

**Scottish Government Rwanda Development
Programme**

End Year Report

1. General Project Information			
1.1	Project Reference Number:	RWA5	
1.2	Name of Organisation:	Oxfam	
1.3	Lead Partner(s):	Rwanda Interfaith Council on Health (RICH)	
1.4	Project Title:	Claiming Sexual and Reproductive Health Rights in Rwanda	
1.5	Reporting Period:	From: 01/04/2018 To: 31/03/2019	
1.6	Reporting Year:	Year 2	
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 IDF*	£1,338,480	
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 Change	Reason for Change
			Date Change Approved and by Whom
	Output 1.1 (Activity 1.1.3)	Agreed change: Training of 50 champions was deferred from Year 1 to Year 2	Delayed delivery Approval received 11 July 2018, funds received to Oxfam's accounts 02 August 2018
	Output 1.3 (Activity 1.3.2)	Agreed change: Community dialogues deferred from Year 1 to Year 2	Delayed delivery Approval received 11 July 2018, funds received to Oxfam's accounts 02 August 2018
	Output 2.2 Activity 2.2.2	Agreed change: Community Awareness campaigns deferred from Year 1 to Year 2	Delayed delivery Approval received 11 July 2018, funds received to Oxfam's accounts 02 August 2018
	Output 2.1 Activity 2.1.4	Agreed change: Provision of	Delayed delivery Approval received 11 July 2018, funds

	Technical Advisory support to IOSC deferred from Year 1 to Year 2		received to Oxfam's accounts 02 August 2018
Output 3 All activities	Agreed change: All activities under Output 3 deferred from Year 1 to Year 2	Delayed delivery	Approval received 11 July 2018, funds received to Oxfam's accounts 02 August 2018
Output 1.1 Indicator 1.1.2 'Number of advocacy and community meetings organised by agents of change'	Proposed change: We expect to exceed proposed milestones and targets on this indicator. Current milestone for Year 2 (and subsequent years) is three, we propose changing to 24 (four per district)	Engagement and plans made by Agents of Change in trainings delivered this period indicates that milestone and target was set too low at proposal stage	Approval received 12 November 2018
Output 1.1 New indicator proposed	Proposed change: Add new indicator 'Number of advocacy and community meetings organised by champions' here. Milestones 24 annually as with Agents of Change.	Implementing partner RICH advised they want to capture the wider community impact reached by champions following training and tracking this alongside Agents of Change gives M&E plan consistency.	Approval received 12 November 2018 *Please note, instead of creating a new indicator, we have altered Output 1.1 Indicator 1.1.2 to 'Number of advocacy and community meetings organised by agents of change and champions' with 24 annually as the target.
Output 3.1 Activity 3.1.2 'Progress 50 support groups of (1,000 women, 100% women) SGBV victims to become 15 sustainable cooperatives for effective involvement in small business development'	Proposed change: Change to 'Progress 50 support groups of (1,000 women, 100% women) SGBV victims to strengthened informal or formal structures for effective involvement in small business development'	Reflects changes proposed to Output 3 (see Annex 4)	Approval received 12 November 2018
Outcome 3 Indicator 3.2	Proposed change: Project staff are	Feedback from district and	No change to indicators for Outcome

<p>'Number of supported SGBV victims' support groups that become cooperatives'</p>	<p>currently revising Output 3 with support from OGB Livelihoods technical advisor. Oxfam will update with proposed new Outcome indicator when revisions to this output are finalised.</p>	<p>community level stakeholders indicates that progressing support groups to co-ops is not the best way to achieve economic empowerment for victims. Ages of girls and young women referred from IOSC also indicate changes must be made to Output 3. See Annex 4 for further details.</p>	<p>3 requested for approval at Mid-Year reporting time as the project plan for this outcome was still being reviewed. Changes relating to this outcome are requested in this report and detailed in section 2.9</p>
<p>1.12</p>	<p>Supporting Documentation Check box to confirm key documents have been submitted with this report</p>	<p>Up to date Logical Framework, which reflects any changes detailed above.</p>	<p><input checked="" type="checkbox"/></p>
		<p>Up to date Budget Spreadsheet</p>	<p><input checked="" type="checkbox"/></p>
		<p>Recent Case Study</p>	<p><input checked="" type="checkbox"/></p>
<p>1.13</p>	<p>Please highlight any actions identified by the Scottish Government in your most recent review. Please tell us about what action you have taken to address this feedback, if relevant.</p>		
<p>Scottish Government Feedback:</p>		<p>Action taken:</p>	
<p>I am content with the progress the project is making. In relation to the budget, again although this appears underspent, I acknowledge that most of this is delayed spend with the exception of £4.5k on staff salaries which is an underspend. I look forward to receiving a proposal for how the project would like to utilise this underspend in due course.</p>		<p>No immediate action required. True underspend has been calculated to Year end, and a revised Year 3 budget incorporating proposal for expenditure of these funds contained within the finance report.</p>	
<p>Report Author:</p>		<p>Signature:</p>	
<p>Eugenie Ingabire Oxfam Rwanda Adelithe MUGABO Oxfam Rwanda Eraste Ntthemuka RICH Violette Tumupende RICH Peppy Sparrow Oxfam Scotland</p>		<p>Oxfam Scotland as Scottish Government contract holder provides signature. However, we have listed all contributors to the report, as production and authorship of reports is a collaborative process between Rwanda and Scotland.</p>	

2. Progress and Results

Please use this section to give an update on the progress the project has made during this reporting period. This section will be reviewed together with your Logical Framework and budget spreadsheet.

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)

Achievements:

- Following training of agents of change and champions by September 2018, those trained conducted 32 community meetings on SRHR and existing preventive and response mechanisms to SGBV in their respective sectors.
- 180 men and boys were trained on how to use positive masculinity in preventing and responding to SGBV, aiming to end intimate partner violence in their communities.
- National level training covering how to implement advocacy activities on SRHR brought together 22 participants from 10 CSO's working in project areas. CSO's committed to: advocate for and influence inclusion of SRHR on organisational agenda; form a SRHR Coalition between all 10 CSOs; and initiate activities that aim to raise community awareness on SRHR and GBV prevention. As follow up, three meetings were organised where CSO's discussed progress against set commitments, shared best practices and any challenges encountered.
- Two large-scale advocacy and awareness campaigns in Kamonyi and Rubavu districts attracted more than 10,500 people. Engagement of high profile celebrities in Rwanda (Miss Rwanda and famous singers) mobilised community members.
- A community dialogue session engaged 106 couples in discussion of how to end conflict existing in their families. Couples committed to stop conflict in their families and act as agents of change in their wider communities.
- 40 Isange One Stop Centre Health Workers were trained on how to deliver high quality services to SGBV victims.
- A Health Audit is underway, undertaken in collaboration with Kayciru Police Hospital.
- A high-level meeting with religious leaders was held with 80 attendees. All committed to include activities to end cultural norms that contribute to GBV in their respective interventions.
- Five community dialogues and discussions led by IOSC staff and district staff reached approximately 3,500 people.
- 12 support groups were established with 223 members.
- Training sessions equipped victims with knowledge and skills on socio-economic reintegration. Topics included entrepreneurship skills, saving and lending and cooperative management.
- Storytelling sessions were conducted and 14 SGBV victim testimonies documented and anonymised for sharing.

	<ul style="list-style-type: none"> • Workshops were facilitated for victims, parents and local leaders directly concerned with the socio-economic reintegration of victims including district gender officers, access to justice focal points and Rwanda Investigation Bureaus. <p>Challenges:</p> <ul style="list-style-type: none"> • Victims bring children to trainings making it difficult for them to follow sessions and trainers to facilitate sessions as planned. • Some victims have disabilities, training them required careful attention and specialised skills. • Most identified victims are under 18 so the approach to economic empowerment of victims has been reconsidered. • Some victims move away, or are chased away by unsupportive families. affecting continuity of project support. • Specific support for children of teen mothers is evidently lacking. Though this is not a project focus area, it will be highlighted through advocacy to government and other relevant agencies. • The original proposal didn't allocate budget for follow-up refresher trainings. This would enhance sustainability. • Some parents and guardians are unsupportive of victims (rejection, mistreatment, harassment) which increases vulnerability. • Research on gaps in law and policy was originally planned for this year, but will have more impact if conducted later in the project.
2.2	<p>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 250 words)</p> <p>Following concerns highlighted at Mid-Year about activities under Outcome 3 being inaccessible to victims engaged with the project since most are under 18, project staff have invested considerable time in reviewing activities supporting this outcome.</p> <p>A capacity assessment was conducted in all six districts, with a sample of 60 SGBV victims. Analysis of data showed the following:</p> <p>18% wanted to return to school 35% wanted to do vocational training 18% wanted to work in agriculture 28% wanted to Income Generating Activities (IGA) via start-up of small businesses</p> <p>The desired outcome will remain the same, to economically empower victims thereby reducing the likelihood of repeat incidences of SGBV and enabling successful socio-economic reintegration. However, the project will take a different approach to achieve this.</p> <p>All support group members will participate in savings and loans, and linkages to microfinance institutions will still be pursued. However, the support given to victims will be tailored to individual needs:</p>

	<ul style="list-style-type: none"> - Girls who want to return to school will be linked to other institutions or NGOs who can provide specific support for education (e.g. District Government, Caritas, or Imbuto Foundation) - Women and girls who want to learn vocational skills will be supported to complete relevant short courses - Women and girls with agricultural ambitions will be supported to join agricultural co-operatives and with purchase of relevant tools or animals - Women and girls ready to start income generating activities will be provided with start-up capital to support the development of small businesses
2.3	<p>Taking into consideration what you have achieved during the last year, along with any challenges you have experienced, please highlight to us what lessons you have learned in this reporting period, and how these will be applied in the project in the future. (Max 250 words)</p>
	<p>Lessons learned:</p> <ul style="list-style-type: none"> - Involvement of local leaders from the start of the project is key for ownership and success. - Close collaboration with government institutions is vital for smooth implementation and support of the project. - Active involvement of parents/guardians and extended families is very important for the reintegration of SGBV victims, reduces likelihood of victims being rejected or forced to move and can also support care of babies and children during training sessions. - Support groups play a key role in building mutual trust, self-esteem, openness to share personal experiences, hope for the future and provision of learning opportunities. - Collaboration with other CSO's strengthens and makes our voice heard, provides opportunity for knowledge sharing and inclusion of marginalised groups and avoids duplication of interventions. - Provision of support care to health care providers is needed to address burn out and secondary trauma, in turn enhancing quality of services provided to GBV victims. - Economic empowerment of victims remains a gap in most SGBV focussed projects, and one that this project is attempting to address. But project design must be considered carefully to support the individual needs and circumstances of girls under age 18. - Follow up and refresher trainings will enhance sustainability and should be considered as priority in use of any underspend - Research on gaps in law and policy would be better undertaken in Year 4 of the project, giving maximum time for evidence

	gathering but leaving sufficient time to disseminate results through high level advocacy.													
2.4	Project Impact In the table below, please list each of your project Impacts, 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 be updated within the logframe													
Impact: Rwandan women from targeted districts enjoy equal rights and opportunities and live free from discrimination and violence by 2022, supporting Rwandan development priorities and contributing to the global targets of ending discrimination against all women and girls everywhere and eliminating all forms														
<table border="1"> <thead> <tr> <th>Impact Indicator</th> <th>Milestone / Achievement</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td>1. Percentage decrease of SGBV incidence in the targeted communities which contributes to decrease of SGBV incidence at a national level.</td> <td>8%</td> <td>Not measured. (concern that the project will not witness a decrease in its lifetime, rather an increase in reporting as demonstrated under output indicator 2.2.2. New indicator and milestones proposed on Logframe Year 3 sheet.</td> </tr> <tr> <td>2. Percentage of targeted SGBV victims who participated in household and community decision making</td> <td>5%</td> <td>Not measured. Altered indicator and new milestones proposed on Logframe Year 3 sheet.</td> </tr> <tr> <td>3. Percentage increase of annual household income for SGBV victims in the targeted communities</td> <td>4%</td> <td>Not measured. Altered indicator and new milestones proposed on Logframe Year 3 sheet.</td> </tr> </tbody> </table>			Impact Indicator	Milestone / Achievement	Progress	1. Percentage decrease of SGBV incidence in the targeted communities which contributes to decrease of SGBV incidence at a national level.	8%	Not measured. (concern that the project will not witness a decrease in its lifetime, rather an increase in reporting as demonstrated under output indicator 2.2.2. New indicator and milestones proposed on Logframe Year 3 sheet.	2. Percentage of targeted SGBV victims who participated in household and community decision making	5%	Not measured. Altered indicator and new milestones proposed on Logframe Year 3 sheet.	3. Percentage increase of annual household income for SGBV victims in the targeted communities	4%	Not measured. Altered indicator and new milestones proposed on Logframe Year 3 sheet.
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2.5	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. Progress should also be updated within the relevant fields of your logframe													
Outcome 1: Positive change in social attitudes, cultural norms that discriminate against women in targeted communities of Rwanda														
<table border="1"> <thead> <tr> <th>Outcome Indicator</th> <th>Milestone / Target</th> <th>Progress</th> </tr> </thead> <tbody> <tr> <td>1.1 Percentage of women and girls who report improvement in understanding their rights to report and address SGBV related violations</td> <td>Milestone 15% Achieved: 19%</td> <td>19% (data from baseline survey completed in Year 2 which surveyed those victims already trained) This indicator will be measured by focus group</td> </tr> </tbody> </table>			Outcome Indicator	Milestone / Target	Progress	1.1 Percentage of women and girls who report improvement in understanding their rights to report and address SGBV related violations	Milestone 15% Achieved: 19%	19% (data from baseline survey completed in Year 2 which surveyed those victims already trained) This indicator will be measured by focus group						
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		discussion in Years 3 and 4 and End Line Evaluation in Year 5)
1.2 Percentage of men in project location who report behaviour change in relation to SGBV	Milestone: 15% Achieved: 51%	51% measured during the baseline survey completed in first half of Year 2. Consultant questioned Agents of Change and Champions already trained. Of those trained, a higher than expected percentage already reported to have changed behaviour following training. Revised milestones proposed for subsequent years in Logframe Year 3 sheet.
1.3 Number of Civil Society Organisations that advocate for women's SRHR in the targeted communities	Milestone: 5 Not achieved: 0	Representatives from 10 CSOs were trained, and have formed a coalition. Since training, three CSOs have taken forward advocacy work within their organisations, using regular organisational meetings and platforms to promote SRH and GBV prevention. However, no organisations have yet conducted wider advocacy activities within the targeted communities. We expect to see outcome level change next year as the coalition develops and organisations involved continue to adopt and mainstream approaches then take these forward in their respective communities and sectors.
Outcome 2: High quality services are delivered to women and girls from targeted ISANGE One Stop Centers (IOSC)		
Outcome Indicator	Milestone / Target	Progress
2.1 Percentage increase of targeted 1,000 women, girls who reported receiving better services on SRH from IOSC	5%	Not measured. 223 women and girls have already been trained and engaged in support groups, however the

		percentage increase on those reporting better services will be measured through surveys of victims and focus groups. New milestone indicators proposed in Logframe Year 3 sheet.
2.2 Percentage increase of SGBV victims who have been referred to external legal services by IOSC	10% (data not available for this report)	Data needed from IOSC – we will use 2017 data as baseline and measure percentage increase in each project year thereafter.
Outcome 3. SGBV victims' are empowered for reduction of SGBV incidence		
3.1 Number of SGBV victims' support group members who report having access to IGAs through entrepreneurship or savings and loans groups	Milestone: 5 groups Partially achieved: 12 groups with 223 women	223 women and girls in 12 support groups have participated in entrepreneurship training and are already practicing savings and loans activities. However, start-up capital enabling them to progress income generating activities such as small businesses will commence in Year 3. Logframe Year 3 sheet shows altered indicator to reflect changes to this outcome, and altered milestones to ensure all support group members are given adequate follow up support after being provided with capital or support for vocational courses.
3.2 Number of SGBV victims support group that become cooperatives	Milestone: 2 Not achieved (new indicator proposed)	Substantial work this year was undertaken to design Outcome 3 to suit the needs and age group of victims as it was clear the plan to transform some support groups to cooperatives was unrealistic given the ages and interests of SGBV victims. New indicator (shown on Logframe Year

		3 sheet) is based on active participation of victims within their communities reflecting the activities under output 3.2 aiming to increase SGBV victims' voice.
Please add additional Outcomes / indicators as required as required		
2.6	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 be updated within the logframe	
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	Milestone: 250 (70% women) Achieved: 250 (54% women)	The project achieved its goal of mobilising 250 Agents of Change in Year 2, however struggled slightly to reach the planned ratio of 70% women amongst those selected. RICH recruited Agents of Change through different sectors and structure (for example co-operatives, unions or youth councils) and emphasised the need to recruit 70% women. However, this wasn't always followed by the different structures. In future years, to increase selection of women to this activity, RICH will now ask the different sector structures to submit selection lists for approval before proceeding with activities.
1.1.2 Number of advocacy and community meetings organised by agents of change and champions	Milestone: 24 Achieved: 36	Following training delivered by the project Agents of Change and Champions have successfully taken forward 36 advocacy and community meetings to

		disseminate SGBV prevention messaging and raise awareness within their sectors.
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	Milestone: 4 Achieved: 10	Rather than targeting a small number of different CSOs each year, project staff felt it more impactful to engage 10 CSOs from the outset so a strong coalition and network can be developed between all 10 organisations. Representatives of 10 CSOs participated in training on SRH rights and GBV prevention.
1.2.2 Number of advocacy meetings organised by CSOs to advocate for SRH rights	Milestone: 2 Achieved: 3	Following training, CSO coalition members made commitments to take forward advocacy meetings within their own organisations and wider in their communities. By year end, three organisations had already taken forward meetings within their organisations advocating for mainstreaming of GBV prevention and promotion of SRHR.
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	Milestone: 6,000 (70% women) Achieved: 6,500 (50% women)	The project facilitated a large-scale advocacy campaign held in Kamonyi district. The event was extremely popular with large attendance, attendees marched through Kamonyi town with banners promoting GBV messaging and held a rally in the football stadium.

		Original milestones for this activity throughout the project indicate 70% women in these campaigns as it was expected that mobilising people through organisations such as the National Women's council would result in more women attending. However, men have also engaged well and the usual split at large public events such as this is approximately 50:50 men:women.
1.3.2 Number of community members who participated in community dialogues on women's SRH rights and SGBV (50% women)	Milestone: 200 (50% women) Achieved: 212 (50% women)	106 couples (212 people) known to be in conflict took part in community dialogue sessions on women's SRHR and SGBV. Some couples referred to the project were parents of SGBV victims engaged under Outputs 2 and 3.
1.3.3 Number of people engaged in community meetings conducted to challenge patriarchal and deep-rooted stereotypes that discriminate women	Milestone: 750 (60% women) Achieved: 8,000 (60% women)	Community meetings were conducted in all six districts using International Women's Day (IWD) events to great effect in engaging larger numbers of people than expected. At these events, a slightly larger majority of women attended, this was because the event was structured around IWD and involved women's groups and organisations.
Output 2.1 Strengthened capacity of Isange centres' health workers		
Output indicator	Milestone/Target	Progress
2.1.1 Number of Isange health workers (gender tracked and reported) trained who understand inclusive needs of the victims of SGBV	Milestone: 40 (gender tracked) Achieved: 40 (58% women)	40 health workers (23 women and 17 men) were trained over four days, on three topics: <ul style="list-style-type: none"> - Women's SRH rights and GBV laws and policies

		<ul style="list-style-type: none"> - Multidisciplinary treatment of Victims of GBV victims and child abuse - 'MenEngage' approach and positive masculinities <p>Additionally, responding to need identified by health workers themselves a session was facilitated by a clinical psychologist on secondary trauma experienced by workers, burn-out and self-care for health care professionals.</p>
2.1.2 Number of SGBV victims (100% women) who report having access to SRH services	<p>Milestone: 200 (100% women)</p> <p>Achieved: 200 (100% women/ girls)</p>	<p>200 women and girls experiencing SGBV were identified and accessed SRH services at Isange One Stop Centres. Since all victims we are working with have been identified by IOSC and therefore have already accessed IOSC services on their first time of reporting, we have proposed an altered indicator on Logframe Year 3 sheet, which indicates improved understanding of available SRH services (i.e contraception, sexual health testing) for their future use.</p>
2.1.3 Number of Isange health workers who mainstream 'MenEngage' approaches while providing SRH services	<p>Milestone: 40</p> <p>Achieved: 40</p>	<p>All 40 health workers who attended training engaged fully and have taken steps to mainstream MenEngage approaches within their respective One Stop Centres or hospital departments. A positive element was that some health workers from other hospital departments where SGBV victims commonly present for the</p>

		<p>first time (for example Accident and Emergency or Obstetrics and Gynaecology) were included in trainings. This means that they know how to treat victims, and importantly how to refer and pass information appropriately to IOSC. We also plan to verify how many of those trained continue to mainstream these approaches by asking follow-up questions in the year subsequent to training.</p>
<p>Output 2.2 Increased awareness of IOSC available services and their effective use by SGBV victims</p>		
Output indicator	Milestone/ Target	Progress
<p>2.2.1 Number of SGBV victims (100% women) who participated in awareness sessions on available services from IOSC</p>	<p>Milestone: 200 (100% women)</p> <p>Achieved: 200 (100% women)</p>	<p>The 200 SGBV victims identified within this reporting period attended awareness sessions on available services, increasing their ability to know how to report and what kind of services they can expect within the multi-disciplinary services.</p>
<p>2.2.2 Percentage increase of SGBV reported cases in the targeted communities</p>	<p>Milestone: 0.05% increase</p> <p>Achieved: 9.2% increase</p>	<p>Using data from the Isange One Stop Centres in all six districts there has been a noticeable increase in reported cases between 2017 (3,150 cases) and 2018 (3,440). Isange Health Workers attribute this to increased awareness in communities following awareness raising and advocacy work delivered by the project.</p>
<p>2.2.3 Number of community members who attended dialogue meetings, and awareness raising campaigns on IOSC available services (70% women)</p>	<p>Milestone: 1,000 (70% women)</p> <p>Achieved: 7,500 (70% women)</p>	<p>Five dialogue meetings raising awareness of available services at IOSC were led by IOSC staff and District officials using regular district/village meetings such as parents'</p>

		<p>evenings to deliver this community outreach activity. These meetings engaged 3,500 people and community members were pleased to meet IOSC staff in settings where they can ask questions and discuss their concerns or circumstances. A further 4,000 people were reached at a community awareness campaign held in Rubavu district, with large numbers attracted by the use of high profile celebrities and opinion leaders.</p>
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)	<p>Milestone 50 (100% women)</p> <p>Not achieved.</p>	<p>Though 12 support groups with 223 women and girls have now been formed, and these groups have already started savings and loans activities and received training on entrepreneurship, start-up capital for IGA is delayed to the first quarter of Year 3. Project staff have developed key criteria for selection of those women and girls who will be engaged in IGA taking in to account their vulnerability but also their stability, individual ambitions and ability to sustain these activities.</p>
3.1.2 Number of trained SGBV victims on entrepreneurship package for small businesses (100% women)	<p>Milestone: 240 (100% women)</p> <p>Partially achieved: 223 (100% women)</p>	<p>So far, the project has identified 260 SGBV victims (60 in Year 1 and a further 200 in Year 2). 223 of these women and girls attended entrepreneurship training, the number is slightly below target as some girls had moved districts to find</p>

		employment or avoid perpetrators or have even been forced to move by unsupportive families.
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)	Milestone: 50 (100% women) Achieved: 112 (100% women) and 14 testimonies documented	Story telling sessions were held in support groups as planned. This area of work is extremely sensitive, particularly for girls and women who have just begun to engage with the project. 50% of women engaged in the 12 support groups have shared their stories within support groups, this is a safe space that is comfortable for them to do this. To extend the reach of story-telling to influence the wider communities and raise awareness of GBV, the project has also documented 14 anonymised victim testimonies which can be shared in different platforms.
3.2.2 Number of local leaders (gender tracked and reported) who report having interactions with SGBV victims' support groups	Milestone: 35 Achieved: 48	Based on feedback from victims, and from other stakeholders such as IOSC health workers, project staff quickly realised that a lack of parental support to victims is a major barrier to their reintegration to communities. To address this, six workshops with SGBV victims and their parents were held in the project districts. Local leaders (district officials, GBV Officers, Police) attended these workshops too strengthening links with victims and their families and enabling them

			to document and follow up cases.
Please add additional Outputs / indicators as required			
2.7	<p>If data is not available to update progress against planned milestones or targets for any Outcome or Output indicators, please provide an explanation below, including how you plan to overcome any gaps in monitoring data. (Max 250 words)</p> <p>For Outcome indicator 2.2 <i>'Percentage increase of SGBV victims who have been referred to external legal services by IOSC'</i> we require data from all six IOSC. 2017 data will inform the baseline, and 2018 data will provide end of Year 2 milestone achievement. Project Officer from RICH was following up on this during the reporting period but his wife gave birth on the week of the report deadline, so he is now on paternity leave. This data is easily obtainable when the Project Officer returns to work, and will be provided by the Year 3 Mid-Year Report or before if required by Scottish Government.</p> <p>Several changes have been proposed for Impact level, and Outcome level indicators and milestones, detailed below in section 2.9 and shown also on Logframe Year 3 sheet.</p>		
2.8	<p>Have any evaluations/ reviews been produced during the reporting period? Please give details of these below, including any key recommendations from these and how they will be addressed. Please attach any evaluations to the report. (Max 200 words)</p> <p>The baseline study was completed in the first half of Year 2, and submitted to Scottish Government alongside the Year 2 Mid-Year Report on 30 October 2018.</p>		
2.9	<p>Changes to Logframe Please outline any changes you have made (with permission from SG) or would like to propose, to your logical framework. Please include full justification for proposed changes below.</p>		
Indicator no	Proposed change	Reason for change	Date Change Approved and by Whom.
Impact indicator 1	<p>Change indicator to:</p> <p><i>'Decrease of SGBV incidence in the targeted communities demonstrated through case studies and key informant interviews. (Agents of Change, Champions, Men and Boys trained in MenEngage, Village Leaders, SGBV victims, Heads of Isibo, Friends of Families committees)'</i></p>	<p>Though our intended project impact is to decrease incidence of SGBV, it is unlikely that this will be apparent through district level IOSC statistics within the project lifetime. In fact, as demonstrated already in Output 2.2.2 reporting of SGBV increases when awareness is raised.</p> <p>We have proposed a qualitative indicator</p>	

		allowing us to capture stories of decreasing incidences of GBV from key project stakeholders.	
Impact indicator 2	Altered indicator: <i>'Percentage of targeted SGBV victims who are reintegrated in to families and/or participated in household and community decision making'</i>	We wanted to ensure that reintegration of victims in to their families is captured, as the project has found this to be an important factor to a victim's long term socio-economic integration and is working closely with parents to support this.	
Impact Indicator 3	Altered indicator: <i>'Increase of average monthly household income for SGBV victims practising IGA in the targeted communities'</i>	We aim to track increased monthly rather than annual income for ease of measuring. We have also proposed that this impact level indicator is not measured until Years 4 and 5, as this is when we would really expect to see the benefits of the income generating activities in which victims will engage.	
Outcome indicator 1.2	Increased milestone targets for Years 3,4 and 5	Milestone targets were set too low. Initial data brought back by the baseline study completed in the first half of Year 2 shows that over 50% of men and boys are reporting behaviour change following training.	
Outcome indicator 1.3	Increase Year 3 and Year 4 milestones	We expect the CSO coalition to start wider advocacy activities in Years 3 and 4, and still aim that 10 such	

		advocacy efforts should be conducted by the end of the project.	
Outcome indicator 3.1	Change indicator to: <i>'Number of SGBV victims' who report having access to IGAs, vocational training, formal education, entry to agricultural cooperatives or savings and loans'</i> .	To reflect changes in project design made to outcome 3, recognising that some victims will start businesses, but others will complete vocational training, return to school or join agricultural cooperatives.	
Outcome indicator 3.2	Change indicator to: <i>'Number of SGBV victims that actively participate in community structures (e.g churches, youth groups/council, school committees, litorero structures)'</i>	The initial project plan was to progress some support groups to become cooperatives. It soon became clear that this was not suitable given the age and ambitions of victims. The new indicator captures the intention to increase victims' voice and participation in their communities	
Activity 3.1.2	Activity and corresponding milestones changed to: <i>'Progress SGBV victims who are members of support groups in to either vocational training, agricultural cooperatives or school enrolment (numbers tracked)'</i>	Reflective of changes made to Outcome 3.	
Have you included an updated version of your logical framework, which reflects these proposed changes?			Yes, all proposed changes are marked on the Logframe and Activities log (Year 2 sheets) and listed on the

	amendment record.
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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.

3.1	<p>Please give an update on how partnership working has progressed during this reporting period, letting us know about any highlights, challenges or changes to roles and responsibilities. (Max 350 words)</p> <p>Partnership working between Oxfam Rwanda and RICH has strengthened at all levels and as the project gains momentum, enabling smooth implementation. Rwanda-based staff have appreciated support from Oxfam Scotland staff with project visits, grant management and reporting. Oxfam also drew on internal expertise from Sustainable Livelihoods and Enterprise Development departments to revise activities under Outcome 3. One challenge experienced was a gap in the Oxfam Rwanda Project Officer role, but a new Project Officer Adelithe Mugabo was recruited and joined the team in February 2019.</p> <p>Good collaboration was maintained with national institutions that have a role in coordination of SGBV related intervention in the country: Ministry of Gender and Family Promotion (MIGEPROF), Ministry of Health, Rwanda Biomedical Centre, Rwanda National Police and Rwanda Investigation Bureau. For example, a collaborative validation for communication materials developed by the project ensured that materials were aligned with national priorities and need. In addition, a collaboration with Kayciru Police Hospital (which hosts the first IOSC established in Rwanda) was developed to jointly lead the Health Auditing mission on the status of SRHR services at IOSC.</p> <p>Year 2 has seen a widening project engagement and collaboration with other local Civil Society Organisations increasing understanding of the magnitude of GBV and areas that need attention (teen pregnancies, school drop-out, economic empowerment). We focused on capacity building of these CSOs. A coalition was established and strengthened for advancement of advocacy on promotion of SRHR and to increase effectiveness and complementarity of interventions. Profemmes Twese Hamwe (the national umbrella of women's rights organisations) and Rwanda Men's Resource Centre (RWAMREC) were at the forefront of all activities implemented by the coalition.</p> <p>Oxfam Rwanda explored potential to link with other Scottish grant holders Challenges Worldwide (CW) and University of Aberdeen (UoA). A meeting with CW, who are working in Muhanga district and connected CW staff with the Project Officer from RICH so if they are implementing relevant activities they can invite RICH. Or if we hold events in Muhanga, we can invite CW and their project participants. A</p>
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	meeting was arranged with partners of UoA, however they were unavailable on the day.		
3.2	How are you monitoring and assessing your partners' capacity to manage and deliver the project as it progresses? Please outline any plans for training, capacity building or shared learning between your organisation and your partner (s). (Max 300 words)		
	<p>Oxfam's partnership model is founded on principles of mutual accountability and shared opportunities for capacity building and learning for all. The process of monitoring the project's delivery is shared by Oxfam Rwanda and RICH and tracked at regular review meetings, visible in the project's activity log. Similarly, annual self-assessment of key performance indicators holds all staff accountable. In addition, staff from Oxfam Scotland have visited Rwanda at key junctures (reporting times, or to witness delivery of key project activities) enabling close collaborative work with Oxfam Rwanda and Project Officers from RICH and increasing Scottish staff's understanding of the context of GBV in Rwanda. Additionally, the project interacts with a wide range of external stakeholders and reports to district and national level platforms and fora (e.g. JADF) ensuring that Oxfam and RICH are held accountable for project delivery. Involvement of a wide range of organisations in the coalition of CSO has provided opportunities for learning and capacity building for our organisations. For example, one coalition member is a disability focused organisation. Working with this organisation has given project staff opportunity to learn more about specific approaches and techniques to ensure that GBV awareness training is accessible to victims with learning or physical disabilities. Project staff member Eugenie Ingabire, is Oxfam Rwanda's safeguarding focal point. She has coordinated improved safeguarding training for all Oxfam Rwanda staff, and is directly involved in the roll-out of such training to all partner organisations (including RICH) across Oxfam Rwanda's country programme. Involvement of clinical psychologists in provision of training on secondary/vicarious trauma has also benefitted staff working directly on this project. Lastly, Oxfam welcomed a visit from Scottish Government officials during this reporting period, allowing them to learn first-hand about the project and monitor progress.</p>		
3.3	Please give details below of all visits to country during this reporting period, the purpose and outputs of each visit.		
	Date of visit	Key achievements / outputs of visit	
	Follow up actions		
	April 2018 Visit from Oxfam Scotland staff, Head of Fundraising, Angus Nelson.	<ul style="list-style-type: none"> - Collaboration with Oxfam Rwanda and RICH to produce End of Year 1 narrative and financial report. - Visited project district (Muhanga) and met project stakeholders. 	<p>Shared update to Oxfam Scotland on the project progress</p> <p>Peppy Sparrow (Senior Partnerships Advisor Oxfam Scotland) then supported the project team to revise the Year 2</p>

		budget and respond to Scottish Government feedback to the Year 1 End Year report.
June 2018 Visit of Oxfam Horn East and Central Africa (HECA) Regional Director Lydia Zigomo	<ul style="list-style-type: none"> - Visit to Isange One Stop Centre in Gisenyi to deepen understanding of this project and Oxfam Rwanda's broader gender justice programme and its contribution to beneficiaries and the overall country programme 	Lydia is keen to share the project's approach, and the model of IOSC and share with other countries for replication and has arranged for the Regional Leadership Meeting to take place in Rwanda in May 2019.
October 2018: Visit by Oxfam Scotland Senior Partnerships Advisor, Peppy Sparrow	<ul style="list-style-type: none"> - Collaboration with Oxfam Rwanda and RICH to produce Year 2 Mid Year narrative and financial report and an updated logframe. - Discussion of challenges experienced with Outcome 3 with the project team - Visited project district (Kamonyi) for a workshop with parents, SGBV victims and local leaders such as District GBV officers and police. 	<p>Submission of narrative and financial reports and updated log frame to Scottish Government.</p> <p>Presentation on the project delivered to 15 staff in Oxfam Scotland during 16 Days of Activism to End Violence against Women and Girls.</p>

Add more rows if required

3.4	<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 300 words)</p> <p>As mentioned in section 3.3, the Oxfam Regional Leadership team meeting will be held in Rwanda in May 2019. Delegates will visit the 'Claiming sexual and reproductive health rights in Rwanda' project during their time in Rwanda enabling them to learn from and replicate project approaches in different countries. Critically, delegates will include Country Directors from 10 countries in the HECA region but also representatives of different Oxfam Affiliates (e.g.</p>
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	<p>Oxfam Ireland, Oxfam Germany) increasing wider global dissemination of learning from this project.</p> <p>Oxfam Rwanda staff have shared photos and stories from the project's awareness raising activities (work with Agents of Change and Champions, and large scale advocacy campaigns) on Facebook, Twitter and on Workplace, Oxfam's internal 'facebook at work' platform, to disseminate learning about methods of influencing social and cultural norms which act to perpetuate gender inequality and SGBV.</p> <p>Partnership with Rwanda Broadcasting Association (RBA) and other media platforms (online media, private TV and radios and community radios) is also recognised to have played a dynamic role in disseminating news about project events and key messaging on SGBV at national and local level.</p> <p>Project staff in Rwanda (Oxfam and RICH) continue to attend district and national level platforms such as Joint Action Development Forum (JADF) and technical working groups. This enables linkages and mutual learning with other organisations working on SGBV. For example, Action Aid is funded by DFID for work on SGBV prevention, however this project is operating in different districts to the 'Claiming Sexual and Reproductive Health Rights in Rwanda' project. However, learning from both projects will be shared at national level technical working groups.</p> <p>Sharing documented victim testimonies will raise the voice of those with lived experience to policy and decision makers.</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 300 words)</p>
	<p>The project has contributed to ministerial sector working groups, and quarterly Joint Action Development Forums (JADF) at district level, district open days and national stakeholders' gatherings with the aim of sharing its progress and achievements and avoiding duplication.</p> <p>Collaboration with key line ministries including MIGEPROF, GMO and district authorities has facilitated smooth project implementation.</p> <p>For example, in the first half of the reporting period Oxfam Rwanda and RICH developed information and education communication materials on SRHR. To ensure these serve the national necessity, we hosted a national high-level validation meeting with participants from MIGEPROF, Ministry of Health, Rwanda Biomedical Centre, Rwanda National Police and other stakeholders to validate the materials. All communications materials were unanimously agreed and approved for use by these stakeholders.</p> <p>As well as aligning project activities such as community meetings in all districts with International Women's Day (IWD), the project also participated in the commemoration of IWD at national level, this complemented our regular contributions to technical working groups of gender and family clusters. Project staff attended a high-level workshop of women's leaders, contributing findings from the high-level dialogue with religious leaders facilitated by the project. During this workshop three main documents were launched; Report on status on the state of Gender Report in Rwanda, Gender Monitoring Information Management System and the National Action Plan (2018-2023) for UN</p>

Security Council Resolution 1325. These reports and policy documents underline the relevance of the project and will also provide guidance for future.

Though no other Scottish Government grant holder organisations are working on SGBV, project staff continue to attend joint grant holder meetings in Scotland and Rwanda and continue to liaise with Scottish Government on potential for linking with any future partnership developed with Police Scotland.

4. Inclusion & accountability

With reference to question 38 in section E of your original application, 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.

4.1 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 250 words)

The project remains highly relevant, this was emphasised at the high-level meeting of women's leaders attended by project staff. This meeting was attended by the prime minister and relevant ministers, and the invite demonstrates that Oxfam is considered a key player in this sector.

The prime minister's recommendations, calling all partners to redouble efforts to prevent SGBV were as follows:

1. Increase participation and profitability in economic activities
2. Ensure gender equality dimensions are mainstreamed in different accountability mechanisms
3. Capacity building for gender disaggregated statistics to inform policy and planning
4. Strengthen involvement of men in activities traditionally seen as women's issues.
5. Improve reproductive health services – lack of services and imbalances of gender relations

Challenges highlighted were:

1. Low representation of women in local government
2. GBV is still a serious issue and reporting remains very low due to factors like cultural, economic and ignorance factors
3. The distances from villages to Isange centres

Likewise, documented testimonies of SGBV victims really highlight the relevance and need for this project. Please see the attached case study.

The project structure contains several feedback mechanisms (including focus group discussions, hotlines for reporting misconduct or complaints and inviting district officials to activities) ensuring that beneficiaries and other stakeholders can hold Oxfam and RICH to account and that their views are iteratively integrated in to project design. One such example is the change made to activities supporting Outcome 3, to support individual needs of women and girls who are often under 18.

4.2	<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 250 words)</p>
	<p>SGBV victims are vulnerable and marginalised, but within this target group there are additional vulnerabilities. The most vulnerable are teen mothers (impregnated through SGBV), women and girls with disabilities, girls rejected and stigmatised by their families, orphans, child-headed households. This data is collected by Isange One Stop Centre when compiling dossiers on reporting of SGBV. So, the project can track numbers of SGBV victims who are especially disadvantaged, marginalised and vulnerable. Oxfam did not commit to tracking this as part of the original monitoring and evaluation framework presented at proposal stage, however is happy to provide disaggregated data on this basis should Scottish Government require this.</p> <p>This data is also proactively used by the project, to ensure equity of support to SGBV victims. For example, criteria for selection of SGBV victims to benefit from start-up capital for IGA includes assessing additional vulnerabilities. The project's approach of working with a wide range of partners and building a coalition of CSOs also means that project staff can draw on a wide range of expertise to support equitable and inclusive project delivery.</p>
4.3	<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 250 words)</p>
	<p>As mentioned in section 4.2 the project is prioritising the most vulnerable through criteria for selection for IGA capital. The project has also redesigned activities supporting Outcome 3 to ensure the individual needs of SGBV victims are met.</p> <p>The noticeable vulnerability of those victims lacking parental and/or family support prompted the project to hold workshops in all six districts with parents and victims. These workshops facilitated sessions with parents and victims separately, before bringing groups together to share issues raised. This approach allowed both victims and parents to speak freely, and acted as a bridge between generations. Parents also inspired each other to offer more support to their daughters, discussing the challenges and stigma associated with SGBV with other parents appeared to promote solidarity and give participants a chance to learn from each other's experience.</p> <p>Project staff, and the activities implemented have been able to highlight the most vulnerable victims or particularly complex situations to a wide range of professional stakeholders involved in the project (including District Gender Officers, Police, IOSC staff) allowing individual follow-up of priority cases to take place and linkages made to services, organisations or additional financial support as appropriate.</p>
4.4	<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 250 words)</p>
	<p>The project has formed a coalition of CSOs working in the project districts. The primary purpose of this is to build the capacity of local/national CSOs on</p>

GBV prevention and promoting SRHR and extend linkages between IOSC and civil society. However, an added benefit is that Oxfam and RICH can draw on a wide range of expertise and networks, which is especially important when reaching, or accessing additional support for, vulnerable or marginalised groups. For example, one organisation is an umbrella agency for disability organisations and staff have been able to consult on how to ensure training activities are accessible for victims with disabilities and how to ensure community awareness raising activities also reach disabled women and girls. SGBV is under reported generally, and that girls with learning disabilities are less likely to be able to articulate or report abuse. Strengthening collaboration with CSOs focussed on disabled women and girls also encourages staff from those organisations to report SGBV if they become aware of it or have concerns.

Another challenge is accommodating teen mothers in training when they bring their babies and children with them without caretakers, disrupting their focus. There is no easy solution to this, however the project plans to explore the possibility of linking with district Early Childhood Development (ECD) departments to provide childcare during trainings. Additionally, workshops with parents and victims have underlined the important role that parents can play in their daughters' rehabilitation and socio-economic reintegration, including care of their grandchildren born from SGBV.

5. Financial Reporting

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.

5.1 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 350 words)

Expenditure in Year 2 was £269,251 against a planned budget of £346,011 leaving an underspend of £76,760 broken down as follows:
 £41,840 delayed spend
 £34,920 true underspend (although £15,000 of this is delayed spend ring fenced for Year 4)

Significant variances are as follows:

- £12,483 true underspend in Staff costs due to delayed recruitment of Oxfam Rwanda Project Officer.

	<ul style="list-style-type: none"> • £5,750.88 true underspend in Staff costs due to staff member at RICH responsible for M&E appointed to Acting Executive Director during the period so could not play this role on the project for several months. • £1,000 true underspend in International Staff Travel (regional visit) because though the Regional Director visited the project during this period, funds to support this visit were covered by the regional budget. • £7,643 delayed spend for Health Auditing Mission. This is now being conducted in partnership with Kayciru Police Hospital and the partnership took time to confirm. However, the health audit is now underway with 49% of the allocated budget spent. The remainder will be spent in the first quarter of Year 3 on completion of the audit. • £6,844 for start-up capital activities, £1,500 for links to microfinance institutions and £10,720 for support and monitoring of savings and loans activities, all delayed spend relating to delay of some activities under Output 3. • £15,000 underspend in Output 1, allocated for research on gaps in SGBV law and policy. We propose to delay this research to Year 4 as this will enable use of project evidence to support the research. We have classed this as ‘true underspend’ to enable us to ringfence it on the budget template, though it is really delayed spend as we will use it for the same purpose. <p>All other (minor) variances are accompanied by an explanation on the Year 2 Finance Report submitted alongside this report.</p>
5.2	Please give details of any capital expenditure in this reporting period.
	Capital expenditure in this period consisted of one laptop purchased for Oxfam staff (£1,114), and office furniture for partner field offices (£297).
5.3	Please explain how you are working to ensure cost effectiveness on the project, whilst maintaining the quality of delivery. (Max 250 words)
	<p>Collaborating with district authorities has supported cost effective delivery of the project. For example, district authorities have donated resources in kind such as letting project staff use the stadium for free for the large-scale advocacy event that took place in Kamonyi district during this reporting period.</p> <p>Combining training sessions for health workers on different SGBV prevention approaches and response mechanisms to a four-day course made it easier for health professionals to attend since with busy and sometimes unpredictable working schedules it is difficult for them to commit to courses spread over several months. However, organising training in this way also realised cost efficiencies.</p> <p>The project’s approach of building a volunteer network of Agents of Change, Champions and men and boys who will act to sensitise their communities is a cost-efficient way to disseminate messaging. The project does not supply these people with budget to conduct follow on activities, however in this reporting period alone, 32 further meetings and workshops have been</p>

conducted by Agents of Change and Champions using regular meetings in their existing platforms and structures to disseminate messaging to others. The time taken in the early months of the project in Year 1 to build strong partnerships with other CSOs, religious leaders, MIGEPROF and other government institutions mean that these entities are supportive of the project and give their time freely. High quality delivery is ensured through these partnerships as well and their involvement also contributes to long term sustainability.

6. Any other Information

Please use this section to tell us any other relevant information regarding your project. If the additional information included within this section is urgent please ensure it is highlighted. (Max 250 words)

In several areas, the project is delivering and has been recognised for innovation and best practice:

- Organising GBV victims in support groups and working to economically empower victims is addressing a recognised gap in SGBV services.
- Working with community structures and groups that are traditionally not included in GBV prevention and response interventions such as farmer's cooperatives, motorcyclist's cooperatives and hotels has proved successful and received high praise from district authorities.
- Use of the MenEngage approach, first developed in South Africa, is challenging perceptions that SGBV and SRHR are 'women's issues' and showing that men and boys can play an important part in prevention and response.
- Collaboration with parents/guardians and families in the reintegration of SGBV victims has responded to stakeholder feedback and has proved highly effective.
- Training of IOSC staff was of great support in enhancing provision of high quality services to GBV victims, as stated by trained staff. The training was also the first of its kind because it tackled issues faced by health care providers including burn-out and secondary trauma/vicarious trauma. Health workers said it was the first time they had ever received such support and recognition of their own self care needs.

Media links showing some activities delivered in this reporting period:

Agents of Change and Champions

- <http://www.rwandainterfaith.org/en/quick-links/training-of-agents-of-change-champions-and-sgbv-victims-on-srhr-gbv-prevention-approaches-and-available-services-at-iosc/>

Community awareness and advocacy campaigns

- <http://www.rwandainterfaith.org/en/quick-links/awareness-campaign-on-ending-violence-against-women-and-girls-in-rubavu/>
- <http://www.rwandainterfaith.org/en/quick-links/rich-in-the-16-days-of-activism/>

Use of celebrities to disseminate SRHR and GBV prevention and response messages

- <https://twitter.com/InterfaithRda/status/1095755570974470145>
 - <https://twitter.com/InterfaithRda/status/1055117635489292289>
- <https://twitter.com/InterfaithRda/status/1055183581239263233>

Dialogue sessions for men on positive masculinity

- <http://www.rwandainterfaith.org/en/quick-links/workshops-on-conflicts-resolution-in-couples-and-engaging-men-in-positive-masculinity-to-tackel-gbv/>