

Scottish Government Rwanda Development Programme

End of Year 1 Report

1. General Project Information			
1.1	Project Reference Number:	RWAA84	
1.2	Name of Organisation:	Rwanda Interfaith Council on Health	
1.3	Lead Partner(s):	Oxfam Scotland	
1.4	Project Title:	Claiming Sexual and Reproductive Health Rights in Rwanda	
1.5	Reporting Period:	From: 01/10/2017 To: 31/03/2018	
1.6	Reporting Year:	Year 1	
1.7	Project Start date	01/10/2017	
1.8	Project End date	31/03/2022	
1.9	Total Project Budget*	1,338,480 GBP	
1.10	Total Funding from IDF*		
1.11	Have you made any changes to your logframe? If so please outline proposed changes in the table below. Please note all changes require Scottish Government approval. If changes have already been approved please indicate this in the table.		
	Outcome/Output	Proposed /Agreed Change	Reason for Change
	Date Approved and by whom		
	Outcome 1.3	Defer to Y2	Logframe/budget discrepancy – see below
	Output 1.2.1	Defer to Y2	Logframe/budget discrepancy – see below
	Output 1.3.3	Defer to Y2	Partner change/late start – see below
	Output 2.1.3	Defer to Y2	Partner change/late start – see below
	Output 3.1	Defer to Y2	Partner change/late start – see below
	Output 3.2	Defer to Y2	Partner change/late start – see below

1.12	Supporting Documentation Check box to confirm key documents have been submitted with this report	Up to date Logical Framework, which reflects any changes detailed above.	Yes
		Up to Date Budget Spreadsheet	Yes
		Case Study	No
Report Author: [Redacted]		Signature: [Redacted]	

2. Progress and Results

2.1 Please give an update on the progress your project has made during the reporting period. Please use this space to update us on what has gone well and any challenges you have experienced, detailing how you have overcome these. (Max 500 words)

The project "Claiming Sexual and Reproductive Health Rights in Rwanda (CSRHR)" was officially launched with the Ministry of Gender in December 2017.

As CSRHR is a community based project, to later help facilitate reaching positive results, it was vital to ensure buy-in from key stakeholders at an early stage of project implementation.

In January 2018, we instigated project orientation sessions with district authorities, government institutions and structures involved in the project implementation – district hospitals, Isange One Stop Centre staff, National police and senior staff of the 6 districts the project will work in.

These sessions aimed to introduce the project and give those attending a clear understanding of objectives, targeted beneficiaries and expected outcomes to targeted audiences. It also provided stakeholders an opportunity to engage and commitment to project implementation.

Even in these early stages of the project we have had some successes. To improve community engagement in supporting women's SRHR and to raise awareness on SGBV prevention and response mechanism (IOSC), two community awareness campaigns were organized and conducted in both southern and northern provinces.

The two campaigns were attended by more than 8,000 people vastly exceeding the original target of 200. A combination of targeted promotion and fantastic support from local churches accounted for the huge turnout. Religious leaders also committed to support the project – especially in terms of support and counselling.

During this period, IOSC staff strengthened linkages with local communities by organising outreach meetings. These also exceeded expectation, reaching 972 people against a targeted 200. These community based events were also aired on national and community Radios and Television taking anti-SGBV messages to the wider community countrywide.

During the reporting period, we planned to identify, recruit and train 50 agents of change. We managed to target 60 women and provide them with training on women's SRH rights, existing gender and SRHR laws, SGBV. Whilst at the same time offering care and support to women dealing with SGBV. These agents are playing an important role of sensitizing communities on the prevention of SGBV and referring victims to Isange One Stop Centres for sexual and reproductive health services.

We did however encounter some major challenges:

- Unfortunately, one of the implementing partners dropped out of the project and, consequently, the entire implementation arrangement had to be reworked with only one implementing partner. This delayed the project by months – the change was communicated and agreed with the donor.
- When project implementation started, it was noted that SGBV victims will need time to respond to the support we offer them. In addition, some of the activities (joining a support group, telling their stories in the community, participating in debates and public awareness) are sensitive and require trust to be built before they become effective. These activities will take longer than anticipated to implement.
- The above-mentioned delay had an impact on timelines. All activities linked to output three of the project (increasing voice and economic capacity) have been delayed until year two. And, an acceleration plan was developed for implementing other project activities.

2.2 Have you completed all baselines for the project? If not please explain why and describe what plans are in place to ensure these are completed. If you have please ensure these have been added into your logframe. (Max 200 words)

The planned baseline is not yet completed – this is primarily due to the delays encountered during project start as mentioned under 2.1.

That said, we have recruited the consulting firm who will undertake the survey and we believe that activities will begin by mid May 2018 with a completion of the survey expected for end June 2018.

After the baseline survey is complete, we will provide a revised logical framework by mid-July 2018, including baseline values and revised targets if necessary.

Have you experienced any delays to planned activities? Please provide full details including what action is being taken to bring activities back on track. (Max 250 words)

As mentioned under 2.1 and 2.2, the project incurred three months' delay at project start. Activities which couldn't be implemented in year one due to delays at project start have been deferred to year two of project and related milestones have been revised in the updated logical framework in annex 2. In detail:

Under outcome 1:

- Activity 1.1.4 - titled 'Community engagement – family; organise training of 500 men champions and their 500 partners on women's sexual and reproductive health rights and SGBV (50 % women)' costed at **£1,970** is being deferred for implementation in year two.
- Activity 1.1.3 The activity titled 'Training – Champions; organise training of 500 men champions and their 500 partners on women's sexual and reproductive health rights and SGBV (50 % women)' costed at **£3,000** is being deferred to year two.

Under outcome 3:

- All activities under this output are postponed for implementation in year 2. Total cost of activities is **£17,160**.

Under dissemination costs/influencing and advocacy outcome:

- Funds allocated to the baseline survey will be spent in year two of project activities, total of **£13,000**.

2.4 Project Outcomes

In the table below, please list each of your project Outcomes, and provide further detail on your progress and results over this reporting period. Describe any delays or other challenges that you have experienced and how these have been addressed, and provide information about any unexpected results (for example where targets have been vastly exceeded). Progress should also be updated within the relevant fields of your log-frame.

Outcome 1

Positive change in social attitudes, cultural norms that discriminate against women in targeted communities of Rwanda

Outcome Indicator	Milestone / Achievement	Progress
1.1: Percentage of women and girls who report improvement in understanding their rights to report and address SGBV related violations	0%	Even though there has been no assessment, different activities contributing to the improvement of women and girls in understanding their rights report and address SGBV related violations have already been carried

		out including awareness campaigns, trainings and media programs
1.2: Percentage of men in project location who report behaviour change in relation to SGBV	2%	Through community awareness campaigns and media, men in project location have also been reached out to with messages of fighting SGBV and this will undoubtedly contribute to their behaviour change.
1.3 Number of Civil Society Organisations that advocate for women's SRHR in the targeted communities.	2	There was an initial discrepancy between project's logical framework and the budget. Although we had set a target for year one, no funds had been allocated to this outcome in the budget. We request that this activity be deferred to year two and milestone/target has been revised to reflect this change.
OUTCOME 2		
High quality services are delivered to women and girls from targeted ISANGE One Stop Centers (IOSC)		
Outcome Indicator	Milestone / Achievement	Progress
2.1 Percentage increase of targeted 1000 women, girls who reported receiving better services on SRHR from IOSC	0%	There have been linkages between IOSC and community members as well as community awareness on IOSC available services but the contribution of year one will be included in the baseline survey exercise.
2.2 Percentage increase of SGBV victims who have been referred to legal services by IOSC	0%	

	OUTCOME 3 SGBV victims are empowered for reduction of SGBV incidence		
	Outcome Indicator	Milestone / Achievement	Progress
	3.1 Number of SGBV victims' support groups who report having access to IGAs through entrepreneurship or savings and loans groups	0	
	3.2 Number of supported SGBV victims' support groups that become cooperatives	0	
2.5	Project Outputs In the table below, please list each of your project Outputs, and provide further detail on your progress and results over this reporting period. Describe any delays or other challenges that you have experienced and how these have been addressed, and provide information about any unexpected results. Progress should also be updated within the log-frame.		
OUTPUT 1.1 Increased capacity of the agents of change to promote positive behaviours related to SGBV			
	Output Indicator	Milestone / Target	Progress
	1.1.1 Number of agents of change in project location	50	60 agents of change have been identified and trained (10 per district). See more explanation on exceeding target in the logical framework.
	1.2 Number of advocacy and community meetings organised by agents of change	1	3 community meetings on awareness raising of IOSC services were organized by agents of change in collaboration with IOSC staff.
OUTPUT 1.2 Increased capacity of CSOs to advocate for women's SRHR			
	Output Indicator	Milestone / Target	Progress
	1.2.1 Number of supported CSOs on SRH rights	2	This is another case of an initial discrepancy between project's logical framework budget. The milestone targets were set for year one and yet there were no funds allocated to the

		activity in the budget. We request this activity be deferred to year two.
1.2.2 Number of advocacy meetings organised by CSOs to advocate for SRH rights	0	Please see above
OUTPUT 1.3 Improved community engagement to support women's SRHR and fight SGBV		
Output Indicator	Milestone / Target	Progress
1.3.1 Number of community members engaged in community advocacy campaigns conducted for ending violence against women and girls	500	5,000 people including Religious leaders, local leaders, police officials, education officers and youth participated in community advocacy campaign on ending violence against women and girls. As mentioned earlier, early targets/milestones for this output were underestimated and have been revised in the updated logical framework.
1.3.2 Number of community members who participated in community dialogues on women's SRH rights and SGBV (50% women)	0	
1.3.3 Number of people engaged in community meetings conducted to challenge patriarchal and deep-rooted stereotypes that discriminate women	150	This activity couldn't be implemented in year one due to delays at project start and we request that this be deferred to year two of project. Related milestones will be revised in an updated logical framework in annex 2
OUTPUT 2.1 Strengthened capacity of Isange One Stop Centres' health workers		
Output Indicator	Milestone / Target	Progress
2.1.1 Number of Isange health workers trained who understand inclusive needs of the victims of SGBV	0	
2.1.2 Number of SGBV victims who report having access to SRH services	50	During project implementation, the number of victims to benefit from the training was

		increased from 50 to 60 SGBV victims to ensure a fair number of beneficiaries in the six districts of project implementation (10 victims per district). Victims were trained on access to SRHR's services through IOSC health workers. Targets and milestones have been revised in the attached logical framework to reflect the increase in year one target.
2.1.3 Number of Isange health workers who mainstream 'Men Engage' approaches while providing SRH services	10	This activity couldn't be implemented in year one due to delays at project start and has been deferred to year two of project implementation. Related milestones are revised in the updated logical framework in annex 2
OUTPUT 2.2		
Increased awareness of IOSC available services and their effective use by SGBV victims		
Output Indicator	Milestone / Target	Progress
2.2.1 Number of SGBV victims who participated in awareness sessions on available services from IOSC	50	60 SGBV victims attended two sessions where different subjects including services available at IOSC were discussed. As mentioned under 2.1.2, target in year one has been exceeded and milestones have been revised in the attached logical framework to reflect the increase in year one target.
2.2.2 Percentage increase of SGBV reported cases in the targeted communities	0	Progress will be assessed in year 2
2.2.3 Number of community members who attended dialogue meetings, and awareness raising campaigns on IOSC available services (70% women)	200	3,000 community members attended awareness raising campaign on IOSC available services that was organized in collaboration with Religious Leaders and Local authorities. Early

		targets/milestones for this output were underestimated and have been revised in the updated logical framework
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OUTPUT 3.1
Increased economic capacity of SGBV victims

Output Indicator	Milestone / Target	Progress
3.1.1 Number of SGBV victims who report having access to income generating activities (100% women)	0	Activity deferred to year two and milestone/target revised in logical framework
3.1.2 Number of trained SGBV victims on entrepreneurship pack-age for small businesses (100% women)	50	Activity deferred to year two and milestone/target revised in logical framework

OUTPUT 3.2
Increased voice among SGBV victims support groups

Output Indicator	Milestone / Target	Progress
3.2.1 Number of skilled support group members who share their story of rights abuse in different platforms from the targeted communities (100% women)	10	Activity deferred to year two and milestone/target revised in logical framework
3.2.2 Number of local leaders who report having interactions with SGBV victims' support groups	10	Activity deferred to year two and milestone/target revised in logical framework

3. Operational plans and partnerships	
3.1	<p>Are all staff required to deliver the project now in place? If not, please explain what action you are taking to ensure all essential roles as outlined in your application, are in place as you move into year two of the project. If plans for staffing has changed, please tell us about this. (Max 200 words)</p> <p>All staff under Oxfam in Rwanda were recruited although with some delays hence the underspent in the financial report. Contributions to salaries of existing staff have also been spent as planned. Two project officers have already been recruited at the local implementing partner level and all contributions to existing staff members have also been spent as planned.</p>
3.2	<p>Are all partnerships on the project now in place? Please update on how these partnerships are progressing, letting us know about any highlights, challenges or changes to roles and responsibilities. (Max 300 words)</p>

	<p>Yes, all key partnerships are in place. Activities related to Gender Based Violence and all interventions at Isange One Stop Centres are implemented in close collaboration with the Ministry of Gender and Family Promotion (MIGEPROF), the Ministry of Health (MOH), and the Rwanda National Police (RNP). Oxfam in Rwanda has already a collaboration agreement through MoU with MIGEPROF.</p> <p>MIGEPROF oversees coordination of all activities (by the government, donors and charities) related to SGBV at national level including the coordination of activities of all IOSCs. MOH oversees coordination of all health services in health facilities which house IOSCs. RNP oversees protection of SGBV victims and investigation of SGBV cases through linkages to relevant legal processes and entities.</p> <p>Local authorities in the districts of project location are also key partners for project implementation because they facilitate all community events which involve victims, agents and other population groups in their districts. They play a critical role of mobilising community groups behind project's objectives.</p> <p>At implementation level, Oxfam signed a partnership agreement with Rwanda Interfaith Council on Health (RICH) for the implementation of the project. RICH is one of the leading NGOs in implementation of donors and charities' projects including UNICEF, Global Fund and others. RICH membership makes up 90% of religious leaders in Rwanda. They have a strong convening and convincing power which enables project objectives to be implemented as planned.</p>		
3.3	<p>Have any visits to the project taken place in this period? Please give details including key activities and outputs of these visits.</p>		
	Date of Visit	Key achievements / outputs of visit	Follow up actions
	5-11 Nov 2017	<p>[REDACTED]</p> <p>Fundraising Manager supported Rwanda team on the project change process, logical framework and any challenges anticipated for the first six months of project implementation.</p>	<p>-The partner to finalize and share implementation plan -Involve the national institutions in the new project</p>
	26/01/2018	Two visitors from the Scottish government visited Oxfam Rwanda program and met key partners in the GBV area: MIGEPROF,	Identify new areas of collaboration and extend partnership with the Scottish Government

		<p>MOH, Gisenyi District Hospital, National Women Council (NWC), Profemmes Twese Hamwe.</p> <p>They understood the status of GBV in Rwanda and the contribution of CSRHR contribution to the national response</p>	
	15-18Jan 2018	<p>Introduction of the CSRHR project at all Districts and Isange One Stop Centres supported by the project by the team from Oxfam, Ministry of Health and RICH. They understood the project objectives, its expected outcomes and their role throughout project implementation.</p>	<p>-Identification of targeted Beneficiaries (SGBV victims) from IOSC registers for training.</p> <p>- Joint planning with key partners (District and IOSC technical staff)</p>
	23 Jan-09 Feb 2018	<p>Joint planning at targeted District level to harmonize the project's activities for the project's first year by implementer partner(RICH)</p>	<p>Implementation of joint planned activities for project year one</p>
	06/03/2018	<p>Meeting in Huye District by RICH team to prepare Huye campaign together with key stakeholders including Districts Committee, Police, Religious Leaders, Officers in charge of Gender and District joint action Development Forum(JADF) and visit of campaign venue</p>	<p>Mobilization of community to attend Campaign</p> <p>-Inviting guests</p> <p>-Campaign Logistic preparation</p>

4. Financial Information

This section will be reviewed alongside your end of year financial report, which must be included with this report. Please ensure an explanation for any variance to planned expenditure is provided against each budget line in the space provided in the budget spreadsheet.

4.1 If your spending is not on track as expected, please outline the reasons why, and detail what plans are in place to bring spending back on track. If you are requesting changes to your budget at this stage, please outline them below. (Max 350 words)

As explained above, there have been delays in project implementation. Working with one project partner rather than two, redrawing plans to accommodate this has had an ongoing impact on delivery timings. Unsurprisingly, this has caused some activities to be carried over into year two and this affected our budget spending.

This postponement of some activities was due to two main reasons:

- short time for implementation of planned activities
- the nature of the project required that activities happen in sequence, better of some to happen after others have been completed – for example, activities related to support groups of victims have to wait until victims are trained and empowered to be able to join support groups).

As discussed previously, on reflection, we felt that it was important that developing specific activities required trust to be built with women we are working with before embarking on training and empowering them. Output 3 (Increased economic capacity of SGBV victims and increased voice among SGBV victims' support groups) will start in year 2.

In terms of MEAL activities, there was an underspend on planned baseline study. Initial activities to prepare for the baseline study have been implemented. The baseline study will be conducted in the first quarter of Year 2 and logical framework will be revised if necessary.

Delays in implementation have also had an impact on planned dissemination activities. This has an impact on first year expenditure and the remaining amount is planned to be spent on the same activities in the next year.

When we determine the full impact of these delays on the remaining budget, in conjunction with our partners, RICH, we will provide the Scottish Government with a fully reprofiled financial report in the first quarter of year two.

5. Any other Information

Please use this section to tell us any other relevant information regarding your project. (Max 350 words)

The CSRHR project is really appreciated at national and district levels for its contribution to the national prevention and response in the area of GBV.

During the project launch, participants from different government institutions, national and international NGOs and religious based organizations that attended the event, all appreciated the project for its comprehensive interventions combining prevention and response including the economic empowerment of victims of GBV.

During the meeting feedback to Oxfam included:

- Pay attention to teen mothers
- Consider extending the project extension and increasing the number of districts to cover
- Put focus on educating and supporting families in conflicts
- Design a project supporting children born from teen mothers

All local leaders at district levels appreciated the project and expressed their commitment and facilitation of its implementation. Therefore, they have shown need to support teen mothers and their children, dissemination of GBV law at grassroot level and specific program with conflicting families. The leaders stated how the project will contribute their district performance contracts.

Oxfam attended a meeting to develop UN Women strategic plan 2018-2023. One of the three main areas highlighted is GBV. We will work closely with the UN on this component.

Rwanda Men's Resource Center (RWAMREC) has a unique expertise in dealing with to fight GBV and violence against women and girls. RICH is partnering with RWAMREC to engage men and boys in promoting women's sexual and reproductive health rights, preventing intimate partner violence and promoting their great involvement in family's health through gender transformative workshops.

During the meeting with CSOs working in GBV at district level, CSOs expressed their appreciation of victim economic empowerment component that is missing in their interventions. They promised to join Oxfam and RICH to increase community awareness on GBV and other drivers of gender inequality.