will apply the same measures as during the first lock-down: virtual coordination and management of the implementa-tion, working from home arrange-ments, strong collaboration and exchange with government part-ners and structures who are in di-rect contact with the community members on a regular basis. The project will also put in place a pro-tocol to refer GBV/HTP cases to the relevant institutions/structures. The BERHAN team has also been developing an idea to pilot the use of talking books to overcome some of the challenges we are facing with the pandemic.
The upcoming election in June 2021 might be followed by further political	4	2	To minimize this risk, the project will work closely with local and

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[1] For the purpose of risk management in the context of projects and programmes, 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/ programme, or those of the implementing organisation or ADA. For reference, the ADA Risk Catalogue with standard risks that can arise in the context of projects and pro-grammes is available online and can be consulted (on a voluntary basis) for the identification and description of risks. (https://www.entwicklung.at/mediathek/downloads)

[2] Enter a value: (1) very unlikely, (2) unlikely, (3) likely, (4) very likely.

[3] Enter a value: (1) insignificant, (2) significant, (3) major.

An ADA staff guidance on assessing likelihood and impact is available online (https://www.entwick-lung.at/en/media-centre/downloads) and can be used on a voluntary basis for this reporting exer-cise.

tension and insecurity. This might lead to delays in implementation.			zonal government representatives to monitor the situation. CARE has extensive experience working in South Gondar and the Amhara region. In addition to having a well-established security monitoring system in the implementation areas, CARE also benefits from the local communities' trust, which in past projects has served as a buffer against being drawn into political tensions. Local field implementing staff are trained in security protocols and reporting of security changes.
Possibility of forecasted droughts affecting the implementation areas.	3	2	This project will continue to receive information from CARE Ethiopia's emergency preparedness team's early warning detection system, in order to mitigate the risks, coordinate this project with existing and future humanitarian projects, and provide humanitarian assistance if needed.

Lessons learned and perspectives

Major lessons learnt during this implementation period where linked to the adoption of new working modalities that accommodated COVID-19 protection and safety. By working from home project staff contributed to the project implementation while keeping the community and themselves safe. In addition, project staff and government partners are now more familiar with virtual working modalities, which might enable us to minimize some costs and increase efficiency.

The pandemic has also shown us yet again that during crisis gender-based violence and harmful traditional practices tend to increase. For instance, the closing of schools due to the COVID-19 pandemic and economic hardship has contributed to an increase in the prevalence of early marriage in the region (as reported by government partners in the region).

For the updated project workplan please see Annex 3.

Finances

As explained above, due to COVID-19 a number of planned activities could not be implemented during this reporting period. That is why we also did not hire the full project team staff right from the beginning but waited until it made sense to bring the staff on board little by little. Furthermore, some payments are still pending, for instance for the car and laptops. Accordingly the project's burn rate is relatively low. Please refer to Annex 2 for the financial report.

For the following implementation year, the project developed a schedule in which we plan to accelerate the implementation to catch up with the delays of the first year of implementation. The budget we plan to spend in 2021 amounts to approximately EUR 1,224,600. Given that we only spent 18% of the ADA's first instalment, we will not be asking for a second instalment at the moment. We will contact the ADA latest in September 2021 to ask for the next instalment, based on the progress made.

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.*

Given that we do not have the baseline values yet, we did not use the tables including the indicators. We will use them and provide the values in the next report.

BERHAN implementation kebeles selected: The project was designed to be implemented in twelve kebeles of Fogera and Este woredas in South Gondar zone. The kebele selection was done in collaboration with the woreda and zonal Women Affairs, Administration, Health and Education offices guided by key selection criteria developed with them. The selection criteria considered 1) the prevalence rate of EM, FGC and GBV, 2) absence of similar interventions being implemented by other NGOs and 3) took into consideration the distance between the kebeles and the government office, to prioritize kebeles that are not easily reachable and therefore more marginalized. The kebele selection was completed in July 2020.

	Este Woreda Kebeles	Fogera Woreda kebeles
1	Komets Abeja	Kidist Hana
2	Denba	Shina
3	Recha qusquam	Abuanatiwa
4	Licha geter	Shaga
5	Debreselam	Bebekis
6	Berkut	Menguzer

P.A.1. Project launching workshop: The launching workshop for BERHAN took place in October 20, 2020 in Bahir Dar city. A total of 24 (3 female) participants attended the workshop, including representatives from the two woredas' Administration offices, as well as the regional, zonal and woreda offices for i) Education, ii) Finance and Economic cooperation, iii) Women, Children and Youth and iv) Justice. During the workshop, CARE introduced the project's objective, scope, interventions, direct and indirect beneficiaries, stakeholders, approaches and budget. The participants indicated their strong support and commitment for future implementation as they again reiterated that South Gondar zone is a hotspot for early marriage.

PA2 SNAP/Gender Analysis and baseline consultancy: the project team developed a ToR for the baseline consultancy work, shared it with the ADA and publicly advertised it to invite competent firms to apply. The evaluation of the technical and financial proposals of the consulting firms was completed in December 2020 and Zufil was awarded the assignment. The process took longer than expected due to delays in procurement procedures (as reported in

the ADA questionnaires the COVID19-pandemic causes some delays in procurement processes in general). The consulting firm submitted the inception report and the data collection tools in December 2020. We expect the report to be finalized latest in April 2021. This Social Norms Analysis Plot (SNAP) assessment and gender analysis were initially planned to be carried out separately by CARE but following the COVID-19 outbreak and the country office's travel restrictions we decided to integrate it with the baseline assessment. CARE's gender team will be providing technical support to the consulting firm to get the desired outputs.

PA5. Development and implementation of GBV/PSEA monitoring and mitigation plan: the project team developed the ToRs for the CARE International consultant who will support the BERHAN team in developing and implementing the GBV monitoring and mitigation plan and other related ouputs. The deliverables will include i) trainings on psychological first aid, do no harm principles and CARE's Safeguarding Policy (Protection against Sexual Exploitation and Abuse (PSEA), ii) Review of project monitoring routine data collection tools in view of mainstreaming GBV, iii) development of a GBV risk analysis, GBV referral list, and GBV response protocols, among others. We plan to start working with the CARE International consultant in the first quarter of year 2.

PA6. Mainstreaming Inclusion: the project team developed a ToR for the disability mainstreaming consultancy work and publicly advertised it to invite competent firms. In the first advertisement, only two applicants submitted their technical and financial proposal. Therefore, we re-advertisement the ToRs, after which we received two additional technical and financial proposals. The ream started to review the technical documents and the review process is planned to be finalized in the first quarter of 2021.

4.1.1.2. Develop SAA discussion manual, SRH and life skill training manual: The draft manual on SRH, life skill and gender has been developed and shared with the team for final feedback. The manual consists of three major modules i.e., i) life skills, ii) understanding gender and SRH and iii) harmful traditional practices. This manual is important as it is the basic guideline to lead the dialogues and reflections among community members that will help them critically reflect and explore the root causes of harmful traditional practice and gender based violence. Besides, it will help them to reflect on social norms and gender related stereotypes. It will also encourage participants and provide guidelines to develop action plans to bring about change in their community. The manual will be finalized in the coming quarter after incorporating key social norms that will have been identified in the baseline and SNAP.

4.1.2.2. SAA TOT training for project staffs and government partners: This reporting period, a SAA Training of Trainers (TOT) was conducted at Bahir Dar city for five days from November 30th-December 4th, 2020. The training was initially planned to take place in the first quarter of year two, but the team decided to conduct it earlier considering the delays we were facing with other activities. A total of 31 (8 female) trainees participated, from regional, zonal and woreda Women, Children and Youth Bureau, Health Bureau, Education Bureau and Justice Bureau. The objective of the training was to equip the participants with the concept and working modalities of the Social
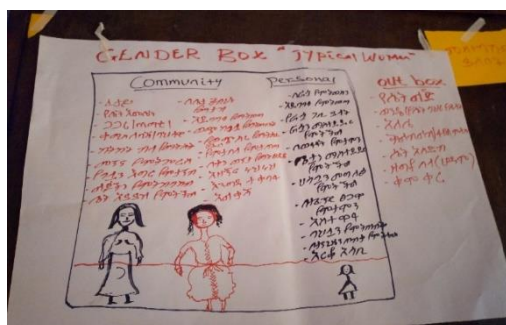

Figure 1 Group work Activity Presentation

Analysis and Action (SAA) methodology, approaches and tools. They were invited to challenge their own biases and identify the social norms and barriers that are underlying causes of FGC, EM and low utilization of SRH services in Amhara. In a second step they were trained on facilitating reflective dialogues, and on the importance of engaging government staff and outreach structures in social norms analysis. The trainees' feedback on their personal social norms transformative journey during those 5 days was very positive. They expressed their commitment to cascade the SAA training and support implementation on the ground. Specifically, at the end of the training, participants developed action plans on when and how they would facilitate group formation at community level, select and train SAA facilitators. They also decided how they would follow up and support the SAA groups over the implementation period of the project.

4.1.3.1 Provide training for Girls Groups on sexual reproductive health and HTTP: as mentioned under activitiy 4.1.1.2., we started working on the manual on SRH, life skill and gender that will be used for the implementation of this activity.

4.1.3.2 Provide training for Girls Groups on life skills development: as mentioned under activitiy 4.1.1.2., we started working on the manual on SRH, life skill and gender that will be used for the implementation of this activity.

4.1.3.4. Print Government Puberty Book for girls: The procurement process for the printing of the puberty book started and will be finalized in the first quarter of year two.

4.1.3.5. Support Package for girls' mentors: The project had planned to prepare the support packages for girls' mentor during this reporting period (consisting of a bag with stationaries and other items they will need to conduct their mentoring). Given that the girls' groups are not yet organized and their mentors have not been selected, and due to competing priorities, we did not start the procurement process this reporting period. We will wait until we selected the mentors to start preparing the packages, so that we can also assess and take into consideration their specific needs.

4.1.6.1. Organize and strengthen school clubs: The school stayed closed because of COVID 19 but immediately after opening twelve schools were selected in the operation kebeles of BERHAN. We selected the schools with the biggest numbers of students between the age of 10 -19 years and where the need for support on SRHR was the greatest. After the selection of the schools, CARE conducted a needs assessment to identify the key SRHR areas that need to be strengthened.

4.1.6.2 Training and theatre development for school clubs on HTPs, gender and lifeskills as mentioned before, the project team started working on the SRH, gender and life skill manual, which will be the foundation for the school theatre.

4.1.6.9. Print and distribute government school health package manuals: we planned to print the school health package manuals during this reporting period. As the manual was developed with the support of UNICEF, we contacted them to get a copy. Unfortunately, we only received an English version. We are currently discussing with the region's Health bureau to receive the camera ready Amharic version. We believe this activity should be finalized in the first quarter of year two.

4.2.1.1. VSLA TOT training: a TOT training was organized to build the capacities of 33 (6F) trainees on the VSLA approach, its principles and build their facilitation skills. The training took place from 23th-27th, December, 2020 at Bahir Dar city. The training was facilitated using the CARE VSLA ToT manual and facilitated by trained CARE staffs. The participants were from regional, zonal and woreda Cooperative office, Technical and Vocational enterprise, Women Children and Youth office, Agricultural office and woreda Administration office. Through the VSLA methodology the trainees are meant to enhance the livelihood security and financial literacy of marginalized community members, including women and girls, as well as FGC practitioners. The main training contents included i) VSLA methodology, ii)

Figure 2 Training participants during group activity

phases of VSLA (preparatory phase, intensive phase, development phase and maturity phase), iii) the procedures of saving & loan reimbursement, social fund and share out, iv) role and responsibility of VSLA management committee members, v) conflict resolution technique, vi) saving and loan documentation vii) as well as disability inclusion and viii) COVID-19 prevention measures to be respected during cascading of VSLA training. At the end of the training the trainee were formed into 3 groups and were invited to perform a drama showing the VSLA process, to demonstrate how much they had internalized the processes and concepts. During the final day of the training, the participants developed action plans on how they would select VSLA management committee members, cascade the VSLA training at the community level and how they would schedule the follow up with the VSLA groups.

4.2.1.4. Procure and distribute VSLA kits: One hundred VSLA kits, which each include a savings box, record book, basic calculator, ruler, stationary, different colors of plates and keys to lock the saving box, were procured. The kit will be supplied to 100 VSLA community groups which will be established in year two of the project.

4.2.1.6. Provide VSLA kits to the girls groups: One hundred twenty VSLA kits were procured for 120 girls VSLA groups, which will be established in the coming reporting year. Similar to the community group kit, it consists of a savings box, record book, basic calculator, ruler, stationary, different colors of plates, and keys to lock the saving box. The kits will be distributed after establishment of the groups.

4.2.2.1. Training on Income generating activity (IGA): the project team started collecting different training materials used by CARE and the government to start tailoring the IGA manual to the BERHAN context. The training manual will be finalized in the coming reporting year.

4.3.3.1. CSC TOT training: we will start working on the Community Score Card (CSC) manual next year, as the team focused on other priorities.

4.3.4.1. Regional project steering committee monitoring visit and review meeting: the regional steering committee meeting was planned to take place in the last quarter of this reporting period. Unfortunately, due to the higher regional officials' busy schedule following the start of the conflict in Tigray region, we could not organize it. It will be a key priority in the following months of the second year of the project.

4.3.4.2 Quarterly supportive supervision visit and review meetings with the zonal office: we had planned to conduct a quarterly supportive supervision visit to the project implementing areas. Given that not many activities were implemented by the last quarter of this reporting period, we decided to postpone the visit.

4.3.4.3 Annual planning and review meeting with woreda implementing partner: An annual planning workshop was conducted with regional, zonal and woreda signatory offices and other stakeholders (women affairs, attorney general, police, health, education, finance and development administration) in December 2020. Initially this meeting was not planned to take place the first year of the project, but we organized it based on the demand of the zonal and woreda partner offices who wanted to review the progress so far and jointly prepare the project's year two plan. The meeting took place at Woreta town with 90 participants (F 26) in three sessions (meeting halls). Some of the participants are also the leading members of committees against Harmful Traditional practices (HTPs) and Gender-Based Violence (GBV). The South Gondar zonal women affair representative presented reports on EM, GBV and FGC for Este and Fogera woredas. As the BERHAN team discussed the implementation status and plans for 2021, the participants expressed their commitment to support the implementation of the project and to integrate the project's objectives within their own organizational plan.

5.1.2. Visibility and communication activities: the project printed training documents with ADA, CARE and regional offices' logo. This was one of the visibility activity implemented in the reporting period and more will be done in the coming year.

COVID-19 Prevention and Awareness Activities: The project procured Personal Protective Equipment (PPE) for the staff, partners and community members to ensure all the COVID-19 preventive measures are properly applied in all engagements. This included face masks, sanitizers, soaps, gloves and alcohols. We had also planned to develop and transmit COVID-19 Social and Behavioural Change Communication (SBCC) messages, but since the Government authorities in the woreda were already doing the same with their own resources, we only provided technical support and attended meetings for designing the messages.

Annex 2: Financial report

Annex 3: Workplan

Annex 4: Bestätigung zur Zwischenabrechnung