

**Scottish Government International Development Programme
End-Year Report**

Notes for Completion:

- Please note, with the exception of the cover page, this report will be published.
- To ensure compliance with GDPR, refrain from using any personal or identifying information unless you have obtained consent from the data subject and are content for this to be made public.
- Answer all questions in the template provided, noting the word limits.
- Include all relevant information in the reporting template – hyperlinks and annexes will not be accepted as part of the report.
- Ensure answers are clear, concise and in plain English. Explain acronyms and avoid using jargon.
- Please ensure this end-year report covers the full reporting period (12 months).

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| <p>Supporting Documentation</p> <p><i>Check box to confirm key documents have been submitted with this report</i></p> | <p>Logical Framework, which reflects any changes in this reporting period.</p> <p>Budget</p> <p>Case study</p> <p>Risk register</p> | <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> |
| <p>As the project manager responsible for the completion of this report, I hereby confirm the information included is accurate and complies with the notes for completion.</p> | | |
| <p>Scotland-based Project Manager: [REDACTED]</p> | <p>Signature: [REDACTED]</p> | |

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| 1. General project information | | |
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| 1.1 | Project reference Number | RWAA84 |
| 1.2 | Name of organisation | Oxfam |
| 1.3 | Lead partner(s) organisation | Rwanda Interfaith Council on Health |
| 1.4 | Project title | Claiming Sexual and Reproductive Health Rights in Rwanda |
| 1.5 | Reporting period | From: 01/04/2019 To: 31/03/2020 |
| 1.6 | Reporting year | Year 3 |
| 1.7 | Project start date | 01/10/2017 |
| 1.8 | Project end date | 31/03/2022 |
| 1.9 | Total project budget* | £1,338,480 |
| 1.10 | Total funding from Scottish Government* | £1,338,480 |
| 1.11 | Provide a brief description of the project's aims, highlighting which of the Sustainable Development Goals (SDGs) your project is working towards? (200 words) | <p>Claiming Sexual and Reproductive Health Rights project (CSRHR) addresses the gaps related to negative social attitudes and cultural norms that increase Gender Based Violence, increases linkages between communities and health facilities/Isange One Stop Centres (IOSC) and empowers women and girls' victims of gender-based violence (GBV) for their socio-economic reintegration and reduction of GBV incidence. Sexual Reproductive Health and Reproductive Rights (SRHR) issues are recognised from the outset in the SDGs. The project's aims are cross-cutting by nature and are embedded in several goals. However specific SRHR provisions are in goals 3 and 5 of SDG.</p> <p>The Goal 3 is about ensuring healthy lives and promotion of wellbeing for all at all ages. The project is working to contribute to the attainment of three main targets of the goal namely ensuring universal access to sexual and reproductive health care services, reduction of maternal death and ending epidemics of AIDS and other diseases.</p> |

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| | | The project also works towards goal 5 on achieving gender equality and empowerment of all women and girls. It specifically lines up with targets such as elimination of all forms of discrimination and violence against women and girls and ensuring universal access to sexual and reproductive health and reproductive rights. |
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2. Project progress and results

Please use this section to give an update on the progress the project has made during this reporting period.

2.1 Provide an update on the progress your project has made over the past 12 months. 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)

Achievements:

- 700 new agents of change and champions were identified and trained in the six districts where the CSRHR Project operates.
- Refresher training was provided to 26 participants from 10 CSO coalition members.
- 300 couples in conflict were engaged in community dialogue on SRHR, family conflict resolution and prevention of GBV. Couples committed to stopping conflict and 92 couples committed to share the knowledge gained with their communities.
- Eight community meetings to challenge patriarchal and deep-rooted stereotypes were conducted and 11,012 people attended.
- A high-level meeting was attended by 102 participants. The report on the status of Isange One Stop Center services to under-18 SGBV victims and the booklet of 14 stories of SGBV victims were launched at the meeting.
- 42 Community dialogues led by Isange One Stop Center (IOSC) and district staff were organised in six districts and raised awareness of services amongst 28,928 people.
- 300 SGBV victims were trained with on SRHR, GBV prevention, entrepreneurship, and on saving and lending for their socio-economic reintegration.
- 150 victims of SGBV were enrolled in vocational training courses.
- Six meetings between local leaders, parents and representatives of victim support groups were conducted in the six districts to enhance the role of local leaders and parents.
- 12 story telling sessions were conducted across the six districts for victims to share their personal stories meaning two sessions in each district. During the session's victims received psychosocial support from hospital psychologists.
- Six live talk shows were conducted on local and national TV and radio stations to raise awareness of GBV and of services at IOSC. The 14 stories

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documented in previous years were produced into short films. Three of them were screened on local TV and shared through social media channels.

Challenges:

- On 14th March 2020, the Rwandan Government announced strict measures to prevent the spread of the COVID-19 virus. These measures affected some project activities that required large community gatherings. A COVID-19 mitigation plan is included with this report.
- Victims live in geographically dispersed locations and need to travel long distances to attend the meetings. This affects the operation of support groups, especially when it rains, as the only means of transport available to most is a motorbike unsuitable for use in heavy rain. We therefore make travel easier by engaging victims in training planning and informing parents about meetings.
- Having enrolled 150 victims in vocational courses, the project is not able to provide start up kits to the victims as they were not sufficiently budgeted for in the original proposal. Start-up kits would include equipment such as hairdressing materials or tailoring machines.
- Families in conflict have requested more dialogue sessions and home visits, however the original proposal has only budgeted for one session per district.
- We are working to find the best tools for monitoring and evaluating impact (in terms of exact number of reach) of awareness raising sessions using mass media channels (TV and radio).

2.2 Has the focus or plans for delivery changed significantly during the last year? Please highlight what issues or challenges prompted this change and how you anticipate any changes in focus will impact on the previously agreed outcomes (Max 500 words)

During this reporting period the majority of plans for delivery have not changed. However, following the needs assessment with the victims of Sexual and Gender Based Violence (SGBV), there have been some changes to the approach to the economic empowerment of SGBV victim's activity within outcome 3. During the needs' assessment, victims expressed a need for life skills which would enable them to move towards income generating activity. As a result, activities related to the provision of start-up capital to SGBV victims to start income generating activities were revised to first provide vocational training to address the desire for life skills. As mentioned above 150 victims started tailoring and hairdressing courses following individual choices.

2.3 Taking into consideration what you have achieved during the last 12 months, along with any challenges you have experienced, please highlight to us what lessons you have learned, and how these will be applied in the project in the future. (Max 500 words)

Key lessons learnt during the reporting period include:

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- Media engagement is one of the most effective ways to conduct awareness raising activities on GBV and SRHR, especially now that Rwanda is in a period of lockdown due to COVID-19. For example, through six TV and Radio talk shows conducted in the last 12 months, we have reached a population almost ten times bigger than we would have reached through physical campaigns.
- Although there is not yet supporting data, facts show that the outbreak of COVID-19 in Rwanda could lead to an increase in cases of SGBV. While home curfews and limiting interactions with others can maximise safety from COVID-19, for some women in the country, having to stay home means welcoming an entirely different problem of the inescapable and inevitable violence waiting to be unleashed from an intimate partner or a close family member. A CSRHR funded study showed that over 33% of rapes of Gender based Violence (GBV) victims took place in the victim's home and 81.9% of perpetrators are known by the victims. As a result, Oxfam has commissioned a quick survey assessment to understand what the impact of COVID-19 confinement on SGBV could be and will share findings of the assessment as soon as available.
- The continued collaboration and involvement of local leaders and key stakeholders remain critical for project success and sustainability.
- Continuous collaboration with government institutions throughout project implementation is important for ensuring that the project can be implemented smoothly.
- Engaging religious leaders in some project interventions is crucial for sustaining project gains. They are trusted, influential and always close to community members. This enables them to help families resolve conflicts, mobilising support for victims from church members and accompany GBV victims in their healing journey.
- Collaboration with other CSOs operating in sectors other than GBV provides opportunities for knowledge sharing and to engage them as advocates for GBV prevention and response.
- Building the capacity of health care providers working in various services in hospitals is a good strategy for the provision of high-quality services delivered to people seeking support at ISANGE One Stop Centres (IOSC). We will continue applying all the above lessons to ensure the project continues successfully.

3. Partnerships and collaboration

This section allows you to discuss how partnership working is progressing on the project, as well as wider collaboration and sharing of learning.

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| 3.1 | <p>Provide an update on how partnership working has gone in the past 12 months. Let us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)</p> <p>The partnership between Rwanda Interfaith Council on Health (RICH) and Oxfam has continued to work well, with no significant challenges encountered. All have been planned in partnership and, where appropriate, implemented jointly.</p> <p>At national level, there has been increasing collaboration with national institutions that are involved in the coordination of GBV interventions. This was evidenced by the active participation of the government institutions and officials like the Ministry of Gender and Family Promotion, the State Minister in the Ministry of Health, the State Minister in the Ministry of Justice, Rwanda National Police, Rwanda Investigation Bureau, National Women Council and Gender Monitoring Office. These bodies actively participated in project activities such as the high-level meeting, workshop to validate study findings, large mass campaigns and TV/Radio talk shows. Their presence in these activities demonstrated a high level of acceptance of our joint contribution to the national program against GBV.</p> <p>The partnership with all six districts of operation has been strengthened. Oxfam and RICH were invited and participated in the planning and evaluation processes of district performance contract and CSRHR project was highlighted among the best performing projects by all districts. Throughout the project implementation, local authorities (District Mayors, their Deputies or delegates) were very supportive. Whenever project staff needed their support either in inviting participants to workshops and mobilising community members to awareness campaigns or avail staff to offer technical support, they were always responsive. The same good collaboration at grassroots level helped agents of change and champions to smoothly do their work of raising community awareness on prevention and response of GBV.</p> <p>At local level, the collaboration with local leaders and CSOs operating in the districts supported by CSRHR project has yielded good results including increasing commitment of local leaders to contribute to the reintegration of GBV victims, integration of indicators related to sexual and reproductive health and GBV in district performance contracts (IMHIGO) and joint initiatives with CSOs to advocate for SRHR and support to GBV victims.</p> <p>Collaboration between Scottish Government grant holders was increased, RICH has signed MoU with the Challenges Group that implements “Coffee Market Builder for People and Prosperity” project. Both institutions shared experience and expertise.</p> |
| 3.2 | <p>Have any Scotland-based staff visited the project in the past 12 months? Give details including key activities and outputs of these visits.</p> |

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| Date of visit | Key achievements / outputs of visit | Follow-up actions |
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| 12-23 January 2020 | <p>The Media and Communication Officer from Oxfam Scotland visited the Rwanda program and supported to:</p> <ul style="list-style-type: none"> - Prepare for the visit of Scottish Government Officials and the documentation of the visit - Meet victims and collect stories of SGBV victims | <p>Initial planned actions were to write an article and blog for inclusion in on and offline Scottish media (including the Scotsman). However, Oxfam Scotland is currently considering how to use the materials collected from the visit in light of Covid-19.</p> |
| 20 January 2020 | <p>Scottish Government Grant Managers organised a meeting of their grant holders in Rwanda and trained them on Safeguarding</p> | <p>Safeguarding is a priority for any Scot Gov funded project. Grant holders were called to make sure all their interventions keep the principle of 'do not harm.'</p> |
| 21 January 2020 | <p>Scottish Government Officials visited CSRHR project at Gisenyi district hospital. They were informed about the project support to victims, IOSC and community task force (champions and agents of change).</p> | <p>They will link the project with Tearfund in Malawi on their program on forced marriage and teen mothers.</p> |
| 3.3 | <p>Please tell us about any dissemination and learning throughout this reporting period. How have you promoted effective learning across the project? Please explain what processes you have used both internally and externally to share learning from the project so far, and how this learning is being used. (Max 500 words)]</p> | |
| | <p>Throughout this reporting period, there have been different occasions and platforms through which CSRHR project activities and learnings have been shared.</p> <p>The project is being delivered in a way which enables learning across the project. For example, the training sessions that have been conducted for agents of change, champions, SGBV victims were not only a time for building capacities of trainees but also an opportunity to learn and document root causes of gender-based violence within their respective communities. These learnings were then shared and discussed in the training that took place with CSOs.</p> | |

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| | <p>The joint field visit to Isange One Stop Centre provided an opportunity for learning across institutions and practitioners. During this visit, physicians, forensic experts and psychologists, shared information on their day to day challenges and experiences of supporting GBV Victims. After the visit a report on interventions to address GBV was generated and shared both internally and externally.</p> <p>As mentioned in previous reports, participation in national and district platforms such as technical working groups and Joint Action Development Forums are important for disseminating learning from the project. Within these forums the team have been able to share (and learn from others') study findings, booklets on victims stories, as well as keep updated on national and local priorities in response to GBV. The forums have particularly provided a route for others to learn about the project. For example, Muhanga district partners were interested in the CSRHR project interventions and visited Kabgayi Isange One Stop Center to see how it operates and understand the contribution of the CSRHR project to the quality services.</p> |
| 3.4 | <p>Has the project completed a mid-term project evaluation in the past 12 months (or is one planned for the next 12 months)? Please provide detail of the outcome of the evaluation. (Max 500 words)</p> |
| | <p>The mid-term project evaluation was planned for this period. However, it was cancelled two days before its start when the Government of Rwanda announced serious restrictions on movement due to the COVID-19 outbreak. All preparatory activities were completed including the development of tools using SurveyCTO, recruitment of enumerators, and district leaders and directors of hospitals were informed about the activity.</p> <p>The activity will be resumed as soon as the confinement is lifted. The evaluation might be conducted virtually or physically depending on how the situation evolves.</p> |
| 3.5 | <p>With reference to Q39a & 39b in your original application form, please highlight how you are maintaining an awareness of others working in this region, giving details of collaboration, joint working or partnerships with others. (Max 500 words)</p> |
| | <p>The project continues to participate and contribute to ministerial working groups, National and International Organization Forum (NINGO) technical working groups, Joint Action Development Forums (JADF) at district level, Open days and national stakeholders' gatherings. Within these platforms, we have presented study findings and others organizations have committed to using the study findings for advocacy work. The establishment of Community based structures (Agent of Change and Champions) and the establishment of support groups have been viewed by other organisations as particularly strong approaches to emulated.</p> |

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| | <p>Beyond these platforms, coordination with others is maintained through collaboration and joint initiatives with line ministries and key partner institutions including the Ministry of Health, Ministry of Gender and Family Promotion (MIGEPROF), Rwanda Investigation Bureau, District Hospitals and CSOs.</p> <p>A further key platform is the District Joint Action Development Forums (JADF) which has increased collaboration with other organizations operating in the same districts. Through these forums, the project has worked with others to celebrate key events like 16 days of activism and International Women’s Day (IWD). Oxfam and RICH have shared information on GBV prevention and response at these and other gatherings within the districts. isa</p> |
| <p>4. Safeguarding and fraud</p> <p><i>Please ensure you complete questions 4.1 and 4.2 even if you have no incidents to report.</i></p> | |
| 4.1 | <p>Have there been any safeguarding incidents, either relating to staff/volunteers or beneficiaries of the Grant or the Project, in the last 12 months?</p> <p>There have been no safeguarding incidents in this reporting period.</p> |
| 4.2 | <p>Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?</p> <p>N/A</p> |
| 4.3 | <p>Describe what action has been taken, and highlight any lessons learned.</p> <p>N/A</p> |
| 4.4 | <p>Have there been any incidents in the last 12 months of financial mismanagement, theft, fraud etc, either relating to the Grant or the Project or which affects the organisation?</p> <p>No incidents of financial mismanagement, theft, fraud relating to the Grant or the Project occurred in the reporting period relating to the project.</p> |
| 4.5 | <p>Have these incidents reported at 4.1 been reported to relevant authorities, and if so, to whom?</p> <p>N/A</p> |
| 4.6 | <p>Describe what action has been taken, and highlight any lessons learned.</p> |

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| | N/A | | |
| 5. Risk assessment | | | |
| 5.1 | <p>Have any issues materialised during this reporting period? If so, how were they addressed?</p> <p><i>Please refer to risk assessment provided at application stage.</i></p> | | |
| Assumption | Risk | Action taken | Was this included in the Risk Assessment Table in your application? |
| Oxfam, donors and Government mobilise additional resources to reinforce IOSC and support SGBV victims. | In the current climate there are few donor resources to scale up or expand the project. | Strategies to mobilise additional resources will be put in place based on the mid-term review of the project. | No |
| RICH and Oxfam exchange on innovative ways to reach targeted people. | Covid-19 presents a risk of delays to implementation of some activities which bring together groups of people | Different options of implementing such activities will be adopted including working with media depending on the trend of the pandemic- a further risk assessment on Covid 19 is attached to this report. | No |
| RICH and Oxfam collaborate to mitigate impact of Covid-19 on the project | Some positive change brought by the project might be affected by outbreak of Covid-19. | A digital rapid survey is being conducted and the findings will inform the project about the status of GBV during this lockdown period and will guide the design of new interventions if | No |

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| | | the lockdown prolongs. | |
| <p>6. Inclusion & accountability</p> <p><i>With reference to question 38 in section E of your original application and thinking specifically about the past 12 months, please use this section to tell us how you are mainstreaming through your project, ensuring that you are aware of and actively working to reach vulnerable and marginalised groups.</i></p> | | | |
| 6.1 | <p>Is the project still relevant for the beneficiaries you are working with? Please highlight how you ensure accountability on the project, ensuring beneficiaries have the opportunity to feedback on the project and influence its development? (max 350 words)</p> | | |
| | <p>The project is still relevant; its relevance has been proven during implementation throughout the year and emphasised by beneficiaries in support group meetings, high level leaders and partners at different occasions.</p> <p>Complaint and feedback mechanisms have been established encouraging project beneficiaries to share their views and feedback on the project by calling project staff whether from RICH or Oxfam. In addition, the documentation of victim's stories and dissemination of the study findings has been an effective way for collecting and sharing views of beneficiaries on the project.</p> <p>Regular victims support group meetings, meetings with Agents of Change and Champions and other occasional meetings have also provided opportunities for beneficiaries to share their views and feedback about the project. Project activities implemented following suggestions from beneficiaries include the provision of vocational training and the election of support group representatives. The schedule of support group meetings has been designed in partnership with beneficiaries to ensure that their availability and preferences are taken into account. Some feedback from meetings with victims is used to inform the work of Investigators who are provided with additional information on perpetrators whilst Investigators share progress on the trial in court as necessary. In addition, during the visits of Scottish Government Officials, representatives of agents of change, champions and victims were invited to share their experience.</p> <p>In her speech during the CSRHR annual meeting, the Minister of Gender and Family Promotion highlighted that there are many cases of sexual violence, conflicts in families, teenage pregnancies and thus recommended Oxfam and other international and national stakeholders to continue the following key interventions;</p> | | |

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| | <ol style="list-style-type: none"> 1. Strengthening partnership between government institutions and religious organizations at all levels in promotion of SRH and GBV response 2. To join hands in promoting positive change for social attitudes and cultural norms starting from a young age within families, churches and schools. 3. Putting special focus on combatting the culture of silence ingrained in the Rwandan society by encouraging GBV victims to speak out and share their experiences 4. Supporting GBV victims in their socio-economic reintegration journey. 5. Promoting parents-adolescent communication on sexual and reproductive health to provide them with accurate information. 6. More efforts in educating couples before and after marriage for preventing domestic violence. 7. Strengthening initiatives that encourage men to become allies in GBV prevention. <p>These priorities align well with the three outcomes of this project, demonstrating that the project remains in keeping with nationally identified needs.</p> |
| Vi6.2 | <p>Do you have an awareness of particularly vulnerable or marginalised groups within the community in which your project is working? Please give details on how you are disaggregating data to recognise these groups across the project. (Max 350 words)</p> |
| | <p>SGBV victims are the project primary beneficiaries and are part of vulnerable and marginalised groups. Among those victims, particularly vulnerable people are teen mothers, girls rejected by their families, women and girls with disabilities, orphans and those heading their households.</p> <p>The victims that are supported by the project are selected from Isange One Stop centre registers. The registers contain detailed information like; the data on category of Ubudehe (<i>level of poverty</i>), age, marital status, and disability status. These data are used by project staff during selection of the neediest beneficiaries to be supported for example through economic empowerment.</p> |
| 6.3 | <p>How is your project working to actively meet the needs of these vulnerable and marginalised groups, ensuring they are benefiting from the project? Please outline any mechanisms you are using. (Max 350 words).</p> |
| | <p>Establishment of SGBV Victims support groups is of the unique mechanism and strategy that the project has put in place to ensure the project addresses properly the needs of the beneficiaries. Through these support groups victims are trained on various life skills including but not limited to; entrepreneurship, financial</p> |

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| | <p>literacy and financial linkage (saving and lending money). In addition, through these groups' victims receive individual psychosocial support. The story sharing is also one the best mechanism that helps individual victims to vent out bad memories brought by the incident.</p> <p>To ensure the economic support is given to the neediest, project staff works with local authorities and Isange One Stop Center Staff to set objective selection criteria that help the project to reach those who are most marginalisad. The set criteria include Ubudehe categories (<i>level of poverty</i>) and other key individual needs and considerations like those living with disability (Physical and Mental), orphan, rejected by their families, have babies among others.</p> <p>Meetings of parents/guardians of SGBV victims acted as good mechanism for parents to share experience on how they managed the situation after their children were sexually violated and how they can reintegrate them back in their families for those that has been rejected after the incident.</p> <p>Where necessary vulnerable people are linked with local authorities, religious leaders or other organizations for further support out of project interventions.</p> <p>Through meetings organisad at district level, Oxfam and partners took advantage of the presence of organizations working in different sectors (Agriculture, mining, religious communities, legal services, etc) and advocated for the integration of support to vulnerable groups in their plans. For example, this advocacy was done during the meeting in Kamonyi district which was attended by 80 representatives of both national and international NGOs, religious organizations and local authorities. Presenting the study findings to this audience raise awareness of the gravity of the situation amongst the most vulnerable groups and attendees committed to incorporating GBV prevention activities into their plans.</p> |
| 6.4 | <p>Taking into consideration some of the challenges of mainstreaming, please describe any challenges you have faced in reaching vulnerable and marginalised groups, how you have overcome these or plans you have developed to support inclusion on the project. (Max 350 words)</p> |
| | <p>Identification of SGBV Victims has been a challenge due to their often remote locations. Close collaboration with district hospital management, Isange One Stop Centers and local leaders helped to overcome this challenge. Similarly, local leaders played a vital role in directing the project staff to where the beneficiaries live and also informed the project on which areas of GBV needed a particular focus from awareness raising activities.</p> |

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A significant challenge has been that the original proposal only budgeted for around 35% of victims to receive economic support. To overcome this challenge, as described above, we worked with local leaders, IOSC staff to develop criteria that helps to identify those who are neediest. In addition, advocacy activities were conducted to link beneficiaries to other available opportunities through government sectors, micro-finance institutions and churches.

The coalition formed by the project is made of organizations with various expertise and experience, including UNABU who work with women with disability and RWAMREC who work with men. This variety of experience and expertise equips the project with strategies to reach the most marginalised groups.

7. Financial information

This section will be reviewed alongside your budget report, which should be included alongside your narrative and logframe. Please ensure this spreadsheet is completed with both a detailed breakdown of expenditure for this financial year, along with your projected spend for the next financial year.

Please note carry-over of funds to the next financial year should have been agreed with the Scottish Government by January 31st of the current financial year.

7.1 With reference to your budget spreadsheet, please give a detailed explanation of any variances between planned and actual expenditure, including reasons for the variances and whether these are as a result of timing issues, price achieved, quantity etc. If these are temporary variances, please outline plans for expenditure. (Max 500 words)

The total underspend for year 3 is £49,709.68 of which £47,734.76 is delayed underspend and £1,974.92 is true underspend. This relatively high level of delayed underspend is a result of activities which were planned for March 2020 needing to be delayed in response to restrictions established during the Covid-19 pandemic.

The largest of these delayed activities are:

- £4,300 delayed underspend due to the second community awareness campaign needing to be cancelled.
- £8,569 delayed underspend due to start up capacity to selected victims, as schools were closed in March.
- £5,728 delayed underspend to support members involvement in saving and lending activities
- £6,437 delayed underspend due to the mid-term review needing to be postponed at very short notice.

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| 7.2 | <p>Please give details of any capital expenditure in this reporting period. (Max 350 words)</p> |
| | <p>Capital expenditure was £271 in this period against a budget of £300. The variance is a true underspend.</p> |
| 7.3 | <p>Please explain how you have worked to ensure cost effectiveness on the project in the past 12 months, whilst maintaining the quality of delivery. (Max 350 words)</p> |
| | <p>This project has used a collaborative approach to ensure cost effectiveness by working with district authorities, religious leaders, partners and with volunteers.</p> <p>Many of the awareness raising activities within communities are conducted by agents of change, champions, and men and boys who are all volunteers. After being trained on GBV prevention approaches and basic behaviour change communication techniques, they embraced the fight against SGBV through their existing platforms such as religious gatherings, community meetings, and community work, etc. Similarly, local religious leaders volunteered to conduct home visits starting with those families with the most problems.</p> <p>Where possible, district authorities supported cost effective delivery of the project by donating resources in kind such as meeting rooms, venue for campaigns and community meetings as well as facilitating some project workshops that would otherwise require external facilitators. These cost effective approaches have been embedded into the project design and pave the way for the future sustainability of the project.</p> |
| <p>8. Any other information</p> <p>Use this section to tell us any other relevant information regarding your project. (Max 500 words)</p> | |
| <p>Other noteworthy successes during this period of the project include:</p> <ul style="list-style-type: none"> - Meetings were organised and conducted to facilitate linkages between project beneficiaries who are doing short course with microfinance institutions. The managers of Business Development Fund (BDF) and SACCOs explained to CSRHR project beneficiaries the benefits of working with such institutions and informed them about available funds to assist youth and women projects. - Project staff participated in the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) that took place in Kigali-Rwanda on 2th - 7th December 2019. The conference was attended by around 10,000 people from across the world. During the conference, an abstract of study findings on the status | |

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of Isange One Stop Center services to GBV victims was presented and flyers with GBV messages distributed.

- To support national efforts in the fight against the coronavirus (COVID-19), RICH through its Chairperson **[REDACTED]** made a statement appealing religious organizations, beneficiaries, stakeholders and the public to comply with national guidelines to prevent Covid-19 spread.
- 14 short films based on SGBV Victims stories were published in a story book named BIMUGE WICECEKA “Silence no more”.
- On 15th, 22nd and 29th of March 2020, three live TV and Radio Talk Shows were conducted at ISANGO STAR. Three of the short films produced were screened followed by an open discussion on the film content. The discussion was led by a guest from Oxfam/RICH and later a public audience contributed to the discussion. The TV Talks show were conducted as follows;

(i) 15th March, the talk show focused on Project Outcome 1 “Changing negative social norms” and the speaker was **[REDACTED]** from Oxfam Implementing Partner RICH.

[REDACTED]

(ii) 22nd March, the talk show focused on Project Outcome 2 “Service Provision at Isange One Stope Center” and the speaker was **[REDACTED]** from Oxfam.

[REDACTED]

(iii) 29th March the talk show focused on Project Outcome 3 “Economic Empowerment for Victims” and the Speaker was **[REDACTED]** from Oxfam.

[REDACTED]

In addition, the three short films were aired on Hapa Media YouTube channels which are Rebaplus.com and online news called Hapa News. In this regard, for only 10 days, each short film had views between 29,000-30,000.