

PROJECT OPERATIONS REPORT



PO: 7432160
Project #: P008372

TOGETHER

UNITING TOWARDS GENDER EQUALITY FOR ENJOYMENT OF WOMEN'S AND GIRLS' TOTAL HEALTH AND RIGHTS

Reporting Period
01.10.2022 - 31.03.2022

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I CHANGES TO CONTEXT

1.1 CHANGES TO CONTEXT – GENDER EQUALITY

There have been changes in the project setting that have impacted the integration of gender equality in Cambodia and Kenya. In Cambodia, the recruitment process for Commune Committee for Women and Children (CCWC) facilitators has undergone changes recently. The government has decided to only allow women to hold the post of second CC deputy, making them automatically the CCWC officer. Additionally, there has been a shift in the way (Village Health Support Groups) VHSG members are recruited, as gender is no longer a determining factor. Applicants are now selected based on their capacity. Every village should have two VHSGs; they used to be one female and one male, but due to changes in the new guidelines, there may be both females and males in one village, based on the applicant's capacity and interest.

Across northern Kenya, a severe drought crisis is having a particularly harsh impact on vulnerable populations, particularly women and girls in Turkana County. With most water collection stations and wells having dried up or broken down, females - who typically bear responsibility for unpaid domestic chores - are spending even more time searching for water to meet their families' needs. Drought-related challenges, such as deepened scoop holes and food scarcity, have made things especially difficult for women and girls. This has resulted in fewer opportunities for female participation in gender awareness initiatives and training programs, as they are overwhelmed with household responsibilities. To ensure women's full involvement in the project, the team consults with them, their partners, and elders to manage varying time availabilities. Men participating in the project also have to travel long distances to find grass and water for their livestock. It is important to communicate project activities to them in advance so that they can plan accordingly, as they sometimes struggle to complete project activities.

Implementing the gender equality plan for the project poses multiple challenges that need to be addressed. Changes in the recruitment of VHSG members may negatively impact Cambodia's gender equality strategy, specifically for the use of same-sex instructors for sensitive SRHR topics. Unfortunately, men have not been actively involved in campaigns and events, which could ultimately hinder their understanding and support of women and girls exercising their health rights.

There are no changes to report for gender equality in the Philippines and Uganda.

1.2 CHANGES TO CONTEXT – HUMAN RIGHTS

There are no changes to report for human rights in all 4 countries.

1.3 CHANGES TO CONTEXT – ENVIRONMENTAL SUSTAINABILITY

Significant progress has been made in Cambodia towards incorporating environmental sustainability. The Ministry of Environment has introduced a comprehensive Strategic Plan for Integrating Gender in the Environment 2021–2025. This plan aims to ensure gender equality is promoted by integrating gender into major activity plans and natural resource development programs. In addition, the Royal Government is working towards implementing the National Action Plan on School Health 2021–2030 in collaboration with

all relevant ministries, institutions, and partners. Their goal is to establish a safe and inclusive learning environment in line with economic and social development. The Ministry of Education, Youth, and Sports (MoEYS) has issued comprehensive guidelines on various topics such as the prohibition of tobacco and alcohol products in public and private educational institutions and promoting clean water, sanitation, and hygiene in schools. Furthermore, the MoEYS conducts an Annual Clean School, Clean Environment, Best School Contest to maintain a clean and healthy learning environment. The national environment strategy, the national action plan, and the MoEYS's comprehensive guidelines are now establishing local influence and facilitating the project's objectives of raising awareness on environmental health, tobacco smoke protection, and menstrual health rights. These strategic components will be utilized to promote the project further, integrating them into the Youth Champions training program at the ADRA Adventure Learning Center, community awareness events, and educational institutions, with a particular focus on addressing menstrual hygiene management (MHM) issues in middle schools.

In Kenya, the implementation of Ward Committees in 2022, reinforced by the Turkana County Climate Act 21, provides a golden opportunity to enhance local efforts in countering the effects of climate change, including droughts and floods. These committees will ensure that the county's climate resilience fund is distributed equitably and transparently, thereby averting any possible conflicts. Counties can efficiently access and utilize climate finance from various sources to promote community resilience and decrease vulnerability to the rapidly changing climate through the climate change resilience fund.

There are no changes to report for environmental sustainability in the Philippines, and Uganda.

1.4 CHANGES TO CONTEXT – INNOVATION

In relation to the innovative approach of CoLMEAL, it's worth noting that the governor of the Sandan District in Cambodia has provided training to CCWCs and CCs on activity planning and budgeting. Additionally, the governor has advocated for Commune Councils to allocate 20% of their budget towards addressing social issues. This presents an opportunity for CCWC and CCs, who represent CMCs/CMELCs, to incorporate their community action plan into budget planning and utilize local funds for ownership and sustainability. The effectiveness of this access to funds will be evaluated in future annual reports.

There are no changes to report for innovation in Kenya and the Philippines.

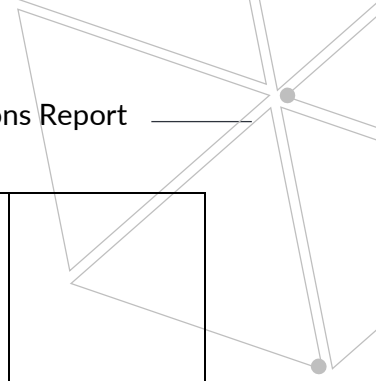
2 PROGRESS ON OUTPUTS & ACTIVITIES

2.1 IMMEDIATE OUTCOME 1110

Outcome Statement: Increased self-confidence of the most vulnerable adolescent girls and boys, especially those living in indigenous, remote or resettlement settings

Output 1111: Adolescent girls, young women, boys and young men trained on life-skills for 21st century, negotiation, SGBV, SRHR, and/or climate resilience, utilizing appropriate communication channels

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1111a: # of adolescent girls, boys, women and men trained on life skills for 21st century, negotiation, SGBV, SRHR, and/or climate resilience using appropriate communication (by sex, age)	Total: 12,483 F: 9,058 M: 3,425 Cam: 5,063 F: 3,038 M: 2,025 Ke: 4,320 F: 3,580 M: 740 Ph: 1,420 F: 1,000 M: 420 Ug: 1,680 F: 1,440 M: 240	Total: 5,720 F: 4,053 M: 1,667 Cam: 297 F: 146 10-14 F: 17 15-19 F: 86 20-24 F: 36 25-49 F: 7 50+ F: 0 M: 151 10-14 M: 12 15-19 M: 89 20-24 M: 48 25-49 M: 2 50+ M: 0 Ke: 4,343 F: 3,317 10-14 F: 656 15-19 F: 1,751 20-24 F: 890 25-49 F: 12 50+ F: 8 M: 1026 10-14 M: 249 15-19 M: 681 20-24 M: 93 25-49 M: 3 50+ M: 0 Ph: 0 F: 0 10-14 F: 0 15-19 F: 0 20-24 F: 0 25-49 F: 0 50+ F: 0 M: 0 10-14 M: 0 15-19 M: 0 20-24 M: 0 25-49 M: 0 50+ M: 0 Ug: 1,080 F: 590 10-14 F: 259 15-19 F: 282 20-24 F: 23	Total: 7,098 F: 4,978 M: 2,120 Cam: 695 F: 355 10-14 F: 70 15-19 F: 169 20-24 F: 95 25-49 F: 20 50+ F: 1 M: 340 10-14 M: 50 15-19 M: 179 20-24 M: 95 25-49 M: 16 50+ M: 0 Ke: 5,300 F: 4,018 10-14 F: 1,357 15-19 F: 1,751 20-24 F: 890 25-49 F: 12 50+ F: 8 M: 1282 10-14 M: 505 15-19 M: 681 20-24 M: 93 25-49 M: 3 50+ M: 0 Ph: 0 F: 0 10-14 F: 0 15-19 F: 0 20-24 F: 0 25-49 F: 0 50+ F: 0 M: 0 10-14 M: 0 15-19 M: 0 20-24 M: 0 25-49 M: 0 50+ M: 0 Ug: 1,103 F: 605 10-14 F: 259 15-19 F: 282 20-24 F: 28	Total: 70,620 F: 49,762 M: 20,858 Cam: 12,720 F: 7,632 M: 5,088 Ke: 19,200 F: 16,000 M: 3,200 Ph: 9,900 F: 6,930 M: 2,970 Ug: 28,800 F: 19,200 M: 9,600	Cam: Delayed Ke: Completed Ph: Delayed Ug: Delayed



		25-49 F: 25 50+ F: 1 M: 490 10-14 M: 179 15-19 M: 230 20-24 M: 36 25-49M: 42 50+M: 3	25-49 F: 35 50+ F: 1 M: 498 10-14 M: 179 15-19 M: 230 20-24 M: 36 25-49M: 50 50+M: 3		
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A total of 7,098 participants (4,978 females and 2,120 males) have received training in 21st century life skills, negotiation, SRHR, SGBV, and/or climate resilience using appropriate communication channels as of the reporting period. The implementation of the activities in Cambodia, Kenya, and Uganda, contributed to the achievement of 57% (7,098 out of 12,483) of the project’s Y2 target.



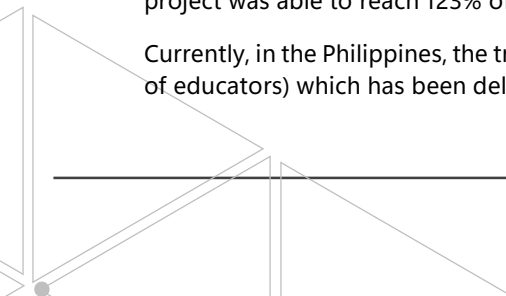
Adolescent girls attending a training session on SRHR and GBV in Cambodia

In Cambodia, only 695 (355 females and 340 males) (14% of target) adolescent girls, boys, women, and men out of the targeted 5,063 participants have received training. The delay in training was due to some trained CCWCs (Commune Committees for Women and Children) being unavailable in certain communes due to work-related activities. To overcome this, potential Village Health Support Groups (VHSGs) and Youth Champions will be selected and coached to facilitate training sessions in the areas where the CCWCs were not available. Currently, Youth Club Leaders from 19 schools have been trained and are working with teachers to promote messages on SRHR and SGBV to adolescent boys and girls in school via social media platforms as well as through peer-to-peer sharing. SRHR/GBV sessions have

started with out-of-school adolescent girls and boys groups facilitated by CCWC and supported by Youth Champion and VHSG. Training sessions have started in 99 villages to date. The project has also utilized social media to amplify key messages on GBV, menstruation and hygiene management, decision-making about sexual activity, traditional misconceptions about women's health, antenatal care, and post-natal care. The setup of studio equipment for the media production has been completed, and the video production contractors have been identified. Health songs have been composed and are being reviewed by the MOH Health Promotion team. Female Out of School Youth Leaders were trained to support CCWC female youth group mobilization and peer capacity building for SRHR and GBV sessions. Youth Champions were also trained to support SRHR youth club activities and other events in their schools. After training, these Youth Champions are helping other youth-at-risk and are influencing youth-at-risk groups at middle schools by inspiring them and sharing key messages related to SRHR and GBV. Lastly, the project also conducted student-led dramas orientations in middle schools focusing on practices and performance role plays, script development and sharing of educational videos.

In Kenya, a total of 5,300 participants (4,018 females and 1282 males) have received training. 156 training sessions were organized to reach the adolescent girls, young women, adolescent boys, women and men in life skills for 21st century, SGBV, and SRHR. 219 educators (119 females and 100 males) were identified and trained to facilitate the training. The project was able to reach 123% of its Y2 target (5,300 out of 4,320).

Currently, in the Philippines, the training for Output 1111 has not yet commenced due to its link with Output 1113 (training of educators) which has been delayed. However, despite this delay the project team will catch up to it’s cumulative Y3



target in Y3, with 49 trained teachers conducting four sessions of life skills education and adolescent reproductive health (ARH) to 30 students and their parents, starting from Q1 of Y3. Throughout the reporting period, the Department of Education (DepEd) has co-designed the guidelines for conducting life skills sessions based on their "Learning Now, Learning New, and Learning Next" session guide for adolescent boys and girls. Furthermore, the sessions for parents and guardians will follow DepEd's CSE Primer.

In Uganda, a total of 1,103 (65.5% of target) participants (605 females and 498 males) have received training in 21st century life skills, negotiation, SRHR, SGBV, and/or climate resilience using appropriate communication channels as of the reporting period. Life skills gaps among girls, young women, boys, and young men in target area were identified and an external facilitator conducted the 3-day training to engage 23 TOTs (15 females and 8 males). The government training manual was adapted as the Life Skills guide and used to train adolescents who were identified. Due to the unavailability of educators who are also engaged in numerous other activities, it was difficult for them to reach out to the young people and therefore the goal was not met. In Year 3, the project team has developed a plan to engage 400 instructors and educators, each of whom will train 45 individuals, in order to reach 18,000 individuals.

In Cambodia, Kenya, and Uganda, the Gender Equality Strategy (GES) included sex-segregated community sessions. However, in some Cambodian villages, same-sex educators were not available, particularly due to the lack of male (Champion/CCWC) educators. To teach sensitive topics, gender-responsive approaches were utilized during the sessions. Inclusive group member representation was considered during session scheduling and consultations to ensure availability, safety, and support for participants in Cambodia, Kenya, and Uganda. For the older "parents" groups in Cambodia, having an opposite-sex facilitator was generally acceptable, but for youth/unmarried groups, it was more sensitive. In such cases, an assistant facilitator of the same sex as the group would co-facilitate. The project worked with authority figures and influential people to encourage more male champions and conducted campaigns such as shopping booths, night shows, forums, and other events to provide information on SRHR to target people, especially women and girls, in the community. Men and elders were also invited to join the campaigns to gain knowledge and provide support for exercising women's and girls' health-related rights. In the Philippines, gender and culturally-sensitive information, education, and communication (IEC) materials were utilized during the drafting of the training guidelines. Key messages were thoroughly examined and tested to ensure that they do not contain any words that silence, stereotype, or constrain others. The illustrations were designed with utmost care and consideration to ensure equitable and fair portrayal of women and girls, men, and boys. In Uganda, to ensure that adolescent girls and women (AGW) were not subjected to GBV as a result of their participation in the trainings, the project conducted consultations with them and provided all participants with invitation letters that detailed the venue, duration, and allowed participants with small children to accompany them. These young children were also considered to be in a welcoming and child-safe environment or venue and to have access to food.

Across the 4 countries, measures were taken to ensure that human rights were respected during training periods. This included setting ground rules to maintain personal space and conducting Participatory Needs Assessments to tailor guidelines to the needs of targeted participants. The principle of "Do no harm" was upheld, recognizing the value and dignity of human life, and promoting the well-being of individuals and society. In Kenya, innovative strategies such as songs, dances, and drama were used to enhance experiential learning and message transfer to learners' peers, guardians, and parents. Additionally, environmental protection strategies were emphasized, such as proper waste disposal both at training sites and homes. In Cambodia, facilitators responsible for environmental waste management were assigned at each training venue, and the project limited the use of materials that could harm the environment.

During the reporting period, the project encountered various challenges. In Cambodia, the creation of video and health song scripts took longer than anticipated, and there were time limitations for the script review. To overcome this, a project staff member will work alongside the ADRA National Health Coordinator to complete the scripts in early Y3. In smaller villages, locating a minimum of 10 individuals for adolescent male and female groups was difficult due to many adolescents either attending school or moving away to work elsewhere. Plans are being made to invite more adolescent girls and boys to join through holiday campaigns, when it is more convenient for them to participate. Temporary flooding affected 90 of 144 villages in phase I at the end of the major rainy season, making it difficult for the CMC and Youth out-of-school to conduct their activities and for the project team to reach those villages. To address this, the project purchased life jackets for each staff member and rented boats to reach those villages. Due to the safety concerns of traveling to flooded villages, staff have been instructed to travel as a team in these situations and not alone. In Kenya, harsh weather conditions including strong winds and rains interfere with training sessions. To address this, the

educators made arrangements for local government facilities to serve as training facilities. During training, some participants preferred cash over the refreshments provided. To counteract this, the project staff repeatedly emphasized the significance of actual refreshments for enhancing focus and concentration during sessions. In the Philippines, public school teachers' participation in Life Skills Sessions and other extracurricular activities became a challenge due to their significant workloads and focus on academic performance. To overcome this difficulty, the project will collaborate with the provincial office of DepEd to develop a flexible program that incorporates extracurricular activities into the existing curriculum, allowing educators to engage in these activities without compromising academic performance. In Uganda, youth participation remains a challenge, as they are frequently viewed as unfit to engage in community meetings, and cultural leaders prefer that older people receive training and then pass it on to the younger generation. Unfortunately, these local leaders are involved in numerous other activities, making connecting with the youth difficult. To address this issue, the project collaborated with local leaders to identify and mobilize parents and other trainers of trainees who have now received the training to teach the skills to adolescents.



Adolescent boys attending a training on SGBV in Kenya

The training sessions conducted in Kenya have had a positive impact on the self-esteem and participation levels of the learners. According to post-training FGD survey results, both adolescent girls and boys, women, and men have shown improvement in speaking up, particularly females. The life skills training has also led to improved self-awareness among the learners, enabling them to make informed decisions regarding their reproductive health. This is reflected in the feedback received during review meetings where girls expressed their desire to attend school rather than staying at home and taking care of their siblings and household chores. Moreover, the training sessions have helped the participants to challenge and dispel myths and misconceptions surrounding sex and sexuality within their communities. In Cambodia, the In-school Youth Clubs and At-risk Youth Leaders have improved their capacity to share key messages about SRHR/GBV with different groups in target middle schools, especially those from the most remote, indigenous areas. This has helped them feel more confident in negotiating for SRHR/GBV services.

Output 112: Female Champion Groups with optional savings mechanism engaging the most vulnerable adolescent girls and women established/strengthened

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1112a: # of Female Champion Groups established and active	Total: 151 Cam: 74 Ke: 0 Ph: 50 Ug: 27	Total: 132 Cam: 56 Ke: 1 Ph: 48 Ug: 27	Total: 222 Cam: 56 Ke: 1 Ph: 138 Ug: 27	Total: 1,267 Cam: 188 Ke: 14 Ph: 232 Ug: 833	Cam: Delayed Ke: Ongoing Ph: Completed Ug: Completed

By the end of Y2, a total of 222 female champion groups composed of adolescent girls and women have been established and are now active. The collective achievement of all 4 countries has resettled in the achievement of 147% (222 out of 151) of the project's Y2 target.

In Cambodia, 56 FCGs were established and active, contributing to achieving 75.67% of their Y2 target. There have been some delays due to the same reasons mentioned in Output 1111, namely the unavailability of group leaders and facilitators from the Commune Committees for Women and Children (CCWC), who have been occupied with their work. To catch up, potential VHSGs/Youth champions are being selected and coached to facilitate sessions in the absence of CCWC, while follow-up and coaching for CCWC and VHSGs/youths who lack confidence in facilitating sessions are being strengthened. In Y2, female youth at risk from middle schools were trained as Youth Champions in partnership with District Education Department (DED). These champions are now supporting SRHR youth club activities and other events in their schools and are inspiring other youth at risk to make better decisions related to SHRH/GBV. The vocational training linkage has also been shared with female champion groups through ADRA Facebook Page and the Vocational Training Centre pages.

Kenya's activities were originally planned to begin in Y3 but were initiated earlier to facilitate the roll-out and piloting of Program H&M methodology (an evidence-based gender synchronized approach to promote positive social change) after the completion of the 10-day project staff training. This allowed champions to carry out advocacy activities and gave project staff more time to train and identify female champions through positive deviant methodology from adolescent girls and women who had previously undergone life skills training. The selected female champions were organized into one group and trained using Program H&M methodology by project staff. The pre and post test showed a significant mindset change among participants, who decided to train all their children, both boys and girls, on household chores. Post-training follow-up also revealed that some female champions engaged their male partners about household chores and reported increased family happiness. These trained champions will be supported in conducting advocacy activities in their communities.

The project in the Philippines exceeded its Y2 target, with 138 out of 50 (276% of target) Female Champion Groups (CoSuGs) formed. These groups are actively engaged in project activities such as kitchen gardening, REFLECT sessions, and accessing the community-based and self-organizing loan and savings mechanism, Barangay United Loan and Savings (BULSA). BULSA provides women and communities with limited access to financial services a means to save, gain access to micro-loans, and gain income, ultimately leading to economic resilience. To ensure BULSA's success, each CoSuG participated in a 2-day training session that covered BULSA's operation and management, member roles and duties, and the development of its constitution and bylaws. A BULSA Summit was also organized, bringing together 35 savings groups with 821



A CoSuG leader preparing for a meeting on BULSA

members from 25 communities. The summit included local goods and savings portfolios, as well as the development of an action plan. Testimonials offered at the summit emphasized the value of the social fund in times of emergency, sickness, or hospitalization, fostering camaraderie and friendship among CoSuG members.

In Uganda, 27 (100% of target) female champion groups composed of adolescent girls and women have been established and are now active. Using the Community Based Groups (CBGs) and Community Based Organizations (CBOs) capacity assessment tool, the project identified registered Female Champion Groups (FCGs) and other female savings groups. The FCGs participated in an assessment of the women's savings activities to identify gaps and levels of engagement with the most vulnerable AGWs, as well as capacity building training that included Village Savings and Loans Association (VSLA) skills. A gender-sensitive IGA (Income Generating Activity) assessment was conducted, and a knowledge gap was identified, necessitating a one-day IGA management training for champion group leaders to enable them to establish and manage IGAs that will contribute to and increase their savings. MOUs (Memorandum of Understanding) for CBGs and CBOs were drafted, endorsed, and signed in accordance with GAC and ADRA Canada's guidelines. All 27 FCGs are actively participating in VSLA and have received VSLA Kits.

As part of the GES, the project in Cambodia prioritized capacity building for both female and male champions to increase awareness about harmful social and cultural norms, gender equality, SGBV, SRHR, and promote self-efficacy by providing them with leadership training. Across all countries, the project consulted with stakeholders, adolescent girls and boys, to ensure that the timing and venue of the sessions and other needs such as childcare were met to promote inclusion, increase participation and reduce potential backlash against female champions. Various channels, including Facebook, TV, YouTube, and Telegram, were utilized to raise awareness and disseminate information for greater accessibility. In Kenya, the project used an evidence-based methodology called Program H&M, which is a gender-synchronized approach to training both female and male champions. The project facilitated a combined reflection with male and female champions to promote awareness of gender equality and harmful social/cultural norms. Additionally, the training of female champions alongside male champions on specific topics for the intentional intersection of gender transformative efforts to reach both women and girls as well as men and boys was also conducted. In Uganda, the Program H&M was also used to train 1 female champion group. In the Philippines, participatory tools, such as illustrations, meta cards, and small group exercises, were utilized to ensure that all participants, including those with low literacy levels, could actively participate. Culturally sensitive and gender-responsive IEC materials were used, with key messages continuously reviewed and tested to avoid language that perpetuates stereotypes or silences certain groups. These materials were thoughtfully designed to portray all genders fairly and equitably. In Uganda, female champions received training in financial literacy and savings and loans to enable them to begin or improve their savings activities for economic growth and to increase their self-confidence to overcome the financial barriers to accessing sexual and reproductive health and nutrition services.

In Cambodia and the Philippines, the project is committed to environmental stewardship by implementing proper waste management and avoiding the use of non-biodegradable materials. To reduce plastic waste in Cambodia, reusable water bottles for training sessions are provided and a facilitator to manage waste and environmental control is assigned. In the Philippines, participants are encouraged to bring their own utensils to avoid non-biodegradable materials in food packaging and plastic utensils for refreshments. Reusable visibility tarps and IEC materials are also utilized to minimize waste, and notebooks and pens to promote notetaking are distributed to reduce paper and print materials production. In Kenya, the project adjusted the timing and duration of training to allow women sufficient time to participate as they cope with the added burden of searching for water and food, in addition to their reproductive roles, due to the ongoing drought.

During the implementation period, there were some obstacles that needed to be addressed. In Cambodia, the formation of youth champion groups in middle schools was delayed due to the production of video and other materials that needed to be launched on tablets for information sharing. While waiting for the video, the management team advised the school-based specialists to begin uploading health songs, which would be available by May 2023. In Kenya, women's various responsibilities limited their time for training, however, sufficient consultation was conducted to solve this issue. Following discussions since the training began, the husbands of a number of participants are now assisting with household duties. Women with little kids had difficulty finding caregivers for their babies during meetings/trainings, so the project provided a safe space with toys and refreshments for children and caregivers. Since not all trained BULSA champions are currently active in the Philippines, the project team selected champions who could invest the required time and resources for a more successful rollout process. Some BULSA organizations are departing

from agreed-upon policies, resulting in disagreements among members. To solve this issue, an Independent Service Provider (ISP) was contracted to perform monthly monitoring of savings groups and assure compliance with BULSA principles and policies. Regarding VSLA in Uganda, the groups have limited sources of income, indicating that the financial requirements of some members would not be met. This restricts their capacity to invest and form IGAs. This can be resolved through the provision of start-up capital to champion groups, allowing them to meet their financial requirements in relation to the establishment of meaningful IGAs and to increase their household earnings and savings.

The establishment of the FCGs has created a secure and supportive space to discuss sensitive topics related to SRHR and SGBV, which has increased access to healthcare services and build confidence. In Cambodia, vocational training centers have provided at-risk adolescent girls who dropped out of school with more opportunities to gain life skills and improve their self-confidence in accessing healthcare services and finding employment. Program H&M's practical approach, which includes group work and presentations, has also increased the self-confidence of participating adolescent girls and young people in Kenya. In the Philippines, community-based savings and loan mechanisms have empowered women and adolescents to take charge of their healthcare needs and enjoy their health-related rights.

Output 1113: Gender transformative training for F + M teachers and educators conducted on comprehensive sexual education, containing sessions on SRHR, SGBV, health rights for adolescent girls and boys

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1113a: # of educators of adolescent girls and boys trained on comprehensive sexual education, including sessions on SRHR, SGBV, health rights (by sex).	Total: 874 F: 415 M: 459	Total: 816 F: 360 M: 456	Total: 1196 F: 577 M: 619	Total: 1362 F: 653 M: 709	Cam: Completed Ke: Completed Ph: Completed Ug: Completed
	Cam: 297 F: 88 M: 209	Cam: 247 F: 75 M: 172	Cam: 297 F: 88 M: 209	Cam: 597 F: 208 M: 389	
	Ke: 210 F: 140 M: 70	Ke: 153 F: 80 M: 73	Ke: 219 F: 119 M: 100	Ke: 300 F: 200 M: 100	
	Ph: 17 F: 12 M: 5	Ph: 0 F: 0 M: 0	Ph: 49 F: 43 M: 6	Ph: 65 F: 45 M: 20	
	Ug: 350 F: 175 M: 175	Ug: 416 F: 205 M: 211	Ug: 631 F: 327 M: 304	Ug: 400 F: 200 M: 200	

1,196 (577 females and 619 males) educators of adolescent girls and boys have been trained on comprehensive sexual education (CSE), including sessions on SRHR, SGBV, and health rights. This represents a 136% achievement against the Y2 target (1,196 out of 874).

In Cambodia, the project has successfully achieved 100% of its Y2 target by training 297 female and male educators. The Provincial Education Department (PED) partners were trained, and School Health Department (SHD) partners actively participated in textbook review workshops. Primary teachers underwent training on the existing SRHR national guidelines, while Middle School teachers in 19 schools in the Districts of Rovieng and Sangkum Thmey were trained on the CSE/SRHR methodology and textbook from the national curriculum. ADRA is in the final stages of working with the SHD of the Ministry of Education Youth and Sport (MOEYS) to print the full version of the schoolbooks.



Training of Primary Teachers and School Support Committee on SRHR

In Kenya, 219 out of 210 educators (104% of target) received comprehensive sexual education training, which included lessons on SRHR, SGBV, and health rights. During the reporting period, two consultation meetings with the Ministry of Education (MOE) were held at the county and sub-county levels to agree on the topics and materials to be utilized to educate teachers in accordance with Ministry of Education policy and curriculum. For the out-of-school population, SRHR, GBV, health rights, and CSE guides have been identified and adopted. The instructional material is recognized and discussed at the national, county, and sub-county levels for use in schools. For 3 days, educators from Sabbath and Sunday schools and MOH community health volunteers were trained on CSE. Anatomy and physiology of the human reproductive system, pregnancy and its implications, causes, and prevention of unintended pregnancy, GBV and rape, use of force and power, and consent were among the subjects covered in the course.

In the Philippines, the project overachieved its target by training 49 out of 17 (288%) educators due to the Department of Education's request to include other public school teachers in the province of Camarines Sur. The CSE training covered 3 important topics: Understanding Adolescents, Responding to Adolescent Needs, and Creating Adolescent-Friendly Health Services. Participants left the training equipped with extensive knowledge and skills in life skills education, SRHR, and SGBV. Additionally, action plans were developed, making them well-prepared to implement CSE and life skills education among students and parents in their respective schools. The training was facilitated by a team of experts, including the Project's Health and Nutrition Officer, Gender Officer, DepEd's ARH Focal Person, and the Family Planning Organization of the Philippines (FPOP), for 3 days, ensuring comprehensive coverage of the CSE and related topics.

In Uganda, the project successfully surpassed its target of training 350 educators. By the end of Y2, 631 (180%) female and male teachers have participated in a 3-day CSE training facilitated by a technical expert and ToTs, following a training needs assessment. Selected teachers and educators rolled out the training in the community during different occasions like church and community meetings, increasing the reach for this output.

In observing the project's GES, the CSE training program for male and female educators across all countries is designed to provide them with a gender-responsive approach that enables them to effectively deliver scientifically accurate, age-appropriate, and culturally relevant information on sexuality for adolescent boys and girls. The training is designed to promote equitable participation, including the use of participatory tools such as illustrations, meta cards, small group exercises, plays, and case studies. Discussions are led through questions to avoid backlash and to ensure that the content is not viewed as directly teaching or correcting views. In the Philippines, Cambodia, Kenya and Uganda, the training is integrated with messaging on gender equality, gender roles and norms, GBV, and rights, ensuring that qualified participants can participate regardless of age, gender, ethnicity, or religion. Additionally, consultations were done with female and male teachers and educators, on the timing and location of the trainings to ensure safety and convenience, advanced notice of trainings was provided as well as additional supports such as childcare, menstrual

hygiene management, permission and access supports when unwell during the sessions in all countries. SRH and GBV lessons were taught in sex segregated learning groups and by same sex teachers in Cambodia, Kenya, and Uganda. However, due to the lack of teachers and their opinions that the topics were not "that" sensitive, the project was unable to implement the practice of having same-sex educators in all schools in Cambodia. The MOEYS partners have also said that it is not national policy to supply same-sex teachers for SRHR curriculum topic materials used in schools.

The project has integrated environmental stewardship, including proper waste management and non-usage of non-biodegradable materials (food packaging and utensils). In Cambodia, a facilitator also provided orientation to participants before starting the sessions on the impact of the environment and garbage management systems. As a way of maintaining respect and promoting personal space during the training duration, participants set ground rules to be observed and have their own leaders during the training period in Kenya. Participatory Needs Assessments are done to ensure the activity is suited and relevant to the needs of targeted participants in the Philippines. Additionally, the participants have the right to refuse, raise concerns, suggestions, and other comments; and are respected and heard throughout the process.

The implementation in Y2 presented a number of obstacles that are being addressed by the project. Since MOEYS/SHD required additional significant textbook/curriculum review workshops in Cambodia, there are currently insufficient funds to train all primary school teachers. Considering that some students may drop out before or during middle school, this could create a gap. In all instances, the project will collaborate with CCWC authorities to increase participation in extracurricular activities and referrals to vocational training programs. In Kenya, most in-school educators in the implementation area are male, making it a bit challenging to find an adequate number of female educators. To compensate for the lack of female instructors, more female educators were identified at the community level (religious groups and the ministry of health) to reach out to more out-of-school adolescent girls. The project also encountered a similar barrier in Uganda, where female leaders are significantly underrepresented, particularly among cultural and religious leaders. To address this issue, the project seeks out female leaders at all levels and builds their capacity to help the project reach more women in the community. The project has demonstrated that it is possible to bring more women to the forefront through purposeful design, despite the low number of women leaders and educators.

Providing comprehensive sexuality education (CSE) training for teachers and educators was critical for creating a supportive and inclusive learning environment that promotes the physical, emotional, and social well-being of in and out of school adolescents, hence, helping increase self-confidence. By equipping them with the knowledge and skills to teach CSE effectively, the educators and teachers can empower students and out of school youth to make informed decisions about their sexual and reproductive health and rights (SRHR) and reduce the prevalence of sexual and gender-based violence (SGBV) in schools and communities.

2.2 IMMEDIATE OUTCOME 1120

Outcome Statement: Increased access to SRHR, SGBV and health-related services for the most vulnerable adolescent girls and women, especially those in indigenous, remote or resettlement settings and/or those with special needs

Output 1121: F+M Champion Groups creating connections between adolescent girls and boys (including out of school) and community SGBV, SRHR Help Centers established

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
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1121a: % of Champion Groups having an interaction (info-tours / referrals / presentations etc.) with the community SGBV, SRHR Help Centers	Total: 12% Cam: N/A Ke: 0% Ph: 80% Ug: 12%	Total: 34.21% Cam: N/A Ke: 0% Ph: 0% Ug: 34.21% (13/38)	Total: 34.21% Cam: N/A Ke: 0% Ph: 0% Ug: 34.21% (13/38)	Total: 75% Cam: N/A Ke: 85% Ph: 80% Ug: 60%	Cam: Delayed Ke: Not planned Ph: Delayed Ug: Completed
1121b: # of adolescent girls, boys participating in "connecting" events organized by Champion Groups	Total: 5718 F: 2917 M: 2801 Cam: 5428 F: 2714 M: 2714 Ke: 0 F: 0 M: 0 Ph: 290 F: 203 M: 87 Ug: 0 F: 0 M: 0	Total: 1467 F: 861 M: 606 Cam: 1,295 F: 793 M: 502 Ke: 0 F: 0 M: 0 Ph: 0 F: 0 M: 0 Ug: 172 F: 68 M: 104	Total: 1467 F: 861 M: 606 Cam: 1,295 F: 793 M: 502 Ke: 0 F: 0 M: 0 Ph: 0 F: 0 M: 0 Ug: 172 F: 68 M: 104	Total: 37,752 F: 22,669 M: 15,083 Cam: 12,000 F: 6,000 M: 6,000 Ke: 2,800 F: 1,400 M: 1,400 Ph: 1,216 F: 851 M: 365 Ug: 21,736 F: 14,418 M: 7,318	

34.21% of Champion Groups have had an interaction (info-tours / referrals / presentations etc.) with the community SGBV and SRHR Help Centers. Only Uganda contributed to this achievement as of the reporting period. Kenya plans the implementation of this output in Y4, it was delayed in the Philippines, and it is not applicable to Cambodia.

1,467 (24.2% of 6058 targeted in Y2) adolescent girls, boys participated in connecting events. In Cambodia, 1,295 adolescent girls, boys have participated in "connecting" events organized by Champion Groups while only 172 (68 females and 104 males) participated in Uganda.

In Cambodia, 19 teachers (6 females, 13 males) and 152 adolescents (76 females, 76 males) promoted SRHR and GBV services to other teachers, students, and parents in 19 middle schools. "GBV against women and girls" was a major focus of campaigns. As service providers, 83 Help Centers, including 26 Commune Council offices, 26 Police Posts, 12 HCs, and 19 Middle schools, have been set up. Promotion was also conducted by officers at each location, including health centers and the community, in collaboration with other CCWC and Youth Champion partners. Middle school students competed in a video production contest as part of the SGBV and SRHR promotion activities. In addition, telephone numbers for SRHR/SGBV counseling services provided by various institutions and local authorities have been compiled, printed, and disseminated to middle schools and Help Centres. Additionally, hotline numbers for SRHR/GBV services were disseminated via television, YouTube, Facebook, Telegram, Messengers, village facilitation sessions, community-wide campaigns, and other events.

In Uganda, 34.21% of Champion Groups (13 out of 38) have interacted with community SGBV and SRHR Help Centers, meeting the 12% target. The Champion Groups were able to facilitate connecting events earlier than planned and were attended by 172 adolescent girls and boys. To encourage participation, both female and male participants were mobilized through events such as sports and focus group discussions, organized by F+M Champion groups at community help centers. Prior to these activities, centers were identified and registered for SGBV and SRHR-related

help centers, and the types of activities were evaluated. Memorandums of Understanding were developed and signed with help centers, participant registration forms were created, and IEC materials were distributed to the F+M champion groups. Youths were then encouraged to seek support from these groups, and psychosocial assistance was provided to all those who visited the help centers. The activities of F+M CGs are continuously monitored and supported through supervision.

At the completion of Y2 in the Philippines, 0% of Champion Groups have interacted with community SGBV and SRHR Help Centers, and no adolescents have yet participated in connecting events. The output activities are delayed due to the postponement of Output 1111 (Life skills training) and Output 1133 (Parent-teen talk). Despite not completing 1111 and 1133, the plan of action is to complete the VAWC training (Output 1212) in all barangays and continue with the info tours. At present, needs assessment and consultation meetings with Help Centers related to SGBV and SRHR are ongoing.

As part of the GES, the project in Cambodia employs various communication strategies for engaging with adolescents, including social media, small group tablet viewing, posters, group sessions, shopping booths, night shows, and youth-oriented forums. Youth champion leaders and VHSGs are conducting SRHR/GBV sessions with adolescent girls and women and inviting them to participate in campaigns and events. Male and female parents, as well as adolescent girls and boys, were invited to participate in needs assessments and consultation meetings in the Philippines, ensuring a diversity of gender perspectives and dynamics. In Uganda, female and male champion groups have conducted sensitization and awareness-raising sessions for adolescents on SRH, SGBV issues, and unintended pregnancies, utilizing sports, community dialogues, focus group discussions, and drama series, among other platforms, at various adolescent-friendly help centers and other service points. Such interactions with female and male champion groups helped build confidence of AGW as well as a more youth friendly environment resulting in increased access to and utilization of available services.

Regarding the environment, participants were taught on proper waste management during project activities in Cambodia and Uganda. In Cambodia, awareness on environmental impacts were shared online and by using social media and through drama shows while adolescents were encouraged to keep their environment clean and to re-use any bottles for IGAs such as packaging liquid soap and shea nut oil during project activities.

Several barriers to implementing the activities were identified. Due to the delay in finalizing the SRHR videos, the promotion of the full range of SRHR/SGBV services available at Help Centres in Cambodia is not yet complete. Moreover, while the hotline contact numbers for SRHR/SGBV counseling services of various institutions and local authorities have been collected, printed, and distributed to middle schools and Help Centres, the forms to be used for recording have not yet been finalized. To address this issue, project staff is creating record forms to monitor youth group visits to Help Centers. In order to resolve the delays, the project will continue to focus on critical tasks at the start of Y3. Due to the challenges of implementing this output in the Philippines considering the preconditions where Outputs 1111 and 1133 must be completed first, the project will revise its implementation design to resolve the delay in reaching the target. The plan is to complete the VAWC training (Output 1212) in all barangays and proceed with the info tours. In Uganda, help centers were not properly equipped for adolescents to utilize because they lacked youth-friendly amenities such as safe places for dialogue, counseling, and information dissemination on SGBV, SRHR, and Nutrition. At least 4 of the help centers were in poor condition and lacked adequate structures and personnel to operate after several years of inactivity. The project participants, including Mildmay Uganda, conducted an assessment, provided some IEC materials, and built the capacity of CHWs to assist adolescents at help centers. In addition, the project provided tents and edutainment equipment like TV screens to improve the mobilization of youths to the Help Centers.

The adolescent-friendly activities, such as indoor games and sports, and awareness-raising activities, such as SRHR/GBV videos, Facebook Live, and Telegram programs, could encourage youth to access SRHR services at help centers by providing safe spaces for dialogue and information on SRHR and SGBV services.

Output 1122: Support of Gender-responsive and sustainable income-generating activities supporting access to health and nutrition services by adolescent girls, boys, women and men, and U5 caregivers provided

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1122a: # of adolescent girls, boys, women, and men supported in income generating activity (by sex, age)	Total: 356 F: 247 M: 109 Cam: N/A Ke: N/A Ph: 276 F: 193 M: 83 Ug: 80 F:54 M: 26	Total: 840 F: 446 M: 394 Cam: N/A Ke: N/A Ph: 0 F: 0 M: 0 Ug: 840 F:446 10-14 F:0 15-19 F: 14 20-24F: 94 25-49F: 272 50+ F: 66 M: 394 10-14 M:0 15-19 M: 4 20-24M: 59 25-49M: 292 50+M : 39	Total: 955 F: 508 M: 447 Cam: N/A Ke: N/A Ph: 0 F: 0 M: 0 Ug: 955 F:508 10-14 F:0 15-19 F: 14 20-24F: 109 25-49F: 305 50+ F: 80 M: 447 10-14 M:0 15-19 M: 4 20-24M: 71 25-49M: 330 50+M: 42	Total: 24,526 F: 16,390 M: 8,136 Cam: N/A Ke: N/A Ph: 1160 F: 812 M: 348 Ug: 23,366 F: 15,578 M: 7,788	Cam: N/A Ke: N/A Ph: Delayed Ug: Completed

A total of 955 adolescent girls, boys, women, and men have been supported in income generating activity in Uganda, exceeding its Y2 target of reaching 80 individuals (1,194% of target). Activities are delayed in the Philippines while Cambodia and Kenya do not contribute to this Output.

In Uganda, the project has developed selection criteria for supporting environmentally sustainable IGAs. Participants engaged in IGAs have been identified and 117 ToTs (62 female and 55 male) have been selected and trained to support their respective groups and communities. The ToTs conducted training rollouts in different communities, including providing information on the benefits of ANC, MNCH, and nutrition. Ongoing monitoring and support supervision of selected AGWs, boys, and men's IGAs are currently being conducted by the project.

IGA Training Topics

1. Defining IGA and the different types of IGAs
2. Enterprise selections and the five questions while selecting IGA
3. Can I operate this IGA?
4. Is there market for my products/will people buy my products?
5. Is the IGA profitable?
6. How much money do I need for starting and operating this IGA?
7. Will the income from this IGA when added to the other sources of income I have reduce my household problems?
8. Benefits of ANC, MNCH and Nutrition

In the Philippines, output activities have begun, but the number of adolescents and adults supported in income-generating activities has not yet been tracked. Focus group discussions (FGD) conducted as part of a needs assessment revealed that many women in the project areas lack a regular source of income and are mainly engaged in caring for their families and performing domestic chores. However, they expressed a strong desire to engage in income-generating activities to support their spouses and meet their own needs. To date, 11 groups have successfully completed their Community-Based Enterprise Development (CBED) training to address the needs that were identified during the assessments. The training equipped the groups with essential skills in business ideation, market research, marketing, pricing, financial and management planning. All 11 livelihood groups have completed their business plans, with each identifying their preferred area of business. These include 5 groups in rice retailing, 2 groups in rice and feed retailing, 1 group in agriculture and veterinary supplies, 1 group in free-range chicken farming, 1 group in a mini-grocery store, and 1 group in seaweed farming. These diverse business plans reflect the variety of community interests and needs. In Q2 of Y3, these groups will receive additional support for their income-generating activities through the distribution of livelihood grants.

In respect of the GES, to ensure inclusivity, each group in the Philippines was invited to send 20 participants, including men, women, and non-binary individuals, to attend the CBED training. Everyone had equal opportunities to participate, express their ideas, and contribute to the group's objectives. Attendance is disaggregated by sex, age, and disability to ensure that the requirements of all participants are met. Although male participation was low, with only 5 of 201 participants being men, many women participated and identified proposed livelihood activities that will be implemented with the assistance of their spouses. In the Philippines and Uganda, efforts were made to ensure that all community members, regardless of gender or identity, have access to project activities. The time and location of the training were determined through consultations to ensure that both were convenient for everyone. In Uganda, males and females were also offered non-traditional IGAs, such as the production of reusable sanitary napkins, which were readily adopted and enhanced their standard of living due to their knowledge of profitable IGAs.

Considering human rights, the project in the Philippines seeks to assist women's organizations in obtaining legal recognition and accreditation from the Bureau of Rural Workers of the Department of Labor and Employment. This will provide them with legal recognition and allow them to participate in the development planning of the community. They will have more voice in the policies and programs that influence their lives and contribute to the community's sustainable development through their participation. In Uganda, the project ensured that the views and opinions of participants were considered during the implementation of activities.

Some factors hindered the smooth implementation of activities in the Philippines, including typhoons and weather disturbances, the filing of applications for projects requiring higher capitalization, and the completion of the first cycle of BULSA savings, thus delaying the release of grants to the 11 livelihood groups. To address these challenges, activities were rescheduled, officers and members of BULSA were retrained, and the project's limitations and requirements were reiterated. To further assist the groups, a project proposal workshop and financial literacy training are scheduled from April to June 2023, and the release of the grants is anticipated for June 2023.

Empowering women through livelihood opportunities can positively impact their health-related rights by providing them with more autonomy and decision-making power. Improved economic conditions can lead to increased confidence in accessing SRHR services and addressing issues related to SGBV. Involvement in community-based enterprises that promote gender equality may increase women's awareness of these issues and empower them to advocate for their rights and the rights of others. This fosters a supportive environment that promotes the health and well-being of women and their communities.

Output 1123: Assistance for establishing in-community, sustainable transport systems to ensure access to referral or confidential health and health-related services for adolescent girls and women provided

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1123a: # of community transport systems for referrals on health and health-related services (such as SGBV) of adolescent girls, women established or strengthened	Total: 25 Cam: N/A Ke: N/A Ph: 25 Ug: N/A	Total: 0 Cam: N/A Ke: N/A Ph: 0 Ug: N/A	Total: 0 Cam: N/A Ke: N/A Ph: 0 Ug: N/A	Total: 76 Cam: N/A Ke: N/A Ph: 76 Ug: N/A	Cam: N/A Ke: N/A Ph: Delayed Ug: N/A

0 community transport systems for referrals on health and health-related services (such as SGBV) of adolescent girls, women have been established or strengthened by the end of Y2. The implementation of the activities in the Philippines has been delayed while Cambodia, Kenya, and Uganda do not contribute to this Output.

Despite training 49 (37 female, 12 male) community-based transport (ComBaT) volunteers from 22 barangays by the end of Y2, to successfully contribute to this indicator, each community must have implemented a policy ordinance adopting ComBaT, which was not accomplished by the end of Y2. To resolve the delay, advocacy efforts and training sessions for other barangays are already scheduled for Y3. In collaboration with the local government unit (LGU), the project organized a 3-day training for barangay female and male ComBaT volunteers. The training covered SRHR and SGBV, the local referral pathway to the Help Center, Basic Life Support (BLS), and gender-sensitive facilitation – so that participants can respond with respect, dignity, and confidentiality.

Considering the project's GES, consultations with trainers and participants are facilitated prior to the training to ensure safety and convenience. Participants received advance notice of the activity in order to facilitate planning. The training is integrated with messaging on gender equality, GBV, and SRHR and will also support AWG in access to referral or confidential health and health-related services, especially for pregnant & lactating mothers, SGBV survivors, and other emergencies. It aims to be gender-inclusive, ensuring that qualified participants have the right to participate regardless of age, gender, ethnicity, and religion. The training program is designed with participatory tools to ensure equitable participation of all targeted participants regardless of their literacy levels, including illustrations, meta cards, and small group exercises.

As part of the project's commitment to environmental protection, the training program incorporates environmental stewardship practices such as proper waste management and avoiding non-biodegradable materials, especially for food packaging and utensils. Reusable visibility tarps and IEC materials are used to minimize waste, while also distributing notebooks and pens to encourage notetaking and reduce the production of paper and print materials.

One important issue was identified in the Philippines, which is being addressed by the project. Due to the present administration's lack of support, the re-establishment of ComBaT in Garchitorena faces considerable financing challenges. The former administration's Executive Order, which authorized financing for ComBaT from the Mayor's Office, is no longer recognized by the present administration, resulting in low morale among previously organized ComBaT under the EMBRACE project. To solve this, the project intends to lobby the Municipal Local Health Board to promote the implementation of ComBaT through a resolution or ordinance. The project would also encourage BLGUs to allocate funds for implementing ComBaT in their barangays. Furthermore, a strong advocacy plan will be developed to highlight the benefits of ComBaT and its potential impact on the community. To further institutionalize ComBaT, partnerships with local NGOs and civil society organizations will be established. Alternative funding sources like grants, partnerships, and sponsorships will also be explored.

The ComBaT volunteers are trained to respond to the needs of the community, including pregnant and lactating mothers, SGBV survivors, and emergencies, and to act as a bridge between the community and health facilities. This transport system reduces the barriers that prevent women and girls from accessing health services, including the cost of transportation and the lack of available means of transportation, particularly in rural areas. By improving access to

SRHR and SGBV services, women and girls can receive the necessary care and support to lead healthier and more empowered lives.

2.3 IMMEDIATE OUTCOME 1130

Outcome Statement: Increased supportive mindset of men, boys women and girls, and key gate-keepers towards more equal health-related rights and rights of adolescent girls and women, especially in relation to SGBV, FGM and unintended pregnancy

Output 1131: Gender-transformative awareness campaigns on SRHR, SGBV and sex work conducted in target communities utilizing youth clubs, REFLECT circles, BCC materials, SRHR summits and edutainments

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1131a: # of adolescent girls, boys, women and men in target communities reached with gender transformative awareness campaigns on SRHR, GBV and/or sex work (by sex, age group)	<p>Total: 12,119 F: 7,852 M: 4,267</p> <p>Cam: 5,753 F: 3,452 M: 2,301</p> <p>Ke: 0</p> <p>Ph: 4686 F: 3280 M: 1406</p>	<p>Total: 15,474 F: 10,784 M: 4,687 Non-Binary: 3</p> <p>Cam: 6,495 F: 4,019 10-14 F: 801 15-19 F: 829 20-24 F: 298 25-49 F: 1,497 50+ F: 594 M: 2,476 10-14 M: 519 15-19 M: 603 20-24 M: 185 25-49 M: 876 50+ M: 293</p> <p>Ke: N/A</p> <p>Ph: 4,654 F: 4,157 10-14 F: 225 15-19 F: 301 20-24 F: 299 25-49 F: 2293 50+ F: 1039 M: 494 10-14 M: 45 15-19 M: 57 20-24 M: 42 25-49 M: 187</p>	<p>Total: 18,646 F: 12,895 M: 5,748 Non-Binary: 3</p> <p>Cam: 6,495 F: 4,019 10-14 F: 801 15-19 F: 829 20-24 F: 298 25-49 F: 1,497 50+ F: 594 M: 2,476 10-14 M: 519 15-19 M: 603 20-24 M: 185 25-49 M: 876 50+ M: 293</p> <p>Ke: N/A</p> <p>Ph: 7,170 F: 5,921 10-14 F: 429 15-19 F: 575 20-24 F: 597 25-49 F: 3,050 50+ F: 1,270 M : 1,246 10-14 M: 188 15-19 M: 217 20-24 M: 98 25-49 M: 284</p>	<p>Total: 84,940 F: 59,332 M: 25,608</p> <p>Cam: 17,260 F: 10,356 M: 6,904</p> <p>Ke: 19,200 F: 16,000 M: 3,200</p> <p>Ph: 19,680 F: 13,776 M: 5,904</p>	<p>Cam: Completed Ke: Not Planned Ph: Completed Ug: Completed</p>

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
	<p>Ug: 1,680 F: 1,120 M: 560</p>	<p>50+ M: 163 Non-Binary Adolescents 10-14: 1 Non-Binary Adolescents 15-19: 2</p> <p>Ug: 4,325 F: 2,608 10-14 F: 428 15-19 F: 1,289 20-24F: 505 25-49F: 293 50+ F: 93 M: 1,717 10-14 M: 270 15-19 M: 914 20-24M: 345 25-49M: 150 50+ M: 38</p>	<p>50+ M: 459 Non-Binary Adolescents 10-14: 1 Non-Binary Adolescents 15-19: 2</p> <p>Ug: 4,981 F: 2,955 10-14 F: 428 15-19 F: 1,441 20-24F: 560 25-49F: 413 50+ F:113 M: 2026 10-14 M: 270 15-19 M: 981 20-24M: 397 25-49M: 313 50+ M: 65</p>	<p>Ug: 28,800 F: 19,200 M: 9,600</p>	

A total of 18,646 participants (12,895 females; 5,748 males; 3 non-Binary) of adolescent girls, boys, women and men in target communities have been reached with gender transformative awareness campaigns on SRHR, GBV and/or sex work. This represents 154% of the Y2 target, and is the result of activities conducted in Cambodia, Philippines, and Uganda. The launch of activities in Kenya is planned for Y3.



A female volleyball competition held in one of the middle schools in Cambodia

In Cambodia, 6,495 (disaggregated by sex) of the targeted 5,753 (113%) adolescent girls, boys, women, and men have been reached with gender transformative awareness campaigns. To date, the project has facilitated female volleyball competitions and student-led drama in middle schools, community traditional contests, shopping booths, and night show events organized in villages to disseminate key messages on SRHR, GBV, and discrimination reduction. Preparations for the Peer-to-Peer education in schools promoting values-based behavior between boys/men and girls/women are being made, including the production of videos, drama, night shows, and social media campaigns. Additionally, promotional materials and guides for counseling SRHR/SGBV services

for sex workers at Karaoke TV locations at Health centers, commune police stations, or other authorities are being developed to be used in Help Centers. SRHR awareness campaigns were also held during the celebration of different events such as World No Tobacco Day, GBV and Violence Against Women and Girls, International Women's Day, and Safe Migration.

As of the reporting period, the Philippines has successfully exceeded its target of reaching 4,686 individuals in its awareness campaigns by engaging a total of 7,170 (5,921 females, 1,246 males, and 3 non-binary) adolescent girls, boys, women, and men (153% of target) through conducting REFLECT Sessions for females, radio program, online-friendly space, and distribution of IEC materials. The overachievement of the target is due to the increased number of engagements in the online-friendly space (FB page) and the proactive conduct of REFLECT sessions during weekends. The REFLECT modules and actual sessions were continuously tested and improved to ensure that the topics benefited the training participants.

Training Topics
<ul style="list-style-type: none"> • Family Planning • Safe Motherhood • Nutrition on the First 1000 Days (F1D) • Adolescent Reproductive Health (ARH) • Sexual and Reproductive Health and Rights (SRHR) • Sexual and Gender-Based Violence (SGBV).

Over the course of 49 episodes, the You Must Know, Girl, or 'Aramon Mo, Nene' (AMN) Radio Program featured 44 experts (25 females, 16 males, 3 non-binary) from various organizations, including project staff members in their respective fields. Listeners had the opportunity to participate in a 'Question of the Day' segment and win prizes in the form of grocery vouchers and prepaid mobile loads. In year 2, the AMN Facebook page received 36,671 visits, providing a safe online space for women and girls who make up about 70% of the audience. The page featured posters, photos, videos, and other content related to the project's campaigns, and showcased female staff members to inspire and empower women and girls. 'Questions of the Week' and online quizzes were posted to encourage engagement, while 6 documentary story videos were produced and published through the AMN page for increased visibility and awareness. Furthermore, IEC materials effectively communicated key messages during REFLECT sessions and other project activities. These materials served a dual purpose by printing key messages on items such as canvas bags, notebooks/planners, t-shirts, and more, facilitating message retention as the messages are consistently viewed or read every time the items are used.

A total of 4,981 (2,955 females, 2,026 males) adolescents, women, and men in Uganda were successfully reached through gender-transformative awareness campaigns, exceeding the Y2 target 1,680 individuals (296%). The campaigns focused on key themes related to SRHR, GBV, and human rights. The project participated in International Women's Day by delivering these messages to designated district venues. The project also participated in the annual 16 Days of Activism against GBV by conducting gender drives. To ensure the effectiveness of the campaigns, existing IEC materials with gender-transformative messages were identified and adapted to the project's context. The project also conducted radio talk shows in collaboration with community, cultural, religious, or opinion leaders to address identified issues and facilitated SRHR awareness drives in schools and health facilities.

As a part of the GES, in Cambodia, messages that highlight the negative impact of harmful gender norms on SRHR, GBV, and discrimination have been developed and disseminated in various forms such as banners, leaflets, posters, videos, and songs through activities like traditional contests, volleyball matches, shopping booths, night shows, dramas, and peer education. Across the 3 countries (the Philippines, Uganda, and Cambodia), prior to organizing community events, consultation with local authorities and community members was conducted to determine the appropriate timing and locations, ensure safety, and arrange transportation. In addition, the project conducted gender transformative awareness campaigns in the targeted communities utilizing a variety of mediums such as video, audio and radio and utilizing various approaches, including interactive, educative and entertaining (Edutainment). The radio program schedule in the Philippines has been rescheduled from Fridays to Sundays to cater to the needs of adolescent boys and men who are occupied with economic activities on weekdays. The radio hosts maintain gender balance to provide diverse gender perspectives. Social media content and IEC materials are reviewed and tested for cultural sensitivity and equitable portrayal of all genders. The REFLECT sessions are sex and gender-disaggregated, and same-sex facilitators are assigned to ensure a comfortable sharing of thoughts and ideas. Participatory activities are employed to guarantee equal participation of all targeted participants. The facilitators are trained to conduct culturally and gender-sensitive sessions. To prevent the project from being perceived as promoting premarital sex, the project

communicates clearly with the communities through BCC materials and flipcharts, where key messages are emphasized and delivered properly. Parent Consent forms are also distributed and collected. Gender-sensitive and transformative debates and competitions were held between districts in Uganda. Children who accompanied their parents are accommodated with seating mats and toys to play. The project conducted broad based gender transformative awareness campaigns in the targeted communities on SRHR, SGBV, and associated social norms utilizing a variety of approaches such as video, audio and radio in interactive, educative and entertaining (Edutainment) ways. These were conducted in parishes with vehicles that had PA systems playing pre-recorded messages or in partnership with active, selected edutainment youth groups.

To support the cause of environmental protection, the project has incorporated practices of environmental stewardship that involve appropriate waste disposal and avoidance of non-biodegradable materials such as food packaging and utensils. In the Philippines, reusable tarps and IEC materials are employed to decrease waste, while distributing notebooks and pens to encourage notetaking and reduce the production of paper and print materials. In Uganda, empty plastic bottles were collected and re-used by the community in IGA activities i.e., packing and selling liquid soap, and shea nut oil.

The project faced some obstacles while implementing its gender-transformative awareness campaigns. In Cambodia, engaging men to facilitate community sessions proved to be challenging due to their economic activities outside homes and the traditional gender roles and responsibilities regarding childcare and household duties that were assigned to women. To tackle this issue, the project urged community partners to consult with men more frequently to identify appropriate times for their participation or explore alternative ways to involve them. Parental resistance to address sexuality is a growing issue in reproductive health education and awareness efforts in the Philippines. Despite the consent, some parents felt uncomfortable utilizing particular terms during the sessions, as shown by one parent who prevented their child from attending after hearing words like vagina and penis and accompanying illustrations. The project team met with parents and guardians to explain the sessions and the importance of reproductive health language to address this issue. The problem was not totally addressed due to the absence of concerned parents during the meeting, but it emphasizes the importance of ensuring that all parents and guardians fully understand and accept the sessions to prevent future conflicts. This also highlighted the need of parent-teen communication for reproductive health discussions in Output 1133. In Uganda, the adoption of sexual and reproductive health and rights (SRHR) services is hindered by the community's cultural belief that having many children is a source of wealth and security. Furthermore, certain religious leaders continued to preach that man should produce and populate the earth, and that family planning is immoral. In addition, men are still culturally regarded as the final decision makers in a family, making it more difficult for women to access health services without the consent of men. To address these issues, the project will continue to raise awareness among health service providers and advocate for the effective management of family planning method adverse effects. Continue engagement with religious and cultural leaders regarding the benefits of effective family planning. In addition, the project will equip both men and women with the knowledge and skills necessary to access family planning, use it safely, and manage its side effects.

Numerous educational strategies, such as REFLECT sessions, radio programs, social media, sports, drama, night shows, traditional contests, debates, and the distribution of IEC materials, are excellent ways to provide information and increase awareness about SRHR and SGBV among adolescent girls and boys, women and men, and other non-binary individuals. These methods are implemented in schools, community centers, and other public places. They provide participants with a safe and encouraging environment to learn and ask questions. As a result, promoting a supportive attitude among community members reduces stigmatization and discrimination and enables individuals to make informed decisions regarding their reproductive health and well-being.

Output 1132: Male Champion Groups established supporting adolescent boys and men as “positive deviants” towards positive social change in girls’ and women’s health, rights and SGBV.

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date

1132a: # of Male Champion Groups established and active	Total: 110 Cam: 74 Ke: 0 Ph: 25 Ug: 11	Total: 69 Cam: 28 Ke: 0 Ph: 30 Ug: 11	Total: 69 Cam: 28 Ke: 0 Ph: 30 Ug: 11	Total: 694 Cam: 188 Ke: 14 Ph: 76 Ug: 416	Cam: Delayed Ke: Not planned Ph: Completed Ug: Delayed
1132b: # of boys and men participating in the Male Champion Groups (by age)	Total: 1,404 Cam: 740 Ke: 0 Ph: 500 Ug: 164	Total: 1,131 Cam: 436 10-14: 199 15-19: 203 20-24: 9 25-49: 24 50+: 1 Ke: 0 Ph: 591 10-14 M :0 15-19 M: 371 20+ M:205 Non-binary aged 15-19: 8 Non-binary aged 20+: 7 Ug: 104 10-14 M :0 15-19 M: 0 20-24 M:4 25-49 M:83 50+ M:17	Total: 1,131 Cam: 436 10-14:199 15-19: 203 20-24: 9 25-49: 24 50+: 1 Ke: 0 Ph: 591 10-14 M :0 15-19 M: 371 20+ M:205 Non-binary aged 15-19: 8 Non-binary aged 20+: 7 Ug: 104 10-14 M :0 15-19 M: 0 20-24 M:4 25-49 M:83 50+ M:17	Total: 7,840 Cam: 1, 880 Ke: 280 Ph: 1520 Ug: 4,160	

By the end of Y2, 69 out of 110 (63% of target) Male Champion Groups are established and active. A total of 1,106 (78% of target) of the 1,404 targeted boys and men have participated in the Male Champion Groups. The implementation of the activities in Cambodia, the Philippines, and Uganda contributed to the Output result. The launch of activities in Kenya is planned for Y3.



One of the established male champion groups in Cambodia engaged in SRHR and GBV training session

In Cambodia, 38% (28 out of 74) of the targeted champion groups have been established, and 59% (436 out of 740) of male champion group members are actively participating in project activities. The delay in reaching the targets was caused by some CCWCs in certain communes being unable to facilitate group sessions regularly due to their work commitments. Moreover, some boys and men migrated for work outside their communities. To catch up, the project will increase its efforts in Y3 to reach more men and migrants through shopping booths, drama/night show events, and social media. During this period, 121 out of 144 male Out of School Youth Leaders received training to support the CCWC-led male youth group mobilization and peer capacity building on SRHR and GBV sessions. Following the

training, male champions have started aiding CCWCs and VHSGs in mobilizing groups from villages in phase 1 areas for the SRHR training sessions.

Training Topics
<ul style="list-style-type: none"> • Child brain development • Growth and Development • Violence and self-control • Making right decisions related to sexual act • Special food for newborn • Relationship and marriage • Pregnancy and birth spacing • SGBV and HIV/AIDS • Communication skills • Role and responsibility of youth champions

1 Male Champion Group has been established in Kenya but is inactive because the group is yet to start reaching out to AGW, boys, and men. The Output was not scheduled for Y2 but was initiated earlier to allow for the rollout and piloting of the Program H&M methodology. During this time, selection criteria for male champions and champion groups were established in consultation with key stakeholders. 20 male champions were identified using the positive deviant methodology from among the 1,282 adolescent boys and men already trained on life skills for the 21st century under Output 1111. They were organized into male champion groups in collaboration with the Department of Gender and Social Services. The project staff facilitated the training of the male champion for 16 weeks using the Program H&M methodology. The group has not yet received support to engage in advocacy initiatives within their respective communities, but the project will continue to assist them in Y3. According to the pre-test and post-test from the training, there was a change in the mentality of the boys and men who participated in the training. Many of them vowed to assist their sisters and mothers with household chores, and they said they have gained a deeper understanding of violence and are surprised that some actions were listed as violent when they didn't previously consider them to qualify as violent.

In the Philippines, the project has overachieved its Y2 target by engaging 30 of 25 targeted Male Champion Groups (120%). In addition, 591 of the 500 targeted MCG (118%) members are now actively participating in project activities. Despite initial delays, progress has been made in establishing MCGs and training facilitators. In the last two quarters of Y2, 3 adult males, 13 adolescent boys, and 5 non-binary REFLECT facilitators were trained, and the project team was able to catch-up on earlier delays by the end of Y2. The facilitators discussed the following topics as indicated in the

REFLECT Learning Units (RLUs): men's health, reproductive health, family planning, safe motherhood, gender equality, and SGBV. These RLUs were adapted from POPCOM's KATROPA program. Key messages and illustrations reflecting the RLUs were designed, tested, and produced on flipcharts to reinforce learning. REFLECT sessions for male champion groups were rescheduled to Sundays, given men's busy schedules on weekdays and adolescent boys' return to face-to-face classes. To facilitate successful participation in the REFLECT sessions, participants were given thorough information regarding the purpose and significance of the activity, as well as their partners, wives, and parents of adolescent boys. The session schedule was arranged at least one week in advance to allow male participants ample time to prepare and allocate time for the activity. Additionally, the consent of parents of adolescent boys was obtained prior to the session.

In Uganda, 11 (100% of target) Male Champion Groups have been formed and are now participating in project activities. 104 (63%) of the targeted 164 adolescent boys and men have been participating in the MCGs. Male positive deviants were identified and educated on the advantages of organization, while also discussing the roles and responsibilities of Male Champion Groups (MCGs). The project provided additional support, such as IEC materials and Farmer Market School training, to involve men as needed. Local male influencers or role models were utilized by engaging community leaders, religious leaders, politicians, and sports figures to mobilize men and adolescent boys. The messaging was designed to be male-friendly and highlight the benefits of male participation. During the training, key concepts related to gender equality and harmful social/cultural norms, constructs of masculinity/femininity, rights, SGBV, and SRHR awareness were emphasized.

With respect to the GES, training was provided for at-risk adolescent males out of school as well as female champions to raise awareness about gender equality and harmful social/cultural norms, constructs of masculinity/femininity, SGBV, and SRHR issues in Cambodia. Male champion group sessions and male-led community-wide awareness initiatives promoted gender-equitable attitudes about AGWs' sexual and reproductive health and rights in Cambodia and Uganda. The project collaborated with the village leadership and key persons such as community leaders to engage male youth in SRHR, violence against women, and gender equality awareness campaigns, forums, and advocacy. In Uganda, such a collaboration involved local male influencers like religious leaders, politicians, sports figures etc. to mobilize men/boys to participate, while ensuring messaging is male-friendly and highlights the benefits to male participation. In Kenya, Program H&M, a gender-synchronized approach to training both female and male champions was employed by the project has helped shaped mindset of male champions who are now getting to understand and appreciate roles such as care giving—helping with chores at home and they are not shy or ashamed doing them. In the Philippines, REFLECT sessions are gender-disaggregated with same-sex facilitators to meet SRHR and SGBV sensitivities and adolescent girls, boys, women, men, and non-binary gender roles, needs, and interests to ensure that targeted participants feel safe voicing their views. Culturally and gender-sensitive RLU facilitators were also trained by the project. In the Philippines and Uganda, the project encouraged men and boys to become allies in discussing gender and women's issues and engaged community leaders to speak out about SRHR, violence against women, and gender equality through various awareness raising platforms and community actions to reduce male champions' risk of backlash. Targeted male participants, including parents of adolescent boys, are consulted on program schedules and locations. Time, location, and other participant needs are carefully considered to accommodate work and household responsibilities in Kenya, the Philippines and Uganda.

To promote environmental conservation, environmental stewardship principles are integrated into the training of men and adolescent boys in Cambodia and the Philippines. The project limited the use of materials that may harm the environment in all activities. In addition, at each community training venue in Cambodia, male facilitators were assigned to be responsible for environmental waste management. In the Philippines, reusable visibility tarps and IEC materials are utilized to reduce waste, while notebooks and pens are distributed to encourage notetaking and minimize paper and print materials production. In Uganda, the project ensured that the empty plastic bottles were collected and reused by the community in IGA i.e., packing and selling liquid soap, and shea nut oil.

The project has identified certain obstacles in the implementation process and is actively working towards resolving them. The primary challenge in Cambodia is to encourage male champions to participate by collaborating with village authorities, VHSGs, and other trustworthy community members. This will ensure that the youth champions who are chosen and trained have enough time to volunteer and are not likely to migrate. In Kenya, men arrive late to the training because they are attempting to delegate the management of their small business to others while they attend the training. Some also ride motorcycles to earn money at night, which hinders their concentration during the day. The

project addressed this by offering two options, one is to break down the sessions into a shorter duration and another is to begin the sessions very early in the morning and end early in the afternoon. Attendance has not increased significantly despite the conduct of Sunday sessions for men and male adolescents in the Philippines, as economic activities are a significant priority for most families, particularly on weekends. To address this issue, the project team is facilitating early coordination and utilizing confirmation slips to ensure participants' attendance at sessions. By engaging with targeted participants and providing the main staple food (1kilo of rice) instead of refreshments during sessions, the team has addressed the issue of household responsibilities influencing earnings and food provision. Therefore, even if they are unable to work, participants can take something home. The participation and attendance of men and boys in REFLECT sessions have increased as a result of this strategy. In Uganda, a significant number of men with varying levels of language literacy participated in the training. For the duration of the training sessions, the trainers utilized the local language to overcome the challenge.

Providing men and boys with knowledge about SRHR and SGBV topics can foster a culture of respect and equality that is advantageous to all. It is critical that they have access to reliable information and tools to make informed choices about their sexual health, as well as transform their mindset to embrace behaviors that promote gender equality. Their beliefs, attitudes, and actions about gender issues can either advance or impede progress toward gender equality. Through trainings, awareness-raising activities, and advocacy events, adolescent boys and men are educated on SRHR and GBV issues, which contributes to an improved mindset toward the health-related rights and the rights of adolescent girls and women.

Output 1133: Gender-responsive Parent Effectiveness Sessions conducted for mothers, fathers, and F + M caregivers of adolescent girls and boys, including topics on SRHR, SGBV, rights and health.

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1133a: # of participants completing the Parent Effectiveness Sessions, including a values reflection session (by sex, age)	Total: 10,088 F: 7,245 M: 2,843 Cam: 8,116 F: 5,685 M: 2,431 Ke: N/A Ph: 1,876 F: 1,500 M: 376 Ug: 96 F: 60 M: 36	Total: 464 F: 308 M: 156 Cam: 449 F: 297 10-14 F: 1 15-19 F: 5 20-24 F: 37 25-49 F: 250 49+ F: 4 M: 152 10-14 M: 0 15-19 M: 1 20-24 M: 20 25-49 M: 128 49+ M: 3 Ke: N/A Ph: 0 Ug: 15 F: 11 10-14 F:0	Total: 557 F: 364 M: 193 Cam: 449 F: 297 10-14 F: 1 15-19 F: 5 20-24 F: 37 25-49 F: 250 49+ F: 4 M: 152 10-14 M: 0 15-19 M: 1 20-24 M: 20 25-49 M: 128 49+ M: 3 Ke: N/A Ph: 0 Ug: 108 F: 67 10-14 F:0	Total: 36,025 F: 25,473 M: 10,552 Cam: 19,110 F: 13,438 M: 5,672 Ke: N/A Ph: 5,700 F: 4,560 M: 1,140 Ug: 11,215 F: 7,475 M: 3,740	Cam: Delayed Ke: N/A Ph: Delayed Ug: Completed

		15-19 F:3 20-24 F:4 25-49F :4 50+ F: 0 M: 4 10-14 M:0 15-19 M:3 20-24 M:1 25-49 M: 0 50+: 0	15-19 F:3 20-24 F:14 25-49F :48 50+ F: 2 M: 41 10-14 M:0 15-19 M:4 20-24 M:5 25-49 M: 32 50+: 0		
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557 participants (364 females and 193 males) out of the targeted 10,092 (6%) have completed the Parent Effectiveness Sessions, including a values reflection session. The implementation of activities in Cambodia and Uganda contributed to the Output result. The activities are delayed in Cambodia and the Philippines while Kenya does not contribute to this Output.

In Cambodia, out of the targeted 8,116 participants, 449 (297 females and 152 males), representing 6% of the Y2 target, have successfully completed the Parent Effectiveness Sessions. Parent Day events were held in 6 middle schools, where 1,264 (707F) students and 600 parents participated. The project's revised phasing schedule aims to reach an additional 13 middle schools by May of Y3. At the village level, CCWC officers partnered with VHSG to conduct sessions on SRHR, SGBV, rights, and health for migrating and at-risk parents or caregivers. So far, 3,680 (2,456F/1224M) of 4,320 participants from 109 villages have attended. However, many parents have not yet completed the minimum number of training sessions required to finish the Parent Effectiveness Sessions (at least 50% of the sessions). The project staff are monitoring the progress of the training sessions and providing additional support to CCWC.

In the Philippines, no participants have completed the Parent Effectiveness Sessions, including a values reflection session. The focus in reaching targets for Outputs 1131 and 1132 prompted the project to move the Training of Trainers (ToT) for this Output early in Q1Y3, followed by the rollout. The catch-up plan is to train 50 pairs of parents and adolescents, who will then facilitate sessions for at least 75 pairs of adolescents and their parents in Y3, enabling the project to reach the combined Y2 and Y3 target. During the reporting period, preparatory tasks for Output 1133 including coordination, needs assessment, module development, and facilitator identification have started.

The project aimed to engage 96 parents and caregivers in Parent Effectiveness Sessions in Uganda, but it exceeded expectations by reaching 108, representing 112% of the Y2 target. This was achieved through the collaboration with a local partner, Straight Talk, who conducted sessions for parents and caregivers. The topics discussed included the significance of SRHR, SGBV, health, and nutrition. Before the training, an assessment was conducted to evaluate the Parent Effectiveness (PE) skills and knowledge of the parents and caregivers. During the sessions, the focus was on the sexual reproductive health rights of adolescents and emphasized the importance of seeking correct information from health workers, which is the responsibility of both parents and adolescents. The most effective method for conducting the training was determined to be face-to-face community sessions with radio presentations to reach a wider audience.

With respect to the GES, gender-responsive parent effectiveness sessions were facilitated for mothers, fathers, female, and male caregivers of adolescent girls and boys in Cambodia and Uganda. The sessions focused on gender equality, SRHR, SGBV, positive-parent adolescent interaction, use of positive encouragement, conflict resolution, and techniques for non-violent discipline and socioemotional coaching. To improve gender-based knowledge and increase participation, the project engaged with the responsibility holders, CCWCs, and VHSGs to consult with female and male parents/caregivers and other local authority/village leaders on the most suitable time and needs, including venue, transportation, and other supports (childcare, accessibility support for PWDs, permission to attend) to ensure the parents' and caregivers' full and active involvement in both countries. Moreover, in Uganda, the project collaborated with local leaders to promote and invite men to attend by utilizing male-friendly announcements that highlighted the benefits of participation and emphasized the crucial role they play as fathers. During the conduct of the needs assessment and consultation meeting in the Philippines, female and male parents and adolescent girls and boys were invited to participate, ensuring differing gender perspectives and dynamics.

The project places great emphasis on human rights. In Cambodia, the project ensures that all training sessions are centered around values and that discussions on parenting skills promote the rights of children to receive proper care, healthcare, nutrition, and education. In the Philippines, Participatory Needs Assessments are carried out to ensure that the activity is appropriate and relevant to the needs of the targeted participants. Participants are given the opportunity to decline, express concerns, suggestions, and other comments, and are treated with respect and listened to throughout the process. Similarly, in Uganda, the project values and respects the opinions and viewpoints of all training participants, regardless of gender.

A number of challenges were encountered, which slowed the implementation of the project. In Cambodia, some facilitators are less skilled at conducting engaging sessions, resulting in lower engagement and participation. Furthermore, CCWC members' busy schedules and the expectation of financial compensation for their efforts continue to be a demotivating factor. Whenever possible, the project is attempting to fill in the gaps with the involvement of qualified VHSGs. In addition, the project is considering providing additional capacity development to the Youth Champions to ensure they can help facilitate some of the topics. Based on the preliminary assessments and consultations in the Philippines, it has become evident that facilitators require basic counseling skills to handle the intricate and varied dynamics which may arise between parents and adolescents during the Parent Effectiveness Session. As a solution, the project will engage social workers and other duty-bearers from help centers to undergo intensive training in Psychosocial Support (PSS) in Y3 (Output 1212) to provide them with the essential knowledge and skills to manage these sessions confidently and competently. In Uganda, there is a growing need for ToTs to assist in conducting training in communities where mobilization has been difficult. To address this challenge, ToTs are being encouraged to reach out to church congregations as a creative way of reaching more parents with the key messages. The project is also offering incentives, such as t-shirts and additional capacity building, and will provide certificates of participation to ToTs at the end of each year to keep them motivated.

Observations from field coaching activities and interviews indicate that facilitating the Parent Effectiveness Sessions, including values reflection among parents and caregivers, has contributed to a more supportive attitude toward more equal health and rights for adolescent girls and women.

2.4 IMMEDIATE OUTCOME 1210

Outcome Statement: Increased capacity of health and social service workers to deliver or refer to safe, inclusive, respectful SRHR, SGBV and health-related services for the most vulnerable adolescent girls, and women

Output 1211: Gender responsive training conducted for HC staff, CHWs and other duty bearers on women-centered, safe, inclusive care and counselling, including SGBV response, STI prevention and treatment

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1211a: # of health care workers trained on woman-centred, safe, inclusive care, and counseling on SRHR, including STI prevention and treatment (by sex)	Total: 682 F: 590 M: 92 Cam: 76 F: 45 M: 31 Ke: 50 F: 30	Total: 477 F: 396 M: 81 Cam: 72 F: 37 M: 35 Ke: 69 F: 36	Total: 576 F: 491 M: 85 Cam: 72 F: 37 M: 35 Ke: 69 F: 36	Total: 923 F: 735 M: 188 Cam: 267 F: 160 M: 107 Ke: 100 F: 60	Cam: Delayed Ke: Completed Ph: Delayed Ug: Delayed

	M: 20 Ph: 496 F: 470 M: 26 Ug: 60 F: 45 M: 15	M: 33 Ph: 316 F: 316 M: 0 Ug: 20 F: 7 M: 13	M: 33 Ph: 415 F: 411 M: 4 Ug: 20 F: 7 M:13	M: 40 Ph: 496 F: 470 M: 26 Ug: 60 F: 45 M: 15	
1211b: # of health care workers trained on women-centred, safe, inclusive care and counselling on health, including GBV response (by sex)	Total: 683 F: 591 M: 92 Cam: 77 F: 46 M: 31 Ke: 50 F: 30 M: 20 Ph: 496 F: 470 M: 26 Ug: 60 F: 45 M: 15	Total: 423 F: 365 M: 58 Cam: 18 F: 7 M: 11 Ke: 69 F: 35 M:34 Ph: 316 F: 316 M: 0 Ug: 20 F: 7 M: 13	Total: 571 F: 486 M: 85 Cam: 67 F: 33 M: 34 Ke: 69 F: 35 M:34 Ph: 415 F: 411 M: 4 Ug: 20 F: 7 M:13	Total: 959 F: 757 M: 202 Cam: 303 F: 182 M: 121 Ke: 100 F: 60 M: 40 Ph: 496 F: 470 M: 26 Ug: 60 F: 45 M: 15	
1211c: # of health facilities assisted in the creation / improvement of SRHR and GBV support services	Total: 22 Cam: 12 Ke: 3 Ph: 5 Ug: 2	Total: 31 Cam: 9 Ke: 12 Ph: 0 Ug: 10	Total: 31 Cam: 9 Ke: 12 Ph: 0 Ug: 10	Total: 71 Cam: 47 Ke: 7 Ph: 5 Ug: 12	

As of reporting period, a total of 576 (491F and 85M) of the targeted 682 (84%) health care workers have been trained on women-centred, safe, inclusive care and counselling *on SRHR including STI prevention and treatment*, and 571 (486F and 85M) of the targeted 683 (83%) have been trained *on health and SGBV response*. Additionally, 31 of the 22 (140%) health facilities have been assisted in the creation or improvement of SRHR and GBV support services. While the implementation of activities under this Output has been completed in Kenya and Uganda, the 2 other countries are experiencing some delays.

The project in Cambodia successfully trained 72 (37F and 35M) of 76 of the targeted health care workers (95%) on woman-centered, safe, and inclusive care, as well as counseling on SRHR, which included STI prevention and treatment. Additionally, 67 (33F and 34M) of 77 of health care workers (87%) received training on health and GBV response. The project also supported the improvement of SRHR and GBV support services in 75% (9 of 12) of the targeted health facilities. The Ministry of Health- Provincial Health Department facilitated 4-day training sessions on SRHR and another 4-day training on health and GBV, while the project facilitated a training to improve counseling skills to enhance the provision of SRHR and GBV services. The learning sessions benefited local private health providers and health center staff.

In Kenya, the project exceeded its Y2 targets by training 69 (36F and 33M) of 50 health care workers (138%) on SRHR and GBV and by assisting 400% (12 of 3) health facilities in enhancing SRHR and GBV support services. To accomplish those objectives, a 5-day meeting was convened with officials from the County Department of Health Services and other stakeholders to discuss and approve the training content and curriculum for HC staff, CHVs, and other duty-bearers on women-centered, safe, inclusive care and counseling services. The county MOH training experts led a 6-day training on gender-responsive, women-centered, safe, inclusive care and counseling on GBV and health for 69 HC workers (35F and 34M).

A comprehensive Adolescent Job Aid (AJA) training program was conducted in the Philippines, involving 84% or 415 (411F/4M) of the 496 targeted healthcare and community workers to enhance their knowledge on women, adolescent, and survivor-centered care. Selected HCWs underwent a rigorous 5-day Training of Trainers on AJA, which included a clinical practicum. The program emphasized action planning and focused on preparing HCWs to roll-out the training to CHWs. The trained HCWs facilitated a 3-day training program that focused on CHWs' primary responsibilities during the HEADSSS screening/ assessment. HEADSSS is a screening tool to assess risks that can be used for all adolescents. It provides a systematic approach to adolescent interviews progressing from the least threatening topics to the most personal and sensitive subjects. The acronym stands for: Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide/Depression, and Safety. This interview format is flexible and can be catered to all adolescents. A Health Facility Assessment was conducted during the reporting period which revealed that the target 5 facilities are facing common challenges, which include shortages of commodities, facilities needing repair, lack of privacy and space for consultations, and transportation issues. The results were presented during the Round Table Discussion (Output 1214) with duty bearers to start the discussion on policy revision and implementation for inclusive, effective SRHR and SGBV related adolescent friendly services in the covered municipalities.

In Uganda, a total of 20 (7F and 13M) of targeted 60 HCWs (33% of target) were trained on women-centred, safe, inclusive care and counselling, including SGBV response, STI prevention and treatment. The project partnered with the District Health Office to conduct a needs assessment to identify the skills gaps of HCWs, CHVs, CDOs, and Health Inspectors. The result of the assessment was used to develop a training guide in collaboration with the Ministry of Health, which was then facilitated by technical experts from MildMay in Uganda for 3 days on SGBV management and 2 days on SRHR. In addition, 10 health facilities have been assisted in the creation/improvement of SRHR and GBV support services by involving at least 1 staff in the training sessions.

Below is the list of the topics discussed during the training sessions:

Implementation Area	Training Topics	Targeted Groups
Cambodia	<ul style="list-style-type: none"> • MOH Migrant Health Policy and Guidelines • Adolescents' health status in Cambodia • Adolescent growth and development • Life and sexuality • Reducing Early Marriage (under 18) • Reducing the rate of early pregnancy (under 20) • Pregnancy and birth spacing, • Adolescents' rights in accessing health services • STI and AIDS • SRHR standard • Humiliation and risk factors • GBV • Community action in supporting GBV survivors • SGBV service standard quality • Consent and confidentiality • Counseling objectives • Adolescent emotions and feeling • Listening and communication skills • RH issues facing you and pre-marital RH counseling. 	Health care workers

Kenya	<ul style="list-style-type: none"> • Adolescence and youth health policies and guidelines • Adolescent sexual reproductive health and rights • Maternal newborn health and post-abortion care • Mainstreaming gender issues in adolescent and sexual reproductive health • Understanding violence • Responding to violence • Role of women in responding and reduction of GBV • Understanding the referral pathways • Guiding principles while dealing with violence 	Health care workers
Philippines	<ul style="list-style-type: none"> • SGBV response • STI prevention and treatment. • Adolescent Job Aid • Adolescent growth and development • Preventive health counseling • CHWs' primary responsibilities during the HEEADSSS screening/ assessment 	Health care workers
Uganda	<ul style="list-style-type: none"> • Overview of SGBV • Guiding principles on Management of SGBV • Violence Against Children (VAC) • Communication, Psychosocial, and Mental Health Support, • Clinical Management of SGBV and VAC cases • Networking and Referrals 	Health care workers

As part of the GES, health care providers received training on how to improve their service provision. This involved learning various approaches to better respond to patients with greater sensitivity and inclusivity towards adolescents while also upholding principles such as respect, confidentiality, privacy, and good communication. In Kenya and Uganda, the training also incorporated the GBV quality assurance minimum care tool and integrated survivor-centered approaches, STI prevention and treatment, and GBV responses. Additionally, HCWs and CHVs in Kenya, the Philippines, and Uganda were consulted on the timing and location of training sessions, allowing for advanced notice and additional support as needed due to their demanding work schedules. The training program in the Philippines is designed to ensure the fair participation of all targeted participants, regardless of their literacy levels using various participatory tools, including illustrations, meta cards, and small group exercises. Facilitators are trained to overcome biases, address confusion between facts and views, and facilitate sessions in a culturally and gender-sensitive manner. Moreover, gender and culturally-sensitive IEC materials are used to portray men, women, girls, and boys equitably and fairly.

When it comes to human rights, awareness on Cambodia's Migrant Health Policy can enhance the accessibility of healthcare for those who are compelled to migrate to attain food security and financial advantages. During the training period in Kenya, all participants establish ground rules and elect their own leaders to maintain respect, address concerns, and promote personal space throughout the training period. In the Philippines, the project ensures that Participatory Needs Assessments are completed to guarantee that the activity meets the needs of targeted participants and is relevant to them.

Several challenges that affected the project's progress have been identified and addressed. The project in Cambodia experienced delays in developing training curriculums, reviewing training objectives, and facilitating sessions because of the unavailability of government partner technical trainers. The management and specialist teams collaborated with the Provincial Health Department (PHD) to reschedule activities to resolve these issues. In the Philippines, some healthcare workers are facing difficulties attending training sessions due to the lack of financial support from their local government units (LGUs). While some LGUs were able to provide assistance, the project has stepped in to cover the transportation and lodging expenses of those who cannot afford it, especially those from island barangays. Moreover, the conflicting schedules and workload of HCWs have limited their availability to participate in

or facilitate the training. To resolve this issue, the training sessions have been scheduled at the most convenient time for the HCWs, and incentives such as a Certificate of Commendation have been offered as they can be used to bolster resumes and increase the likelihood of future promotion. In addition, to meet the target, the project will conduct training sessions directly in the barangays of the target barangay health workers who were unable to attend, with the assistance of HCWs. Due to the understaffing of the supported health facilities in Uganda, the project could only select a few HCWs at a time for training. This was resolved by spacing out the training. Mildmay in Uganda has launched an online platform through which the remainder of the trainees will be educated. In addition, the majority of HCWs are being transferred to various health facilities in different locations outside the intervention area. To address this, the project intends to train new health staff members through the online platform.

Enhancing the capacity of healthcare workers through the provision of training is critical in providing safe, inclusive, and respectful SRHR and SGBV services to women and vulnerable adolescents. With improved skills and knowledge, healthcare workers can gain a better understanding of the distinctive needs and difficulties that women and vulnerable adolescent girls face. They can also provide suitable care and support, such as identifying indications of SGBV, delivering accurate information on SRHR, and guaranteeing accessible services.

Output 1212: Local stakeholders supported in creation / strengthening of adolescent-friendly, in-community, safe, confidential, and inclusive Help Centres addressing SGBV, SRHR and unintended pregnancies

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1212a: # of Help Centers assisted in the creation / improvement of SRHR and GBV support services	Total: 125 Cam: 64 Ke: 1 Ph: 52 Ug: 8	Total: 102 Cam: 29 Ke: 0 Ph: 66 Ug: 7	Total: 133 Cam: 29 Ke: 0 Ph: 97 Ug: 7	Total: 358 Cam: 191 Ke: 2 Ph: 157 Ug: 8	Cam: Delayed Ke: Delayed Ph: Completed Ug: Delayed

A total of 133 of the 125 target Help Centers (106% of target) have been assisted in the creation of SRHR and GBV support services contributing to the overachievement of the project's Y2 target. While the implementation of the Output activities have been completed in the Philippines and it is delayed in Cambodia, Kenya, and Uganda.



An interview with a female champion promoting SGBV and SRHR services through social media

In Cambodia, the project assisted 29 out of 64 targeted Help Centers (45% of target) in providing improved SRHR and GBV support services through facilitating trainings on SRHR and GBV counseling and case management to CCWC members of 16 communes and Village Security/Police members. Sessions were led by the training experts from the offices of the Provincial Health Department and Women's Affairs. In addition, promotion of SGBV and SRHR services to reach students and parents through social media such as TV, YouTube, FB, Information Apps at 19 middle schools was conducted.

The trainings highlighted the following topics:

Implementation Area	Training Topics	Targeted Groups
Cambodia	<ul style="list-style-type: none"> • Understanding of GBV on adolescent girls and women • Violence and self-control • Protection from sexual abuse • National policy and case guidelines • Human rights and CEDAW • Marriage law and family • Impacts on mental health • Identification of at risk with human trafficking • Service provided to identified victims of human trafficking and referral • Guideline of safety village/commune/Sangkat • Basic counselling 	CCWC and Village Security Group/Police Members

Currently, Kenya has two Help Centers that have been mapped and assessed which facilitated the identification of capacity gaps and development of the support plan. Some of the identified capacity gaps were addressed through training under Output 1211, however, they still need assistance with equipment and essential supplies. The delay in providing this assistance is due to the prolonged completion of the required construction validation plan. As a result, support is anticipated to be provided in Y3.

The project in the Philippines assisted 97 of 52 Help Centers (186% of target) in enhancing their SRHR and GBV support services. Barangay-level duty-bearers and responsibility-holders participated in a three-day training to improve their ability to handle VAWC cases. The Project's Gender Officer and officials from the Municipal Social Welfare and Development Officer (MSWDO), Philippine National Police (PNP), Women and Children's Protection Desk (WCPD), and Municipal Local Government Operations Officer (MLGOO) co-facilitated the training. Each BLGU participant received a privacy divider, folding table, armchairs, record book, pencils, ballpoint pens, paper trays, and IEC posters. However, Help Centers and support for VAW desks or Safe Spaces cannot be successfully carried out until they are officially and physically installed in the barangay center. Only 97 of the 103 barangays in 3 municipalities have been established to date.

The training topics are listed below:

Implementation Area	Training Topics	Targeted Groups
Philippines	<ul style="list-style-type: none"> • Understanding of GBV on adolescent girls and women • Anti-Violence Against Women and their Children Act (RA 9262) • VAW desk operation • Child protection • Safe Spaces Act (RA 11313) and other relevant laws • Gender-sensitive facilitation 	Barangay-level duty-bearers and responsibility-holders (Barangay Captains, VAWC Officers, Barangay Council Members, and Indigenous People Mandatory Representative)

In Uganda, 7 out of 8 target Help Centers (88% of target) have been assisted with strengthening SRHR and GBV support services through health worker capacity building and the provision of relevant equipment for improved service delivery. The 8th help center could not be equipped due to the reallocation of space to other purposes. The project will consider a new location selection in Y3. The NGOs/CBGs/CBOs/FBOs that already operate or are willing to create adolescent-friendly Help Centres were identified and selected following their capacity gaps were evaluated. Resources and materials for addressing SGBV, SRHR, and unintended pregnancies were distributed to selected Youth/Help Centers along with tents, televisions, board games, chairs, and outdoor sports equipment.



A Help Center in Uganda equipped with tents, tables, chairs, board games, and other sports equipment

In observance of the project's GES, in Cambodia, where the majority of participants who worked in the help centers were males, it is critical to provide counseling services that are adolescent-friendly, community-based, safe, confidential, and inclusive in addressing SGBV, SRHR, and unintended pregnancy, as well as knowing when to refer cases to others, particularly female counselors and health workers. To address the potential increase in demand for SGBV, SRHR services, the project, the local government, and the police identified those capable of providing these services. The project also advocated for the filling of service gaps by the responsible authorities. The Philippines' training topics support the GES's goals of improving VAWC officers and BCPC's skills to develop child-focused programs, encourage responsible parenting, and promote positive parent-child relationships through child-rearing education. Anti-Violence Against Women and their Children Act (RA 9262) training focuses on responding to community VAWC incidents and promoting women's and children's rights, and gender equality. To guarantee safety and convenience, intended participants are consulted before the activity and given adequate advance notice to prepare. In Uganda, male and female champion groups collaborated to encourage community participation and utilization of Help Centers. These facilities are accessible to girls, boys, women, and men.

The project in the Philippines respects human rights by applying the "Do No Harm" principle and acknowledging human life's inherent value and dignity and the duty to safeguard and improve individual and social well-being. In Uganda, adolescents who seek assistance at Help Centers have the right to access information on SGBV and SRH through various informational materials. Additionally, they can utilize the center's equipment, such as board games and other sports.

During the reporting period, the project faced some challenges. One of the major issues was the low level of education among the village security group participants in Cambodia, with some even being illiterate. To address this, the trainers employed various methods such as asking questions, presenting case studies, engaging in discussions, and role-playing to ensure that everyone understands the services required of them. Another challenge was the inconsistency in the government guidelines after the local Commune elections in June 2022 regarding the nomination of CCWC members. In some districts, the second commune deputy chief was selected as the designated CCWC member for the project regardless of their gender, while other Communes maintained that to be eligible for the designated CCWCs, those individuals had to be female. To clarify the mandated guideline, the project reached out to the provincial and district authorities, who confirmed that the designated title for the CCWC did not have to be for the deputy. This gives an opportunity to allow the CCs to designate any member to be the CCWC. As a result, all districts now maintain the CCWC for a female. There is a lack of facilities in Kenya that are suitable for providing services specifically designed for adolescents. To address this issue, the project will engage in further discussions and consultations with the Ministry of Health at the county and sub-county levels to identify spaces that can be designated for adolescent-friendly services. 5 barangays in the Philippines did not attend the training due to schedule challenges, communication issues in remote areas, and refusal to participate. The project will engage with barangay authorities to identify potential conflicts with other events and emphasize the relevance of the training in resolving VAWC issues in their communities to improve future training participation. In addition, barangays that didn't attend the group training received individual training

from their MSWDOs. Due to limited barangay hall space, typhoon damage, and low operational budgets, some barangays have difficulty establishing Safe Spaces. The project will work with BLGUs to identify Safe Spaces in community centers, schools, and other government-owned facilities to address these challenges. The project will seek assistance from local government units and other organizations to get funding or contributions for Safe Space operations from local governments and other organizations. These alternatives can help more barangays create Safe Spaces for women and girls. In Uganda, the Help Centers lacked safe spaces for young people to discuss their concerns regarding SRHR and SGBV. To address this, the project procured and provided tents to establish secure areas where youth can access the necessary services.

Training local authorities on SRHR and GBV, as well as establishing safe spaces for adolescents, women and children, are crucial for providing support and referrals. Safe spaces provide individuals with support, services, protection, and interventions that help their recovery.

Output 1213: CHWs, HCWs, and TBAs supported on conducting inclusive, respectful SRHR and SGBV outreach and dignity services for adolescent girls and women with special needs or in remote settings

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1213a: # of community health care providers trained on woman-centred safe, inclusive care and counseling on SRHR, including STI prevention and treatment (by sex)	Total: 807 F: 653 M: 154 Cam: 216 F: 108 M: 108 Ke: 10 F: 6 M: 4 Ph: 521 F: 494 M: 27 Ug: 60 F: 45 M: 15	Total: 694 F: 539 M: 155 Cam: 254 F: 163 M: 91 Ke: 8 F: 5 M: 3 Ph: 330 F: 330 M: 0 Ug: 102 F: 41 M: 61	Total: 807 F: 649 M: 158 Cam: 254 F: 163 M: 91 Ke: 8 F: 5 M: 3 Ph: 443 F: 440 M: 3 Ug: 102 F: 41 M: 61	Total: 1,159 F: 838 M: 321 Cam: 478 F: 239 M: 239 Ke: 100 F: 60 M: 40 Ph: 521 F: 494 M: 27 Ug: 60 F: 45 M: 15	Cam: Completed Ke: Delayed Ph: Delayed Ug: Completed
1213b: # of community health care providers trained on women-centred, safe, inclusive care and counselling on health, including SGBV response (by sex)	Total: 807 F: 653 M: 154 Cam: 216 F: 108 M: 108 Ke: 10 F: 6 M: 4 Ph: 521	Total: 694 F: 539 M: 155 Cam: 254 F: 163 M: 91 Ke: 8 F: 5 M: 3 Ph: 330	Total: 807 F: 649 M: 158 Cam: 254 F: 163 M: 91 Ke: 8 F: 5 M: 3 Ph: 443	Total: 1,159 F: 838 M: 321 Cam: 478 F: 239 M: 239 Ke: 100 F: 60 M: 40 Ph: 521	

	F: 494 M: 27	F: 330 M: 0	F: 440 M: 3	F: 494 M: 27	
	Ug: 60 F: 45 M: 15	Ug: 102 F: 41 M: 61	Ug: 102 F: 41 M: 61	Ug: 60 F: 45 M: 15	

As of the reporting period, a total of 807 (649F and 158M) of 807 (100%) community health care providers were trained on women-centred, safe, inclusive care and counseling on SRHR and educated on health and SGBV responses. The implementation of the Output activities across all countries have contributed to this achievement.

In Cambodia, 254 (163F and 91M) of 216 (118% of target) community health care providers received training on SRHR and SGBV. Over a period of three-days training, Village Health Support Group members were educated on woman-centered safe, inclusive care and SRHR counseling. The training was co-facilitated by government partners from the PHD, OD, HC, and project staff. The project also arranged Midwifery Network Meetings in Remote Areas, bringing together midwives, traditional birth attendants, and CCWC members. The first quarterly meetings were held in all 12 HC areas and attended by 207 participants (195F/12M). The focus of the meetings was on the roles and responsibilities of TBAs, CCWC, and MWs in addressing health care issues related to ANC and PNC, Birth Spacing (BS), Expanded Program on Immunization (EPI), sharing best practices on SRHR, SGBV, and health services.

In Kenya, the project was able to train 8 (5F and 3M) out of 10 (80%) community health care providers on SRHR and SGBV response. The project team along with other stakeholders developed a selection criteria for CHWs who will undergo training. The identified HCWs and CHWs were trained and supported to conduct inclusive, respectful SRHR and SGBV outreach services. The project supported the conduct of outreach services of the trained HCWs and CHWs to bring the health care services offered by the health facility closer to the community.

A total of 443 (440F and 3M) of the 521 target (85%) CHWs and HCWs in the Philippines were trained in RH Care or the Family Planning Competency-based Training (FPCBT) by the Department of Health. The training focused on providing inclusive and respectful SRHR and SGBV outreach and dignity services for adolescent girls and women. The 4-day training covered various topics related to family planning, counseling, and general adolescent health programs. The training concluded with an action planning session on implementing RH Care and its roll-out to CHWs. Participants provided positive feedback on the training, expressing how it improved their competencies and enhanced their knowledge and skills to provide quality family planning services. They also expressed gratitude for the opportunity to undergo comprehensive training on RH Care, as they had previously lacked proper training.



A trained Health Care Provider illustrating the ineffective referral system known to community members during the SRH and SGBV training for Community Health Workers and other Duty Bearers in Uganda

The project in Uganda has successfully trained 102 (41F and 61M) out of the targeted 60 (170%) community health care providers on offering safe, inclusive care and counseling for SRHR and SGBV, focused on women. MildMay, one of the

project's local partners in Uganda, identified and selected CHWs to participate in the training sessions which were aimed at supporting adolescent girls and women. A TOT training guide for CHWs on SGBV and SRHR was developed, and training materials were distributed during a 3-day TOT training facilitated by MildMay. Additionally, the project provided support supervision, mentoring, and coaching to CHWs to address the needs of AGW, particularly those with special needs.

Following the project's GES, the CHVs and VHSGs in Cambodia received training to address harmful traditions and practices that impact the health of women and children at the community level. Through meetings and training sessions, they gained skills to respond to patients more effectively with sensitivity and respect, while maintaining principles of inclusion, confidentiality, privacy, and good communication skills with adolescents. The program aimed to raise awareness of quality health services and motivate health-seeking behaviors. In Kenya, through the various outreach activities by the CHVs the youth champions, the project was able to reach the vulnerable adolescent girls and women in the remote settings and sensitized them about the availability services for SGBV survivors at the health facilities. In the Philippines and Uganda, consultations with trainers and participants are facilitated in advance to ensure safety and convenience and to provide participants with prior notification of the activity so they can plan accordingly. During the ToT, facilitators and trainers were equipped to deal with their biases, clarify confusion between facts and opinions, and ensure that sessions were facilitated in a culturally and gender-sensitive manner while remaining mindful of the gender context of the topics at hand.

The training sessions and outreach clinics integrated environmental stewardship, including proper waste management and non-usage of non-biodegradable materials (food packaging and utensils) in all countries. In the Philippines, reusable visibility tarps and IEC materials are utilized to reduce waste, while notebooks and pens are distributed to encourage notetaking and minimize paper and print materials production.

The project encountered some challenges during the implementation period. In Cambodia, there were some delays in Midwifery Meeting preparations. Among these challenges was the government's requirement to evaluate meeting agendas and coordinate remote TBA meetings. In addition, the PHD expressed concern that working with TBAs could encourage them to deliver babies and recommended instead strengthening the implementation of the new Midwifery Coordination Activities (MCAT) guideline. To address these concerns, the project management team, specialists, and Health System Strengthening (HSS) consultants worked with the PHD to highlight the significance of collaborating with TBAs in remote villages. They developed and agreed upon a TOR, which assisted TBAs in understanding their new role of bringing mothers to health centers to give birth. In the Philippines, a shortage of government funding for transportation costs hinders participation in the training. Although some local government units were able to provide accommodation and transport, the project covered the costs for those without a budget, particularly participants from island barangays. In addition, conflicting schedules and heavy workloads limit the availability of trained healthcare workers to attend or facilitate training sessions. To address this, training sessions were scheduled at times that were most convenient for them, and they were offered incentives such as a Certificate of Commendation, which may be used to bolster resumes and to increase the chances for promotions. In Uganda, negotiations with the local partners took longer than expected leading to a delay in starting the output implementation.

Through the provision of training and support to healthcare providers and other relevant stakeholders, the project ensures that services provided are respectful and responsive to the needs of women and adolescents. This will result in improved health outcomes, including reduced rates of unintended pregnancy, better maternal and child health, and lower rates of sexually transmitted infections and HIV/AIDS. In addition, the outreach clinics offered an opportunity for adolescent girls to access health services without having to travel long distances. This improved their access to safe, inclusive, and respectful services for SRHR, SGBV, and other health-related issues.

Output 1214: Advocacy by the project towards duty bearers for policy revision and implementation aiming for inclusive, effective SRHR and SGBV related adolescent friendly services conducted

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
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1214a: # of advocacy events (e.g. meetings, campaigns etc.) to reach duty bearers and policy makers, specifically targeting SRHR and GBV services for adolescent girls and women (by type of advocacy)	Total: 17	Total: 13	Total: 15	Total: 86	Cam: Delayed Ke: Completed Ph: Completed Ug: Completed
	Cam: 2	Cam: 0	Cam: 0	Cam: 10	
	Ke: 4	Ke: 3	Ke: 4	Ke: 24	
	Ph: 2	Ph: 1	Ph: 2	Ph: 32	
	Ug: 9	Ug: 9	Ug: 9	Ug: 20	

All implementing countries have conducted a total of 15 advocacy events targeting duty bearers and policymakers to improve SRHR and GBV services for adolescent girls and women, contributing to the achievement of 88% of the Y2 target as of the reporting period.

The progress of organizing advocacy events in Cambodia has been delayed because the research on relevant issues has not been completed yet. The research findings will inform the key messages that will be emphasized in the advocacy campaigns. COWS, the local partner, has formulated the research questionnaire and submitted a request letter to the Ethics Committee for approval of the advocacy research. Unfortunately, the government has not yet approved the permission letters, resulting in a delay in the launch of the advocacy campaigns.



An Area Administration Officer addressing the members during a community mobilization event in Kenya

In Kenya, 4 (100% of target) advocacy events on SRHR and GBV services have been conducted reaching duty bearers and policy makers. To achieve this, the project identified policy gaps in collaboration with the communities and stakeholders and conducted community mobilization and sensitization meetings on the identified policies requiring change. Pre-engagement meetings with government officials and policy makers at the sub-county and County levels were also facilitated. Community and leaders dialogue facilitators were identified and suitable venue for the community dialogue meetings were located. The advocacy forums involving right holders and duty bearers were also organized and facilitated.

In the Philippines, 2 (100% of target) advocacy events were held via Roundtable Discussions (RTD) with key stakeholders in the targeted municipalities. During the first RTD, the local government units presented current policies and programs

on SRHR and SGBV, and possible gaps and issues were discussed. Solutions were also explored to address these issues. At the end of Y2, the second RTD updated partner municipalities on the project's progress and presented the results of the health facility assessment to initiate discussions on policy revision and implementation for inclusive, effective SRHR and SGBV-related adolescent-friendly services in the covered municipalities. The discussions emphasized challenges such as shortages of commodities, facility repairs, lack of privacy and safe spaces for consultations, and transportation.

In Uganda, a total of 9 (100% of target) advocacy campaigns were conducted to reach duty bearers and policy makers to promote SRHR and GBV services for adolescent girls and women. The project organized advocacy workshops for policy reviews that were to be incorporated into national policies. Through the engagement of all relevant duty bearers/stakeholders at the sub-county level, policy gaps and recommendations for implementation, bylaws, and ordinances were formulated for the Male Engagement policy. In addition, discussions resulted in the development of action points from the respective lower local governments to develop a bylaw to promote SRHR and a bylaw to address SGBV.

As part of project GES, in Kenya, advocacy for duty bearers to implement SRHR and SGBV policies has improved the environment for women-centered, secure, and inclusive services, including by establishing GBV and Gender Desk officers at the police station to manage GBV cases and refer survivors to the HC facility for counseling, SGBV response, and STI prevention and treatment. The RTD in the Philippines led to the project's invitation to Local Health Board meetings and prompted discussions on the incorporation of SRHR and SGBV resources in the Annual Investment Plan at the municipal and barangay levels, using the results of the health facility assessment. In Uganda, the initiative has engaged duty bearers, policy implementers, and decision-makers to ensure an appropriate policy framework exists to support SRHR and SGBV activities at all levels. In addition, district leaders were urged to consider SRHR and SGBV requirements when allocating resources.

The Ethics Committee's delay in approving COWS' research on SRHR and SGBV issues in Cambodia has caused a setback in advocating against KTV's employment of underage girls. The approval process was complicated as the government required further clarification from COWS regarding their registration status in Cambodia. However, the project has met all necessary requirements and is now awaiting approval to proceed with the research. Kenya's political and administrative spaces have fewer women in positions of power, resulting in low female engagement as duty bearers. To address this issue, the project advocates for women's and girls' rights while promoting the inclusion of more women in these areas. In the Philippines, scheduling RTDs has been hindered by the conflicting schedules of representatives from LGUs and National Government Agencies (NGAs), which can delay the implementation of targeted interventions. To overcome this obstacle, the project needs to increase the level of coordination and determine the most convenient schedule for all participants. To ensure that all stakeholders are engaged and able to participate in the RTDs regardless of their schedules, it may be necessary to consider alternative communication methods, such as virtual meetings. In Uganda, it is necessary to allocate additional funds for advocacy meetings, particularly those that involve high-level policy makers. The project will consistently review its plans to ensure that these meetings are conducted effectively.

Through community mobilization and sensitization, the implementation of policies has gained more urgency in creating change and advocating for health-related rights and services for adolescent girls and women. Lobbying efforts have also facilitated collaboration among various stakeholders and policymakers, allowing for a unified front in advocating for the health-related rights of women and adolescents. In addition, advocating for increased funding and resources for SRHR and SGBV services may help in improving healthcare infrastructure, training healthcare providers, establishing specialized centers for SGBV survivors, and supporting programs promoting SRHR education and awareness.

2.5 IMMEDIATE OUTCOME 1220

Outcome Statement: Increased capacity of caregivers, health care workers and educators to support nutrition, hygiene and sanitation for the most vulnerable adolescent girls, women, and children U5

Output 1221: Gender responsive, environment and climate sensitive nutrition training, including kitchen gardening, utilizing LTP for caregivers, pregnant and lactating women and their partners, conducted

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1221a: # of caregivers, pregnant and lactating women and their partners trained on gender-responsive, environment and climate sensitive nutrition and kitchen gardening, or utilizing LTP (by sex, age)	<p>Total: 7,416 F: 4,671 M: 2,745</p> <p>Cam: 5040 F: 3024 M: 2016</p> <p>Ke: 215 F: 129 M: 86</p> <p>Ph: 1874 F: 1312 M: 562</p> <p>Ug: 287 F: 206 M: 81</p>	<p>Total: 1,962 F: 1,478 M: 480 Non-Binary: 4</p> <p>Cam: 0 F: 0 M: 0</p> <p>Ke: 0 F: 0 M: 0</p> <p>Ph: 1362 F: 1,022 10-14 F: 1 15-19 F: 17 20-24 F: 84 25-49 F: 674 50+ F: 246 M: 336 10-14 M: 0 15-19 M: 20 20-24 M: 32 25-49 M: 177 50+ M: 107 Non-Binary: 4 10-14 Non-Binary: 0 15-19 Non-Binary: 0 20-24 Non-Binary: 3 25-49 Non-Binary: 1 50+ Non-Binary: 0</p> <p>Ug: 600 F: 456 10-14 F: 0 15-19 F: 42 20-24 F: 109 25-49 F: 269 50+ F: 36 M: 144 10-14 M: 4 15-19 M: 4 20-24 M: 20</p>	<p>Total: 3,209 F: 2,546 M: 651 Non-Binary: 12</p> <p>Cam: 0 F: 0 M: 0</p> <p>Ke: 0 F: 0 M: 0</p> <p>Ph: 2,516 F: 2,014 10-14 F: 2 15-19 F: 48 20-24 F: 194 25-49 F: 1287 50+ F: 483 M: 490 10-14 M: 1 15-19 M: 30 20-24 M: 47 25-49 M: 266 50+ M: 146 Non-Binary: 12 10-14 Non-Binary: 0 15-19 Non-Binary: 2 20-24 Non-Binary: 8 25-49 Non-Binary: 1 50+ Non-Binary: 1</p> <p>Ug: 693 F: 532 10-14 F: 0 15-19 F: 44 20-24 F: 121 25-49 F: 322 50+ F: 45 M: 161 10-14 M: 4 15-19 M: 4</p>	<p>Total: 19,173 F: 12,118 M: 7,055</p> <p>Cam: 11,130 F: 6,678 M: 4,452</p> <p>Ke: 1,500 F: 900 M: 600</p> <p>Ph: 5,700 F: 3,990 M: 1,710</p> <p>Ug: 843 F: 550 M: 293</p>	Cam: Delayed Ke: Delayed Ph: Completed Ug: Completed

		25-49 M: 101 50+ M: 15	20-24 M: 20 25-49 M: 113 50+ M: 20		
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During the reporting period, a total of 3,209 individuals were trained in gender-responsive, environment and climate-sensitive nutrition, and kitchen gardening, which included 2,546 females, 651 males, and 12 non-binary caregivers, pregnant and lactating women, as well as their partners. The training also emphasized the utilization of the Learning Through Play (LTP) approach in Uganda. In the Philippines and Uganda, Output activities have been successfully completed, contributing to a 43% achievement rate of the Y2 target. However, Output activities in Cambodia and Kenya have been delayed.

Training of trainers intended for the CCWCs, VHSGs and Youth Groups in Cambodia began in March 2023. Facilitated by the PHD and WA offices, the 4-day ToT sessions covered nutrition and parenting skills. Curriculums and training materials have been prepared and approved by stakeholders. 27 participants (21 females, 6 males) attended the initial training for CCWCs from 5 of the 26 communes.

The training topics are listed below:

Implementation Area	Training Topics
Cambodia	<ul style="list-style-type: none"> Child's brain development and physical growth How caregivers contribute to children's understanding and communication abilities Importance of play and toys making Importance of nutrition and special foods for children from 0-6 months Complementary Feeding

In Kenya, the staff has not yet been trained on LTP, so the training could not be conducted. As a catch-up strategy to accomplish both Y2 and Y3 targets, the project will use a ToT approach to reach its intended participants in Y3. In addition, the number of champions trained to reach out to parents and caregivers will be increased. MIYCN (Maternal Infant and Young Child Nutrition) and BFCI (Baby Friendly Community Initiative) utilizing Father-to-Father support groups for male caregivers and Mother-to-Mother support groups for female caregivers were identified as 2 evidence-based strategies for engaging male caregivers and male partners of PLW. Furthermore, a detailed TOR describing deliverables was developed for nutrition kitchen gardening trainers.



Information, Education, and Communication Material used during a Nutrition Training in the Philippines

In the Philippines, the project has successfully trained 2,516 (2,014 females, 490 males, and 12 non-binary) caregivers, PLW, and their partners on the topics of nutrition and kitchen gardening, achieving 134% of the project's Y2 target. The training sessions were facilitated by trained Kitchen Gardening (KG) youth champions over the course of 2 days in various communities. To further enhance the learning experience, practical demonstrations on establishing nutrition-sensitive gardens were also provided as part of the training curriculum. All participants who completed the training received KG starter kits containing lightweight tools and seven types of protein-rich vegetable seeds that are open-pollinated, sustainable, and resistant to pests and diseases. During the reporting period, an estimated 64% of HH partners have established KGs. IQM found that 73% of respondents (39 out of 53 samples) actively grow and consume homegrown vegetables, showing a keen interest in cultivating their own food. Respondents also note that kitchen gardening is a cost-effective alternative to buying vegetables.

The following topics were discussed during the training:

Implementation Area	Training Topics
Philippines	<ul style="list-style-type: none"> • Maternal, infant, and young child feeding (MIYC) • First 1000 Days of Life (F1D) • Minimum acceptable diet • Bio-intensive Gardening (BIG) • Seed saving

In Uganda, a total of 693 parents and caregivers (532 females and 161 males) have successfully completed nutrition and kitchen gardening training, exceeding their Y2 target by 241%. The project has also taken steps to develop training materials and identifying 287 champions (206 females and 81 males) to be trained on nutrition and kitchen gardening. These champions were educated on the use of Learning Through Play (LTP) for gender-responsive and climate-sensitive nutrition training. SickKids provided culturally appropriate LTP activities and materials for the communities, which the champions used during their 2-day training sessions in various areas.

Following the project's GES, key messages on gender, GBV, SRHR and harmful traditions/ practices for women during pregnancy and post-delivery, and nutrition for children over 6 months to 59 months are being emphasized in the trainings in Cambodia. In Kenya, efforts have been made to engage male caregivers and partners of PLW in order to reach both women and girls, as well as men and boys. The kitchen gardening training in the Philippines, Kenya and Uganda integrated critical messages on gender equality, GBV, and rights and promoted shared decision-making of household income for nutritious food and role sharing that males and fathers have caregiving roles. Participants, both male and female, are consulted on the scheduling and location of the training, as well as the additional support required to ensure meaningful participation of females and males in Filipino, Kenyan and Ugandan communities. The Making Meal Matter (MMM) component of the training in the Philippines emphasized the importance of proper feeding practices and the utilization of nutrient-dense and locally-grown food. Sunday training sessions are offered to accommodate men who are unable to attend during the week due to economic responsibilities, leading to an increase in male target participant attendance. Also included was key messaging that promotes the role of males and fathers in caregiving duties, such as food production and providing appropriate nutrition for the entire family, particularly for pregnant and breastfeeding women and under-5 children. In Uganda, the project made sure to emphasize the advantages of the training for both men and women and to create a gender-inclusive atmosphere during the sessions. This was done to prevent the perception that the training was exclusively for women and to encourage men to participate as well.

As a means of advocating for environmental conservation, the project focused on integrating environmental stewardship, proper waste management and non-usage of non-biodegradable materials (food packaging, drinking bottles and utensils) in Cambodia, the Philippines, and Uganda. Additionally, in Cambodia, team members are assigned to oversee hygiene and waste management. In the Philippines and Uganda, kitchen gardening is encouraged with the use of natural fertilizers and composting. The training incorporates the three principles of permaculture - Care for earth, Care for the people, and Care for the future. Additionally, the training emphasizes climate-sensitive practices like seasonal calendars, raised beds, and container/vertical gardening, particularly in coastal communities.



A Kitchen Gardening training in the Philippines

The project has faced several obstacles during the project implementation. In Cambodia, it has been challenging to include the essential elements of LTP and MMM in just 6 sessions and to ensure that the critical nutritional messages are adequately covered according to project and MOH interests. To address the issue, the team reviewed the existing curriculum, confirmed its appropriateness, and added discussion topics based on the gender analysis and baseline results. The project team faced a slowdown while working with government partners who's provincial or district department officers serving on a voluntary basis. To overcome this, the project collaborated with CC and empowered VHSGs and Youth champions to conduct sessions in specific villages within their communes while CCWC stepped in to assist VHSGs and Youth groups requiring support in other villages. A significant obstacle in Kenya is the deteriorating drought situation, which has led to severe acute water and food insecurity, thereby posing a direct threat to the project's WASH and nutrition outcomes. In the Y3 annual work plan, there is already a proposal for a modification of the interventions under Output 1221 to support the establishment of water infrastructure in the form of wells to support kitchen gardening and WASH. The project has trained numerous youth KG Champions in the Philippines, however only 56% (28/50) are actively rolling out the sessions. To address this, the project selected champions who could dedicate time and resources to help roll out the second batch of the ToT. Since work demands on weekdays decreased male engagement, in order to accommodate late afternoon training after men finish fishing and farming, Sunday sessions were organized, and project staff stayed overnight in island barangays. In addition, IQM results showed that some community partners choose immediate income-generating activities over kitchen gardening, which takes 30-45 days before harvest. Targeted efforts to raise awareness on the long-term benefits of kitchen gardening, such as lower food prices and food security should be increased. In Uganda, although both men and women were trained, the number of men was lower because garden work is traditionally associated with women. The project is still working to address this issue through continuous awareness-raising efforts, and positive results are being achieved. Due to the facilitator's prolonged illness and Sick Kids being unable to find a replacement, the LTP training in Kenya was delayed. ADRA Canada will assume responsibility for the LTP training component, with training scheduled to begin in July.

Kitchen gardening practices that are sustainable can be beneficial to women and girls, as it grants them access to healthy food and encourages them to take charge of their food security. By providing training, distributing vegetable seeds, and kitchen gardening tools, these practices empower women and girls to become self-sufficient. Furthermore, by training community female and male champions to promote these practices among parents and caregivers, project activities can be sustained, leading to improved nutrition and more sustainable kitchen gardens among households.

Output 1222: Training on inclusive nutrition counseling, tailored to adolescent girls, young mothers and mothers with special needs, also utilizing PLP conducted for healthcare workers and educators

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1222a: # of health care providers, and educators trained on nutrition counseling tailored to specific needs of adolescent girls, pregnant and lactating women (by sex, profession)	Total: 554 F: 507 M: 47 Cam: 25 F: 25 Ke: 22 F: 14 M: 8 Ph: 447 F: 423 M: 24 Ug: 60 F: 45 M: 15	Total: 52 F: 40 M: 12 Cam: 52 F: 40 M: 12 Ke: 0 Ph: 0 Ug: 0	Total: 52 F: 40 M: 12 Cam: 52 F: 40 M: 12 Ke: 0 Ph: 0 Ug: 0	Total: 870 F: 741 M: 129 Cam: 103 F: 103 Ke: 260 F: 170 M: 90 Ph: 447 F: 423 M: 24 Ug: 60 F: 45 M: 15	Cam: Completed Ke: Delayed Ph: Delayed Ug: Delayed
1222b: # of health care workers utilizing PLP (by sex and age)	Total: 7 F: 4 M: 3 Cam: N/A Ke: 7 F: 4 M: 3 Ph: N/A Ug: 45 F: 27 M: 18	Total: 0 F: 0 M: 0 Cam: N/A Ke: 0 F: 0 M: 0 Ph: N/A Ug: 0 F: 0 M: 0	Total: 0 F: 0 M: 0 Cam: N/A Ke: 0 F: 0 M: 0 Ph: N/A Ug: 0 F: 0 M: 0	Total: 95 F: 57 M: 38 Cam: N/A Ke: 50 F: 30 M: 20 Ph: N/A Ug: 45 F: 27 M: 18	

As of the reporting period, 52 (40 females and 12 males) health care providers and educators have received training on nutrition counseling tailored to specific needs of adolescent girls, pregnant and lactating women in Cambodia. Health care workers are yet to utilize the Peer Learning Platform (PLP) program. The implementation of Output activities has been delayed in Kenya, the Philippines, and Uganda.



A group presentation on Child Development during the Nutrition Counseling Training with Midwives in Cambodia

In Cambodia, 52 of the 25 (208%) targeted healthcare providers and educators have been trained in nutrition counseling. The 3-day training of health center midwives, nurses, and other health staff through the LTP and MMM approach was facilitated by the Ministry of Health- Provincial Health Department and ADRA staff. Key topics covered during the training included nutrition counseling, breastfeeding, complementary feeding, child's brain development, child's growth and development, communication, the importance of play and toy making, special food for newborn to 6 months, and the importance of initial complementary foods. The project promotes environmental protection by choosing to use reusable plastic cups or bottles and setting up team members responsible for waste management. Following the project's GES, the nutrition training integrated messages on gender equality, GBV, and SRHR. Consultations prior to the sessions were conducted among target participants to determine the most suitable schedule and location of the training.

In Kenya and Uganda, healthcare providers and educators have yet to receive nutrition counseling training due to delays in conducting PLP training for project staff by the Hospital of SickKids. However, a catch-up plan has been established in Kenya to carry out activities that do not require PLP training while waiting for staff training. When the staff training on PLP is concluded, healthcare workers targeted in Y2 and Y3 will be trained in nutrition counseling.

In the Philippines, healthcare providers and educators are yet to undergo nutrition counseling training due to the lack of available trainers from the Department of Health. However, efforts have been made during the reporting period to identify trainers and finalize the training program and modules in collaboration with the DOH. The project is actively coordinating with government partners to schedule the training in Q1 of Y3.

Output 1223: Gender responsive, environment sensitive training for adolescent girls, boys, women, men, caregivers on WASH with specific focus on needs of U5 girls, boys and adolescent girls

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1223a: # of girls, boys, women, men trained on gender-responsive, environment sensitive	Total: 4,294 F: 3,287 M: 1,007 Cam: N/A Ke: 2468 F: 2057	Total: 6,197 F: 4,770 M: 1,422 Non-Binary: 5 Cam: N/A Ke: 3977 F: 3127	Total: 6,298 F: 4832 M: 1,461 Non-Binary: 5 Cam: N/A Ke: 3977 F: 3127	Total: 52,942 F: 39,623 M: 13,319 Cam: N/A Ke: 19,200 F: 16,000	Cam: N/A Ke: Completed Ph: Completed Ug: Completed

<p>WASH with specific focus on needs of adolescent girls and U5 children (by sex and age)</p>	<p>M: 411</p> <p>Ph: 626 F: 438 M: 188</p> <p>Ug: 1200 F: 792 M: 408</p>	<p>10-14 F: 491 15-19 F: 976 20-24 F: 1106 25-49 F: 554 50+ F: 0 M: 850 10-14 M: 160 15-19 M: 293 20-24 M: 311 25-49 M: 86 50+ M: 0</p> <p>Ph: 1100 F: 858 10-14 F: 128 15-19 F: 86 20-24 F: 72 25-49 F: 402 50+ F: 170 M: 237 10-14 M: 73 15-19 M: 31 20-24 M: 0 25-49 M: 102 50+ M: 31 Non-Binary: 5 10-14 Non-Binary: 2 15-19 Non-Binary: 2 20-24 Non-Binary: 1 25-49 Non-Binary: 0 50+ Non-Binary: 0</p> <p>Ug: 1120 F: 785 10-14 M: 0 15-19 F: 188 20-24 F: 253 25-49 F: 245 50+ F: 99 M: 335 10-14 M: 0 15-19 M: 95 20-24 M: 90 25-49 M: 89 50+: 61</p>	<p>10-14 F: 491 15-19 F: 976 20-24 F: 1106 25-49 F: 554 50+ F: 0 M: 850 10-14 M: 160 15-19 M: 293 20-24 M: 311 25-49 M: 86 50+ M: 0</p> <p>Ph: 1100 F: 858 10-14 F: 128 15-19 F: 86 20-24 F: 72 25-49 F: 402 50+ F: 170 M: 237 10-14 M: 73 15-19 M: 31 20-24 M: 0 25-49 M: 102 50+ M: 31 Non-Binary: 5 10-14 Non-Binary: 2 15-19 Non-Binary: 2 20-24 Non-Binary: 1 25-49 Non-Binary: 0 50+ Non-Binary: 0</p> <p>Ug: 1221 F: 847 10-14 M: 0 15-19 F: 203 20-24 F: 278 25-49 F: 265 50+ F: 101 M: 374 10-14 M: 0 15-19 M: 97 20-24 M: 105 25-49 M: 109 50+: 63</p>	<p>M: 3,200</p> <p>Ph: 4,942 F: 4,429 M: 513</p> <p>Ug: 28,800 F: 19,194 M: 9,606</p>	
<p>1223b: Level to which the training reflects GE Responsiveness and Environmental sensitivity</p>	<p>Total: N/A Cam: N/A Ke: TBD Ph: Gender Responsiveness</p>	<p>Total: N/A Cam: N/A Ke: Gender Responsiveness Level: Growing Environmental Sensitivity Level: Mature Ph: Gender Responsiveness Level: Germinating</p>	<p>Total: N/A Cam: N/A Ke: Gender Responsiveness Level: Growing Environmental Sensitivity Level: Mature Ph: Gender Responsiveness Level: Germinating</p>	<p>Total: N/A Cam: N/A Ke: Gender Responsiveness Level: Mature Environmental Sensitivity Level: Mature Ph: Gender Responsiveness Level: Mature</p>	

	Level: Germinating Environmental Sensitivity Level: Germinating Ug: TBD	Environmental Sensitivity Level: Seeding Ug: Gender Responsiveness Level: Growing Environmental Sensitivity Level: Growing	Environmental Sensitivity Level: Seeding Ug: Gender Responsiveness Level: Growing Environmental Sensitivity Level: Growing	Environmental Sensitivity Level: Mature Ug: Gender Responsiveness Level: Mature Environmental Sensitivity Level: Mature	
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A total 6,298 (4,832 females and 1,461 males) adolescent girls, boys, women, and men in Kenya, the Philippines, and Uganda have received training on gender-responsive, environment-sensitive WASH with a specific focus on the needs of adolescent girls and U5 children. The GE responsiveness and Environmental sensitivity level is currently rated as "Growing" in Kenya and Uganda, and is rated as "Germinating" for GE responsiveness and "Seeding" for Environmental sensitivity in the Philippines. Cambodia does not contribute to this Output.

In Kenya, 3,977 (3,127 females and 850 males) of the 2,468 target individuals (161%) received training on gender-responsive and environmentally sensitive WASH. Several stakeholders, including the Kenyan Institute of Curriculum Development (KICD), the Ministry of Health through the Division of Community Health Services, and UNICEF, JICA, FHI 360, WASH Plus, and USAID, collaborated to develop a training manual on life skills, personal hygiene, and WASH with integrated messaging on GE, GBV, and SRHR. The WASH training was 3 days long and was facilitated by government officers from the Department of Public Health led by the officer in-charge of WASH in Turkana West Sub-County.

Below is the list of the training topics:

Implementation Area	Training Topics
Kenya	<ul style="list-style-type: none"> Community WASH mapping Causes of water contamination Water storage and treatment at household level Importance of water in the health of children, adolescent girls and boys Components of sanitation and sanitation ladder Problems caused by poor sanitation Role of water, sanitation and hygiene in the realization of SRHR among adolescent girls and boys Integrating WASH into maternal newborn child and adolescents' health Discrimination and rights to WASH Role of educators in promoting WASH among adolescent girls and boys, children under 5 and caregivers

In the Philippines, a total of 1,100 participants (858 females, 237 males, and 5 non-binary) have been trained on WASH, thereby achieving 175% of the Y2 target. The Trained Youth WASH champions have successfully conducted 2 REFLECT sessions on WASH, focusing on vulnerable adolescents, girls, boys, and women of reproductive age. The sessions prioritized menstrual health and hygiene, aiming to provide support and improve hygiene and sanitation practices among adolescent girls and women. The training has integrated topics on gender equality, SGBV, and rights as a best practice for the intentional repeating of concepts learned in previous trainings.

In Uganda, the project has facilitated gender-responsive and environment-sensitive WASH trainings, including the production of reusable sanitary pads, which have benefited 1,221 people (847 females and 374 males), and which

represents 102% of the Y2 target. After identifying the training needs on WASH for adolescent girls, boys, women, and caregivers, the project developed a WASH training manual. The terms of reference and training materials have been put together. Each district's training on reusable sanitary products lasted three days. The reusable sanitary pads made by adolescent girls are used, while those made by adolescent boys and males who participated in the training were given to their sisters, wives, and daughters.

In regard to the GES of the project, in Kenya, emphasis has been placed on the advantages of involving men in shared decision-making and role-sharing. To ensure inclusivity, a male-friendly environment has been created during training so that it is not perceived as being solely for women. Furthermore, efforts have been made to minimize the risks faced by male and female caregivers, pregnant and lactating women, and their partners when attending the training. Additionally, gender-responsive approaches are employed when teaching sensitive topics in sex-segregated learning groups in Kenya and the Philippines. The project also conducted thorough consultations with female and male participants on the timing and location of training as well as additional support needed to ensure their participation across all countries.

The project used innovative strategies in Kenya such as songs, dances and drama during trainings to enhance experiential learning and as a method of enhancing message delivery to the learners, peers, guardians and parents. To uphold human rights and ensure the appropriateness of training, Participatory Needs Assessments were conducted in the Philippines. Lack of access to menstrual hygiene products violates women's and girls' rights to health, education, and equality. By providing access to these products and educating individuals about menstrual health, the project promotes gender equality and upholds these rights.

The project tackled various obstacles to its implementation. For instance, the harsh weather conditions in Kenya, including strong winds and rain, often disrupted the training sessions. To overcome this challenge, the educators arranged for shelter in nearby government facilities. Additionally, some participants preferred to receive cash instead of actual refreshments provided during the training. To address this, the project staff continue to educate the participants on the benefits of consuming actual refreshments, which can enhance their focus and concentration during the sessions. Kenya is facing a significant challenge of worsening drought, leading to acute water and food shortages. This situation poses a direct threat to the gains being made under the WASH and nutrition-related outcomes and outputs of the project. To address this, a proposal to modify interventions under Output 1221 has been included in the Y3 annual work plan. This proposal aims to establish water infrastructure in the form of wells to support kitchen gardening and WASH. Even though they are equipped and qualified to lead WASH sessions, some youth champions in the Philippines face challenges from elder participants who question their credibility. The project team has addressed these concerns, including formal introductions that emphasize the youth champions' role as trained facilitators. In addition, using volunteer IDs and prominently displaying logos and project names on flipcharts enhances visibility and highlights the youth champions' official status as facilitators. The main challenge encountered in Uganda was the participants' delay due to attending to domestic responsibilities before arriving for training sessions. The project addressed the issue by encouraging participants to be more mindful of the time and allowing them sufficient time to return home and complete household tasks.

Output 1224: School-based, girl-centred inclusive, safe, confidential and environment sensitive management of menstrual hygiene promoted

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1224a: # of schools participating in the promotion of girl-centred, inclusive, safe and environmentally sensitive management of menstrual hygiene	Total: 39 Cam: 12 Ke: N/A Ph: 16	Total: 4 Cam: 0 Ke: N/A Ph: 0	Total: 4 Cam: 0 Ke: N/A Ph: 0	Total: 107 Cam: 37 Ke: N/A Ph: 50	Cam: Delayed Ke: N/A Ph: Delayed Ug: Delayed

	Ug: 11	Ug: 4	Ug: 4	Ug: 20	
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As of reporting period, 4 schools in Uganda have participated in the promotion of girl-centred, inclusive, safe and environmentally sensitive management of menstrual hygiene. The implementation of output activities in Cambodia and the Philippines is delayed while Kenya does not contribute to this Output.

In Cambodia, the promotion of model schools has concluded, but the evaluation to select the model will begin in Q1 of Y3 because the Provincial Education Department has been awaiting technical assistance from the National School Health Department. Participants from Middle Schools attended the provincial meetings on menstrual health situation analysis and planning, where they reviewed expectations, and challenges, and developed a TOR and criteria for successfully delivering key messages on menstrual health and hygiene to adolescent girls in schools. Plans for school promotions were also developed, along with discussions regarding the recognition of best practices and model locations, as well as the next steps. In collaboration with the MoEYS, the guidelines for selecting model schools that promote Menstrual Hygiene Management (MHM) has been completed. The review of the MHM guidelines was delayed, which hindered the advancement of selecting and promoting model schools. These guidelines and criteria have been shared, and 40 schools have agreed to initiate the implementation of effective menstrual hygiene management. It was agreed that the evaluation would begin in May 2023.

Due to COVID-19-related adjustments and DepEd's prioritization of curricular activities, the project in the Philippines was unable to carry out this output. However, to compensate for the delay, the project aims to focus on 32 schools for the Menstrual Hygiene Day campaign in May 2023, with the goal of achieving the combined Y2 and Y3 targets.

In Uganda, 10 schools have participated in this activity. However, only 4 schools have met all of the indicator criteria in order to count positively towards the indicator, which includes creating a provisional safe space for senior woman teachers to counsel and guide adolescent girls on menstrual hygiene issues, having clearly labeled separate toilets for boys and girls, and having male and female teachers. Upon completion of the needs assessment, the project facilitated orientation meetings with school management regarding girl-centered, safe, confidential, and sensitive management of girls' menstrual hygiene. The development of work plans for assisting girls to confidently manage menstrual hygiene in a safe, private, and environmentally responsible manner was also completed. Dignity Kits containing buckets, bars of soap, sanitary pads, knickers, and dustbins were procured and distributed to the selected schools. It is expected that this activity will be fully caught up by the next semi-annual report.

Following the GES, the project in Cambodia collaborated with MoEYS to develop policy/criteria for MHM model schools and with PCC, school cluster leaders, and school principals to reinforce those criteria. Moreover, during preliminary meetings with the PED to define criteria for menstrual hygiene in schools, Facebook Live sessions on menstrual health management were held to promote healthy menstruation. In Uganda, the project oriented and empowered 10 school management committees and Parent-Teacher associations (PTAs) to develop plans for their schools to address facilities and resources needed for MHM, which will eventually contribute to the realization of the SRHR of adolescents, women, and girls.

2.6 IMMEDIATE OUTCOME 1310

Outcome Statement: Increased capacity of community groups to lead planning, implementation and monitoring of community-led gender responsive actions addressing unintended pregnancies, SGBV including CEFM and FGM

Output 1311: Mobilizing sessions conducted for community leaders, officials, opinion leaders and other stakeholders to actively support Community Groups in addressing unintended pregnancies and SGBV

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1311a: # Community leaders, officials, opinion leaders and other stakeholders who attended health and rights focused mobilization campaigns (by sex)	Total: 272 F: 144 M: 128 Cam: 25 F: 12 M: 13 Ke: 137 F: 91 M: 46 Ph: 30 F: 21 M: 9 Ug: 80 F: 20 M: 60	Total: 316 F: 101 M: 214 Non-binary: 1 Cam: 26 F: 11 M: 15 Ke: 69 F: 26 M: 43 Ph: 30 F: 15 M: 14 Non-binary: 1 Ug: 191 F: 49 M: 142	Total: 549 F: 193 M: 355 Non-binary: 1 Cam: 26 F: 11 M: 15 Ke: 155 F: 46 M: 109 Ph: 42 F: 25 M: 16 Non-binary: 1 Ug: 326 F: 111 M: 215	Total: 624 F: 261 M: 363 Cam: 74 F: 34 M: 40 Ke: 300 F: 100 M: 200 Ph: 90 F: 63 M: 27 Ug: 160 F: 100 M: 60	Cam: Completed Ke: Completed Ph: Completed Ug: Completed

As of the reporting period, a total of 549 (193 females, 355 males, and 1 non-binary) community leaders, authorities, opinion leaders, and other stakeholders participated in health and rights-focused mobilization campaigns across all 4 countries contributing to a 202% achievement rate of the Y2 target.

In Cambodia, a total of 26 individuals (11 females and 15 males) including community leaders, officials, opinion leaders, and other stakeholders have participated in the project's health and rights-focused mobilization efforts. The project aims to monitor the involvement of community leaders who participated in the CoLMEAL process by engaging them in local campaigns. As such, 26 CoLMEAL Community leaders have been involved in multiple campaign events that focus on key SRHR and GBV issues.

In Kenya, 4 campaigns focused on health and rights mobilization have successfully reached 155 community leaders, officials, and opinion leaders, including 46 females and 109 males. The campaigns mainly revolved around three key areas: 1) the objectives of community groups in addressing SRHR and SGBV issues in their communities, 2) the necessary support required from each stakeholder, and 3) the roles each stakeholder should play in addressing these issues. The campaigns emphasized important messages such as where to access services, how to report SGBV cases, the dangers of early marriage, and the importance of collective community participation in addressing SGBV issues. The campaigns were conducted by community groups consisting of CMCs, champion group members, and educators in Nanam, Lokichogio, Kakuma, and Songot. Attendees such as opinion leaders, police, local administration, health care workers, teachers, group leaders, and religious leaders pledged their support to SRHR and SGBV interventions. Officials from the Ministry of Health, including the Gender Director and Sub- County Head, as well as officials from the Ministry of Education, County and Sub County, and WASH County and Sub County, were also present.

In the Philippines, 42 community leaders, officials, opinion leaders, and other stakeholders (25 females, 16 males, and 1 non-binary) participated in health and rights-focused mobilization initiatives by the end of Y2. Community Management Committees (CMCs) and CoLMEAL Committees (CMEALCs) were effectively empowered in Outputs 1312 and 1314, and were instrumental in organizing mobilization campaigns involving community leaders and government officials. These campaigns served as a forum for constructive feedback and suggestions regarding the effective implementation of planned actions. The CMCs organized mobilization campaigns that included community sessions and validation of the Theory of Change (ToC) and Community Action Plan (CAP) in an effort to reduce unintended

pregnancies, early unions, and GBV. The CMEALCs facilitated community validations of the indicators, monitoring maps and plans, and monitoring tools that they developed. In addition, they worked with the Barangay Local Government Unit (BLGU) to monitor the progress of the community action plans. The community validations and sessions were found to be effective and interesting learning methods, according to the results of an internal quality review. These sessions allowed community members to share their experiences, perspectives, and lessons learned, promoting social responsibility and encouraging other community members, particularly adolescents, to support the identified community actions for preventing early pregnancy and gender-based violence.

In Uganda, 326 (111 females and 215 males) community leaders, officials, opinion leaders, and other stakeholders have participated in health and rights mobilization campaigns. Community-based Focus Group Discussions and a one-day training on SRHR, SGBV, preventing sexual exploitation and abuse (PSEA) and advocacy skills were organized for community leaders, government officials, opinion leaders, and other stakeholders to discuss how to support community organizations. Within each of their areas of authority, the community leaders were tasked with assisting trained community organizations in advocating for solutions to identified SRHR and SGBV challenges. In addition, relevant IEC materials on health and SRHR rights were provided to leaders.



A Stakeholder Engagement Forum in Nanam Ward, Kenya

As part of the GES, in Cambodia and Kenya, the project aimed to educate and mobilize female and male leaders, officials, and stakeholders in various departments and levels of local authority, focusing on promoting the project goals and the role each individual plays as a duty bearer in shaping community norms. Trainings and events in Cambodia focused on topics such as SRHR, SGBV, nutrition, counseling skills, and the ColMEAL process to equip them with skills to support those at risk. During the mobilization sessions in Kenya, community leaders, opinion leaders and other stakeholders were also trained in gender issues and specifically the need to prevent and respond to GBV and unintended pregnancy. The mobilization sessions also acted as a

networking forum where various stakeholders and key actors discussed successes, and barriers in preventing SGBV, and unintended pregnancy. Moreover, indigenous adolescent girls and women, particularly the most vulnerable, participated in and were educated on SGBV, CEFM, and unintended pregnancies. In the Philippines, CMCs and CMEALCs worked together to increase their impact. For instance, during the reporting period, 42 individuals (25 females, 16 males, and 1 non-binary) including community leaders, officials, and other stakeholders attended mobilizing sessions through the ColMEAL processes more than once. Additionally, 47 consultation meetings were held to approve the assessment and design for reducing unintended pregnancy, GBV, and early marriage, and to evaluate the progress of proposed activities that address the key SRH issues identified in the Theory of Change of the community. By involving established community groups in planning and strategies, the CMCs and CMEALCs aimed to promote the health and rights of community members while effectively addressing SGBV and unintended pregnancies. In Uganda, the communities participated in the identification of CMCs, as key participants, and ensured equitable representation and participation of females and other vulnerable/marginalized groups to provide opportunities for their inclusion in critical community decision-making bodies.

In an effort to promote environmental protection, the project has integrated environmental stewardship, including proper waste management and non-usage of non-biodegradable materials in Cambodia and the Philippines. Reusable visibility tarps and IEC materials are utilized to reduce waste, while notebooks and pens are distributed to encourage notetaking and minimize paper and print materials production in the Philippines.

Several challenges were identified and addressed within the reporting period. Members of the PCC representing their respective government institutions frequently had to be replaced in Cambodia due to their hectic schedules or changes in their roles. This resulted in the new member being unaware of the project's progress and critical issues. To address the matter, the project provided monthly updates and meeting minutes through the PCC Telegram to keep all members informed. Another challenge was that the PCC field support plan for ColMEAL was not being carried out as established during quarterly meetings. Since failure to implement plans can result in complacency and a loss of momentum in dealing with actual issues, the project intends to create a clear quarterly plan that includes dates agreed upon with PCC members. In Kenya, there are still community members who are hesitant to take charge of their own initiatives and developments through community-led approaches. They rely heavily on direct assistance and support, which is why the project emphasizes the ColMEAL approach to promote a change in mindset. To resolve this, the project plans to encourage these groups to work as a team and involve them in reaching out to others frequently. In the Philippines, it is a significant challenge to encourage BLGU officials and community members to participate due to conflicting priorities and political affiliations. Despite conducting a thorough cost-benefit analysis and consulting with both female and male members of the CMC and ColMEAL committees, identifying effective strategies to address this concern remains a challenge. The cost-benefit analysis revealed the urgent need to improve coordination. The project has taken steps to address this matter, such as holding weekly coordination meetings, sending individual communication letters, and organizing Sunday community sessions. The cultural limitations of the project area in Uganda position the balance of power toward men. As a result, most leaders are males. However, the project emphasized the importance of women's participation. In instances where sub-counties presented a substantially more significant number of men than women, this was addressed by replacing some men with women following discussions with local leaders.

Output 1312: Community-led gender transformative action planning addressing key community-specific causes and/or effects of SGBV, unintended pregnancies or sex work facilitated

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1312a: # of community groups (female, male, mixed) completing group Action Plan addressing SGBV, unintended pregnancies or sex work, in inclusive process	Total: 53 Cam: 26 Ke: 11 Ph: 6 Ug: 10	Total: 30 Cam: 14 Ke: 5 Ph: 1 Ug: 10	Total: 51 Cam: 25 Ke: 10 Ph: 6 Ug: 10	Total: 149 Cam: 71 Ke: 20 Ph: 18 Ug: 40	Cam: Ongoing Ke: Delayed Ph: Completed Ug: Completed

51 community groups, 96% of the Y2 target, have completed a group Action Plan addressing SGBV, unintended pregnancies or sex work, in an inclusive process across all 4 implementing countries.

In Cambodia, 25 community organizations (96% of the Y2 target) have completed a group action plan addressing SGBV, unintended pregnancies, or sex work. In Y2, the project team has trained 186 individuals (80 females and 106 males) in community assessment & design (TOC and CAP) and 93 (33 females and 60 males) in SRHR, Life skills, facilitation, and project management. The project continued to assist the CMC group in the ColMEAL process, beginning with its organization and membership selection. There were 26 CMCs established with 210 members (95 females and 115 males). Representatives from male and female youth groups, police posts, health center staff, teachers, CCWC/CCs, Village Development Committees, and VHSG members were among these members. CCs are planning campaigns and other events under the ColMEAL activities. There have been events in 4 of the 8 districts, including the World No Tobacco Day to discourage the use of addictive substances and drugs, 4 with the theme of Gender-Based Violence Against Women and Girls, and 3 for International Women's Day and Safe Migration.

In Kenya, 10 community groups have completed Action Plans addressing SGBV, unintended pregnancies, and sex work. Facilitators for community-led gender transformative action planning were identified, and trainers were selected to facilitate planning. Using the COLMEAL approach, community groups willing to engage in SRH and SGBV community action planning were identified. CMC and CMELC were organized and trained on basic facilitation and project management, community assessment and project design (TOC and CAP) that address GBV, SRH, MNCH, and nutrition issues. The CMC and CMELC were assisted in conducting community assessment sessions, community project design (TOC and CAP), community feedback, review validation, and learning sessions.



Validation of Community Action Plan Developed by a CMC in the Philippines

A total of 6 community groups have completed a group Action Plan addressing SGBV and unintended pregnancies in the Philippines. The project staff trained CMCs on Assessment and Design for two days, covering gender sensitivity, basic facilitation skills, project management principles and cycle, participatory assessment tools, theory of change, and community action plan development. A one-day simulated session provided CMC members confidence and improved their skills. According to internal quality monitoring, CMC members learned more and became better community assessment and design facilitators. One female participant was pleased with the training and said it helped her understand the difficulties impacting youth in her community, especially early unions, so she could prevent them. She also expressed her intention to share the knowledge she gained with her family. All 6 barangays covered by the ColMEAL program completed the community sessions and validations of the theory of change and community action plan, which were presented to the BLGU. The Retooled Community Support Program (RCSP) facilitated the implementation of various activities, including awareness sessions on the prevention of illegal drugs, gambling, and violence in most target barangays. The community action plan includes actions like family relationship-strengthening and gambling ban, while others, including barangay resolution drafting/amendment, have yet to begin. Curfews, sanctions, and a barangay emergency hotline for SGBV reports are also enforced.

Ten community groups in Uganda have completed an inclusive Action Plan addressing SGBV, unintended pregnancies, and sex work. Ten CMCs received community assessment and design (TOC and CAP) training. The scheduled trainings have included the following topics: basic project facilitation, problem identification, barrier analysis, problem tree analysis, prioritization, vulnerability and inclusion plan, Theory of Change and Community Action Plan validation, and TOC and CAP validation. The orientation/meeting with the community groups was conducted to equip them with the skills necessary for developing community Action Plans (CAP). Sessions to identify and prioritize challenges to the enjoyment of rights by girls and women followed. At least five communities were further assisted in validating their Theories of Change (TOCs) and the CAP.

Following the GES of the project, in Cambodia, participation of AGW and other vulnerable group representatives was included in the previous action planning conducted by each commune. The ColMEAL capacity-building process sought to include influential community members from a broad range of roles, not just those in positions of authority. In Kenya, the Philippines, and Uganda, both male and female community group members were consulted regarding the scheduling and location of the sessions, as well as the additional supports required to ensure attendance (childcare, access supports, etc.). The project made certain that segregated learning groups were observed during training,

especially where sensitive topics were discussed. Additionally, the project provided opportunities for inclusion of women in community decision-making by improving the capacity of community organizations that include AGW as critical participants and give priority to the equal representation and participation of women and other marginalized groups. In the Philippines, to provide a safe space for vulnerable groups, such as those who have experienced unintended pregnancy or individuals who identify as non-binary, they are given the option to join a separate group or participate in the same sessions as other adolescents. Moreover, training handouts with graphical illustrations are translated into Filipino and distributed during the conduct of every CoLMEAL training to help facilitate learning.

There were implementation challenges that needed to be addressed by the project. The limited knowledge of CMC and CMEALC members in Cambodia makes it more challenging for them to use the CoLMEAL tools, which consist of numerous steps and tools. To resolve the issue, the project staff and CoLMEAL's focal person have modified the basic tools and efforts to make them easier to comprehend and adapt. As a result of low literacy level, the community contributes less to the TOC&CAP, indicator development, and monitoring mapping validation processes. To address this, the project team has utilized more visual illustrations, so the community is better engaged and pays closer attention. Similarly, low levels of literacy in Kenya increased the time required to explain concepts during training. To resolve this issue, the selection of groups has been adjusted to ensure that there are at least a few members with basic literacy skills to guide the other members through the process. The project will also look into the use of hand-drawn images during training. In the Philippines, the CMCs faced several challenges during the assessment and design phase, particularly with the complexity of the concepts involved. Many CMCs lacked previous experience in facilitating community-led processes and were encountering concepts such as facilitation of assessment tools, development of community action plans, and theory of change for the first time. CoLMEAL trainings used participative tools, methodologies, relatable analogies, role plays, and graphical examples to assist CMCs understand complicated ideas. Individual and group assignments, exercises, and presentations allowed CMCs to practice facilitating to the community. The CMCs had difficulty to identify the root causes of unintended pregnancies, early unions, and GBV during the community session and TOC/CAP validation. To address this, female and male CMC members were asked about the causes of SRHR and SGBV concerns in their communities and how to address them. The CoLMEAL training in Uganda required more time and personnel than planned. To manage, the training period was extended to provide sufficient learning time, and the staffing concern was addressed by allocating time to community training for each staff member each quarter.

The Assessment and Design training helped the CMC and CMEALC promote community-led identification, prioritization, and negotiation of major issues related to SGBV prevention, unintended pregnancies, and early marriage. The training identified community-specific challenges and their impacts and empowered the CMC and CMEALC to design a ToC and CAP to address these priority barriers and the consequences of critical SRH issues. This training enabled the CMC and CMEALC to promote community-led SRH solutions. The establishment of CMC and CMEALC built community ownership and ensured culturally relevant and responsive interventions by involving community members in the ToC and CAP development. This CoLMEAL approach improved SRH interventions and built community capacity and resilience.

Output 1313: Community Action Grants to undertake gender-transformative actions addressing key community-specific causes of SGBV, unintended pregnancies and other SRHR issues provided to community groups

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (reporting period)	End of Project Target	Status to date
1313a: # of Community Action Grants distributed to community	Total: 19 Cam: 3 Ke: 0	Total: 0 Cam: 0 Ke: N/A	Total: 0 Cam: 0 Ke: N/A	Total: 149 Cam: 71 Ke: 20	Cam: Delayed Ke: Not Planned Ph: Delayed Ug: Delayed

groups (by group leader's 'sex)	Ph: 6 Ug: 10	Ph: 0 Ug: 0	Ph: 0 Ug: 0	Ph: 18 Ug: 40	
1313b: Total Value of Community Action Grants distributed to community groups (by group leader's 'sex)	Total: CAD 36,013 Cam: CAD 2507 Ke: 0 Ph: CAD 21,322.20 Ug: CAD 12,184	Total: 0 Cam: 0 Ke: N/A Ph: 0 Ug: 0	Total: 0 Cam: 0 Ke: N/A Ph: 0 Ug: 0	Total: CAD 291,774 Cam: CAD 59,334 Ke: CAD 119,737 Ph: CAD 63,967 Ug: CAD 48,736	

As of the reporting period, no Community Action Grants have been awarded to community groups in any of the implementing countries. Implementation of Output activities in Kenya is not planned to occur in Y2.

In Cambodia, micro-grants to grassroots organizations and local associations are currently being processed. The project team has completed and submitted to ADRA Canada the Small Grant Awardee Selection Process. The announcement, application templates, cover letter, guidelines, and eligibility requirements have been finalized and distributed to interested CMC and Associations. In Q1 of Y3, the project intends to catch up.

The delay in the Philippines is due the unfinished prerequisites for the dissemination of community action grants (CAG), such as staff training on the CAG process, which have not been met. It is necessary to train the staff, including the Community Action Grants (CAG) focal person, on the grants process, as they facilitate training for CMC, CMEALC, and CAG applicants and guide them throughout the CAG process. Implementation of ColMEAL required community validation of the theory of change and community action plans, as well as baseline data collection, results analysis, and interpretation in all barangays. Two barangays' validated theory of change and community action plan, along with data collection, analysis, and interpretation results, were utilized to prioritize the change pathway that will receive community action grants. The change pathways of four barangays were prioritized. Through the creation of a simplified proposal template, the project intends to streamline the proposal submission process for community organizations. The project will provide grant-related capacity building to interested community organizations to help them in the development of sound proposals. This training will ensure that they comprehend the requirements, criteria, and awarding process and are able to draft proposals that outline community-led gender-responsive actions to address unintended pregnancies, early marriage, and SGBV. The project's guidelines for the CAG have been formalized in Y2.

In Uganda, the activities are also delayed because the training of both project staff and communities for managing the grants has been postponed due to the need to ensure that the communities have completed the ToCs and CAP training. The project formed 10 CMCs that were trained to form community action plans that would qualify them for gender-transformative community action grants. The requirements, terms, and conditions for qualifying CBOs, ColMeal groups, and FBOs to be eligible for microgrants were developed. Additionally, as the project team gains familiarity with the COLMEAL approach, they have developed a deeper understanding of the process. This has led to proposed changes aimed at addressing various challenges, such as limited budget allocation which cannot support 40 CAGs, time constraints due to the required time for ColMEAL/CAG implementation, and project personnel who will be assigned to ColMEAL and CAG. To overcome these challenges, the team is proposing to support and utilize 18 CMCs as learning models for other communities, therefore, only 18 CAGs will be distributed.

Despite the delays among these three countries (Cambodia, Uganda and the Philippines), the CMC/ColMEAL groups have their action plans aimed for addressing community specific causes of SGBV, SRHR and unintended pregnancies and barriers to service provision. Adolescents, girls and women and other vulnerable groups were heavily involved in the grant action planning and will continue to ensure that the implementation addresses prevention and response to SGBV, unintended pregnancies and SRHR services priorities.

Output 1314: Community Groups trained to measure and monitor the impact of their actions using CoLMEAL (innovative, gender dis-aggregated, rights and privacy respecting, data collection, aggregation analysis and learning process)

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1314a: # of community group members provided with training on community-led MEL (by group members' sex)	Total: 347 F: 167 M: 180 Cam: 182 F: 91 M: 91 Ke: 25 F: 15 M: 10 Ph: 30 F: 21 M: 9 Ug: 110 F: 40 M: 70	Total: 50 F: 29 M: 20 Non-binary +:1 Cam: 6 F: 2 M: 4 Ke: 0 F: 0 M: 0 Ph: 18 F: 16 M: 1 Non-binary: 1 Ug: 26 F: 11 M: 15	Total: 50 F: 29 M: 20 Non-binary:1 Cam: 6 F: 2 M: 4 Ke: 0 F: 0 M: 0 Ph: 18 F: 16 M: 1 Non-binary: 1 Ug: 26 F: 11 M: 15	Total: 1,126 F: 531 M: 595 Cam: 496 F: 248 M: 248 Ke: 100 F: 60 M: 40 Ph: 90 F: 63 M: 27 Ug: 440 F: 160 M: 280	Cam: Delayed Ke: Delayed Ph: Delayed Ug: Delayed

As of the reporting period, 50 (29 females, 20 males, 1 non-binary) community group members have received training on community-led MEL in Cambodia, Philippines, and Uganda, contributing to 14% achievement of the Y2 target.

In Cambodia, six community group members (2 females and 4 males) received training on community-led MEL. Due to the length of time required to complete the CoLMEAL training, the project intends to catch up by concluding the training of 182 members in 26 communes by the end of Q3 of Y3. The project provided CMCs and CMELCs with facilitation and project management training. In addition, CMELCs have received training on indicator development, monitoring mapping and planning, tool development, sampling, data collection, data analysis, interpretation, and dissemination, as well as TOC and CAP adaptation. Additionally, the project has facilitated the Community-led MEL process with CMC and CMELCs at the commune level, as well as with adolescents and parents in the villages.

No community group participants in Kenya have received training on community-led MEL. To catch up, the remaining training will be delivered by multiple facilitators using a ToT approach. Community monitoring teams and a community-led Monitoring, Evaluation, and Learning teams have been formed. The identified monitoring teams received training on the CoLMEAL process, indicator development, community validation, and mapping and planning. The project also supported the community's validation of the monitoring map and plan of the monitoring map and plan.

In the Philippines, 18 community group members were provided with training on community-led MEL. In all barangays in the Philippines where CoLMEAL has been implemented, the CoLMEAL committee has concluded a three-day training program on indicator development. The training consisted of two sections: In four barangays, the first section addressed monitoring mapping and planning, instrument development, sampling, and data collection. Part 2 focused on data analysis, interpretation, and dissemination in two barangays, incorporating the TOC and CAP adaptation. The training covered various topics, including gender-sensitive and basic facilitation, project management principles and cycle, TOC formulation with an emphasis on output and result statements, and basic monitoring and indicators theory

with the Quantity, Quality, and Time (QQT) element. The CoIMEAL committees developed an indicator set, monitoring map, and monitoring plan for each TOC. In addition, they developed data collection tools and selected sampling for the baseline survey. Validation of indicators has been completed in all target barangays, as well as validation of the monitoring map, community plan, and monitoring instruments in four target barangays. Dissemination of data was accomplished in one barangay. During the internal quality monitoring, participants noted that CoIMEAL enabled community members, including adolescents, to participate in a democratic process of community discussions. It increased the functionality of the Barangay Development Council (BDC) through their participation in sectoral consultations, the conduct of formal data collection as the basis for planning decisions, and the development of community action plans that the BLGU adopts to reduce the incidence of unintended pregnancy and gender-based violence.



A CoIMEAL training session in Uganda

In Uganda, 26 (11 females and 15 males) community members were trained and supported in the formulation of indicators, monitoring mapping, planning, data collection, and validation. At least three trainings on (1) indicators development, (2) monitoring mapping and planning, (3) data collection, (4) data analysis, interpretation, and dissemination, and (5) review/adaptation of TOC and CAP have been completed by the members.

With regard to the project's GES, actions are being implemented by community groups trained in an innovative community-led MEL process, which includes AGW as key participants and gives preference to the equal representation and participation of females and other vulnerable groups in order to guarantee their inclusion in community decision-making bodies. Consultations were done with female and male community group members on the timing and location of training to ensure training session times are convenient and safe and to determine if other needs such as childcare, accessibility supports etc. are needed to ensure their participation in Cambodia, Kenya, the Philippines, and Uganda. Community members in the Philippines were trained in CoIMEAL using participatory tools, methods, relatable analogies, and graphical illustrations to facilitate learning of complex concepts and enable evidence-based decision-making. Individual and group assignments, activities, and presentations were utilized, and democratic space was ensured during community sessions and validations.

In an effort to promote environment conservation, during all the trainings across 4 countries, the participants were sensitized on environmental protection strategies to prevent and reduce environmental pollution, including limiting the use of materials that may cost the environment and setting up a team responsible for managing hygiene and environment during sessions.

Several challenges prevented the smooth implementation of activities. CMC members in Cambodia have varying levels of education, making it challenging for them to fully understand the concepts of CoIMEAL, particularly TOC and CAP, indicator development, monitoring, and mapping. The project staff adapted the instruments and method of facilitation to the local context and linked the idea to the existing Commune Investment Plan to address this. Changes to the schedule of CoIMEAL activities in selected barangays due to community events and celebrations have resulted in delays in the implementation of CoIMEAL activities in some communities in the Philippines. To reduce these delays, the project team has incorporated community events into their monthly planning. Additionally, the complexity of CoIMEAL concepts has resulted in extended training days, which has impacted both male and female CoIMEALC participation. To address this issue, the project team has begun evaluating the simplification of concepts in two barangays, reducing from three to two the number of training days necessary for indicator development. Furthermore, participants were provided with preparatory exercises to reduce the number of tasks that needed to be completed during the training.

Strengthening the capacity of community groups to conduct and establish their own Monitoring, Evaluation, Accountability, and Learning (MEAL) processes is an essential approach for achieving and sustaining community-based change and development that focuses on the individual needs/barriers in each community. Community groups can manage the assessment, design, implementation, monitoring, evaluation, and learning processes, with a particular focus on addressing pregnancies in adolescents and sexual and gender-based violence (SGBV) if they are trained. This strategy ensures that communities are empowered and involved in decision-making processes, resulting in more effective and sustainable solutions to the challenges that they experience.

2.7 IMMEDIATE OUTCOME 1320

Outcome Statement: Increased capacity of grassroots women's and girls' rights organizations to advocate for health-related services for the most vulnerable adolescent girls, women and children

Output 1321: Grassroots women's organizations (focusing on health and rights of adolescent girls and women) trained on organizational management

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1321a: # of F/M individuals from women's organizations and networks trained (by sex)	Total: 198 F: 175 M: 23 Cam: N/A Ke: 0 Ph: 135 F: 135 Ug: 63 F: 40 M: 23	Total: 63 F: 50 M: 13 Cam: N/A Ke: 0 Ph: 36 F: 36 Ug: 27 F: 14 M: 13	Total: 215 F: 202 M: 13 Cam: N/A Ke: 0 Ph: 188 F: 188 Ug: 27 F: 14 M: 13	Total: 1,268 F: 1,125 M: 143 Cam: N/A Ke: 420 F: 300 M: 120 Ph: 785 F: 785 Ug: 63 F: 40 M: 23	Cam: N/A Ke: Not Planned Ph: Completed Ug: Delayed

As of the reporting period, 215 (108% of the Y2 target) individuals (202 females and 13 males) from women's organizations have been trained in the Philippines and Uganda. Implementing Output activities are delayed in Uganda and not planned in Kenya for Y2. Cambodia does not contribute to this Output.

In the Philippines, 188 members (all female) of women's organizations and networks have received organization management training. Representatives of grassroots women's organizations in the project's municipalities participated in the 2-day training. The training was co-facilitated by the Central Bicol State University of Agriculture (CBSUA), an academic partner of the project. Several topics related to effective organization management were discussed, including organizational elements, functions of effective management, project management, and the role of programs and projects in community development. In addition, the training included important discussions on SRHR awareness, gender, and development. The action plan developed at the conclusion of the training intended to establish a local council of women and conduct advocacy campaigns, enabling the organization to advocate effectively for gender transformative change and health-related services in the community.

In Uganda, 27 individuals (14 females and 13 males) from women's organizations and networks have completed the training sessions on organizational management. NGOs, CBGs, and FBOs for women at the grassroots level have been assessed and organizational capacity gaps in relation to the health rights of adolescent girls and women and in the areas of governance, finance, human resources, project management, and grants management were identified. Based on the identified gaps, grassroots organizations were trained to develop the vision, structure, succession plans, and assets necessary to implement health rights activities for adolescent girls and women. The grassroots women's organizations were given guidance to collaborate closely with the COLMEAL team in resolving the community action plans' specific key issues by engaging various duty-bearers and policymakers. In addition, the organizations were assisted in the development of basic human resource management systems, such as job descriptions, performance indicators, HR planning, financial management procedures, policies, and initial 3-year strategic and resource mobilization plans for financial sustainability. Furthermore, grassroots organizations received training in basic reporting and documentation practices.

Following the project's GES, organizational management training has integrated with topics on how to conduct SRHR sensitization activities and facilitate behavioral change in the community. To ensure the effectiveness of this training, the project considered the use of a variety of tools, including IEC materials, multimedia platforms, and the development of social support through networking and ongoing consultations with women's organizations. Consultations in the Philippines and Uganda were held with members of women's organizations to determine the timing and location of the sensitization activities, ensuring that the sessions are convenient and safe for all participants and determining if additional needs, such as childcare or accessibility support, are required to ensure their participation. In addition, attendance was disaggregated by gender, age, and disability to ensure that the requirements of all participants were met in the Philippines.

With regard to human rights, Participatory Needs and Capacity Gaps Assessments were conducted in the Philippines and Uganda to ensure that the activity meets the requirements of the intended participants. In addition, they have the right to refuse, express concerns, make suggestions, and provide other feedback, while being respected and heard throughout the process.

There were barriers in the implementation that the project addressed. In the Philippines, due to municipal activities that conflicted with the training, some participants could not complete the 2-day training. To ensure increased engagement and prevent this issue in future activities, adequate communication with the municipality is required to ensure that the training schedule does not conflict with other important occasions. The project will emphasize the value of attendance before the training, underscore the significance of attending the two-day training, and the consequences of missing any session. This can be accomplished during the attendance confirmation process and through reminders ahead of the training. The selection of grassroots women's organizations is one of the main challenges with this output in Uganda. Although it was anticipated that the organizations would have some level of organization and operational capacity, the majority of what is considered grassroots organizations are VSLA and farmer groups. The project resolved this challenge by identifying, among these organizations, those that, in addition to their primary VSLA, drama, youth, and farming objectives, were also engaged in or interested in gender and development issues.

Developing the capacity and partnering with local women's organizations can significantly contribute to improving women and girls' access to SRHR services and address SGBV. By providing local women's organizations with training, resources, and support, these groups can more effectively advocate for policies and programs that promote women's rights and enhance access to SRHR and SGBV services. Empowering women's organizations can also facilitate their engagement with government agencies and other stakeholders, ensuring that women's voices are heard and that their needs have been included in the development of policies and programs.

Output 1322: Grassroots women's organizations supported (financial and/or capacity building) in conducting advocacy campaigns on SRHR, SGBV, and health and rights systems, including challenging gender norms

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1322a: # of grassroots or local women's organizations supported (financial and/or capacity building) in advocacy campaigns on SRHR, GBV and health and rights (by type of organization)	Total: 34 Cam: 1 Ke: 0 Ph: 25 Ug: 8	Total: 50 Cam: 1 Ke: 0 Ph: 42 Ug: 7	Total: 50 Cam: 1 Ke: 0 Ph: 42 Ug: 7	Total: 138 Cam: 1 Ke: 21 Ph: 76 Ug: 40	Cam: Completed Ke: Not Planned Ph: Completed Ug: Delayed

As of the reporting period, 50 grassroots or local women's organizations have received support on financial and/or capacity building in advocacy campaigns on SRHR, GBV, and health and rights in Cambodia, the Philippines, and Uganda. Output activities in Kenya are planned for Y4.

In Cambodia, 1 grassroots or local women's organization has received advocacy support for SRHR, GBV, and health and rights campaigns. With training and direction from ADRA's MEL coordinator and Specialists, the local research partner (COWS), which is considered a local grassroots women's organization, has concluded their research on the two topics of early marriage and unintended pregnancy in target communities. Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) were utilized for the research, with a total sample size of 90 (57 females and 33 males) for FGD and 28 (12 females) for KII. Current research focuses on the issue of employing young adolescent females at KTV. COWS is presently awaiting approval from the government's national research Ethics Committee to proceed with the research. The results of research have been disseminated on the advocacy platforms of the PCC and Provincial Technical Working Group for Health. COWS also presented the results to responsible parties, such as CMCs, communes, and institutions, for the purpose of gaining support for the research's findings.

In the Philippines, 42 grassroots or local women's organizations have been supported in advocacy campaigns on SRHR, GBV and health and rights in Y2. In celebration of the beginning of the 18-day campaign on violence against women (VAW), the project effectively brought together 26 grassroots women's organizations from five municipalities in Q3 of Y2. National Government Agencies, including the Commission on Human Rights (CHR), the Philippine Commission on Women (PCW), Municipal Social Welfare Development Offices, Local Government Units, and other CSOs operating in the province of Camarines Sur, including Lakas ng Kalalakihan, Bantay Familia, and Zonta International, participated actively in the event. In addition, the project supported the March 2023 campaign for International Women's Month by co-facilitating training sessions for three grassroots women's organizations. These training supports are intended to help the women's organizations to carry out their own advocacy campaigns using the knowledge they gained from the training. The training centered on SGBV and Sexual Reproductive Health and Rights, and the participants were made aware of the relevant laws that safeguard the rights of women, men, and non-binary individuals. These laws include RA11313 (The Safe Spaces Act), RA9265 (The Anti-Violence Against Women and Children Act), and RA10175 (The Cyber Crime Prevention Act). There were 97 women in attendance at the training.

In Uganda, 7 grassroots or local women's organizations have received advocacy support for SRHR, GBV, and health and rights campaigns. It was determined which CBOs, FBOs, and NGOs for Grassroots Women's Organizations (GWOs) would be willing to conduct gender transformative advocacy campaigns on SRHR/SGBV and health rights. The organizations were evaluated and organizational capacity gaps in conducting gender transformative advocacy campaigns in SRHR, SGBV, and health right services for adolescent girls and women were identified. The organizations received BCC and advocacy materials regarding SGBV and SRHR for health rights. Women's CBGs and CBOs were provided with orientation training on gender transformative campaigns on SRHR, SGBV, and the Health rights system. A meeting was also conducted to facilitate the connection between 8 GWOs and 10 national and regional advocacy organizations.

As part of the project GES, the project in Cambodia aims to train and support women's organizations (COWS) to be equipped to develop TOC, assessment, design, validation, monitoring, data collection process, research, analysis, sharing of data and results, and conducting advocacy. The majority of the topics in research techniques, including data collection process, data analysis, the sharing of data results, data validation, and conducting advocacy, have been covered. The majority of the staff is comprised of women who are acquiring additional research and advocacy skills. The project continues to assist COWS in the research process and advocacy for addressing challenges related to SRHR, SGBV, health, the proper system, and gender norms in order to attain gender equality. Similarly, the campaigns in the Philippines are intended to challenge gender and social norms and roles that affect women's SRHR, address the root causes of SRH and SGBV issues, promote shared access to and control over resources and decision-making between women and men, and to increase the availability and accessibility of SRHR and SGBV response systems. In addition, culturally sensitive and gender-responsive IEC materials are utilized, and key messages are continuously reviewed and tested to prevent the use of language that silences, stereotypes, or limits others. These materials are intended to portray women and girls, men and boys, and men and boys equally and fairly. In Uganda, grassroots women's organizations were supported in conducting their own gender transformative advocacy campaigns on SRHR and SGBV, as well as support for health and rights systems. This support included training on the development of advocacy plans and how to facilitate gender transformative advocacy campaigns.

There are some challenges encountered within the reporting period. In Cambodia, the data collection/research on SRHR/SGBV (Early marriage and Pregnancy) was delayed due to the initial limited capacity of the local research partner (COWS), who required additional time to be trained and receive guidance and feedback. To address this issue, the ADRA MEL Coordinator and Specialist provided regular research methodology training and mentoring. This has increased the independence of COWS in conducting research and advocacy. In the Philippines, despite achieving the targets for this reporting period, sustaining the advantages of this Output presents a formidable challenge. Concerns have been expressed by grassroots women's organizations regarding the inadequate support they receive from LGUs for conducting awareness campaigns. To address this issue, the initiative seeks to lobby local governments to allocate funds from their gender and development funding specifically to support women's organizations. This lobbying effort will continue in Outputs 1214 and 1311, including training for barangay local government officials in policy development. In Uganda, many grassroots organizations are not registered. In areas where there were no locally registered GWOs, the project identifies the most promising organizations and develops their capacity to register.

Advocacy is an essential motivator of community development and progress, particularly in the advancement of SRHR, SGBV, and health and rights systems. Developing the capacity of women's groups and other grassroots organizations to facilitate gender transformative advocacy campaigns can catalyze their efforts in pursuit of this goal.

Output 1323: Networks of grassroots women organizations and other advocacy groups established and/or nurtured to consolidate voice and actions related to women and girls' health rights

Indicator(s) from the PMF	Annual target from the annual work plan	Actual data (reporting period)	Actual data (cumulative)	End of Project Target	Status to date
1323a: % of grassroots women organizations linked with each other and/or other advocacy groups and organizations	Total: 53% Cam: N/A Ke: 0% Ph: 80% Ug: 25%	Total: 42% Cam: N/A Ke: 0% Ph: 42% (16/38) Ug: 0%	Total: 42% Cam: N/A Ke: 0% Ph: 42% (16/38) Ug: 0%	Total: 85% Cam: N/A Ke: 75% Ph: 80% Ug: 100%	Cam: N/A Ke: Not Planned Ph: Delayed Ug: Delayed

As of the reporting period, 42% (16/38) grassroots women's organizations have been linked with each other and/or other advocacy groups and organizations in the Philippines. Implementation of Output activities in Uganda is delayed while Kenya will facilitate the activities in Y4. Cambodia does not contribute to this Output.

In the Philippines, 42% (16/38) of grassroots women organizations have been linked with each other and/or other advocacy groups and organizations. Considering the emergence of new groups and the reactivation of inactive organizations, the profiling of established and new grassroots women's organizations is ongoing throughout the reporting period. In project areas without established women's organizations, COSUG and BULSA groups have been consulted to determine their willingness to participate and be recognized as women's organization. In the municipality of Buhi, 16 out of 38 targeted women's organizations were brought together to form a federation with the assistance of the project. In implementing programs for women in Buhi, the federation of grassroots women's organizations will serve as the LGU's primary network.

In Uganda, no grassroots women organizations have been linked with each other and/or other advocacy groups and organizations. Regional, national, and international NGOs providing gender-related services were identified, and meetings were facilitated to establish linkages. However, a draft memorandum of understanding/consortium agreement is currently being reviewed by the various organizations and is yet to be signed to formalize the established linkages among the organizations. The GWOs and the national and international organizations are being linked, as evidenced by their email and telephone communications. The GWOs created a WhatsApp group through which they share activity updates. At the Link meeting, the national and regional organizations shared the contact information of the individuals with whom the GWOs can communicate regarding the newly formed linkage between the organizations.

Following the project GES, in the Philippines, the promotion of women's and girls' rights was facilitated by fostering strong connections and partnerships between grassroots women's organizations and other prominent advocacy groups. Contributing to the advancement of women's and girls' rights, it can effect significant positive change at the local, provincial, and eventually national level.

During the reporting period, a few challenges were confronted and resolved. In the Philippines, due to the differing political affiliations of women's organizations, coordination and networking presented difficulties. In an attempt to mitigate this, the project integrated key messaging on non-partisan and inclusive engagement in activities during organizational management training. In Uganda, it requires time to reorient grassroots organizations towards community work in the areas of gender-based violence, sexual and reproductive health and rights, and nutrition.

The networking of women's organizations is important for overcoming the challenges that women and adolescents face in exercising their health-related rights. It facilitates the sharing of information, resources, and expertise, which helps improve their advocacy efforts and facilitating the identification and resolution of common challenges. Women's organizations can use their collective voices to influence policies and programs affecting the health and well-being of women and adolescents by networking.

3 OPERATIONS

3.1 PROGRESS ON NON-OUTCOME/OUTPUT RELATED ACTIVITIES

3.1.1 PROCUREMENT

The following list includes the purchases made during the reporting period along with their associated costs:

Items Procured- Cambodia	Quantity	Units	\$ per Unit (CAD)	Total
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Vehicle insurance (2 vehicles)	12	Month	95	\$ 1,140
Motorbike insurance	29	Motorbike	7	\$ 193
Vehicle operation repairs and maintenance (2 vehicles)	12	Month	667	\$ 7,999
Motorbike operations & R/M	29	Month	276	\$ 8,003
Computers/laptops	4	Laptop	1,117	\$ 4,468
General Computer Software	3	Computer	170	\$ 511
Accounting Software Lease	12	Month	19	\$ 233
Other software	1	Computer	432	\$ 432
Mobile phones for MEL	2	Phone	268	\$ 535
Studio equipment set	1	Set	943	\$ 943
Village Campaigns-LCD screen, generator, speakers	3	Set	1,082	\$ 3,245
Computers (COW Research)	1	Set	1,058	\$ 1,058
TOTAL				\$ 28,755

Items Procured - Kenya	Quantity	Units	\$ per Unit (CAD)	Total
Vehicle insurance	1	year	7,489.38	\$ 7,489.38
Vehicle fuel	12	months	1,960.12	\$ 23,521.47
Vehicle repairs & maintenance	12	months	1,044.83	\$ 12,537.90
Establishment of IMS & databases for project	12	months	131.69	\$ 1,580.33
Copier/ printer	1	pieces	3,878.13	\$ 3,878.13
Vehicle Hire	6	vehicles	1,126.22	\$ 1,126.22
Generator (Installation in New Premises)			974.12	\$ 974.12
TOTAL				\$ 51,108

Items Procured - Philippines	Quantity	Units	\$ per Unit (CAD)	Total
Vehicle insurance	5	Vehicle	454.25	\$ 2,271
Vehicle running cost & maintenance	5	Vehicle	7,854.36	\$ 39,272
Laptop	3	Piece	1,373.76	\$ 4,121.27
Monitor	2	Piece	294.79	\$ 590
Other software	2	User	926.50	\$ 1,853
Vehicle Rental	2	User	410.28	\$ 410
Data collection starter kit – Mobile phone	18	Piece	129.18	\$ 2,325
TOTAL				\$50,842

Items Procured - Uganda	Quantity	Units	\$ per Unit (CAD)	Total
Motor Vehicle insurance	3	Vehicles	\$ 2,491.07	\$ 7,473
Motor Vehicle	3	vehicles	\$ 2,847.33	\$ 8,542
Motor Vehicle Fuel	12	months	\$ 2,327.92	\$ 27,935
Motor vehicle maintenance	12	months	\$ 524.26	\$ 6,292
Motorcycle Fuel	12	months	\$ 75.78	\$ 909
Motorcycle maintenance	12	months	\$ 29.62	\$ 356
Motorcycle Insurance	1	Motorbike	\$ 1,595.99	\$ 1,596
Computer software subscriptions & Maintenance (Including Sunplus)	12	months	\$ 78.59	\$ 943
Personal Computers (PCs)	7	Units	\$ 1,461.68	\$ 10,232
Digital Camera with associated accessories	1	Unit	\$ 1,493.00	\$ 1,493
Scanners	2	Units	\$ 605.04	\$ 1,210
Equip 8 Help Centers - 1 TV Set, 1 DVD Player, 25 plastic Chairs	8	Sets	\$ 624.00	\$ 4,992
vehicle tracking Devices	1	Unit	\$ 408.51	\$ 409
Mobile Phones	2	Units	\$ 70.67	\$ 141
Mobile electronic data collection devices	1	Unit	\$ 6.43	\$ 6
TOTAL				\$ 72,529

During the reporting period, no procurement challenges were encountered.

3.1.2 STAFF CAPACITY BUILDING

Below is the list of the capacity building activities that were conducted within the reporting period:

Country	Training Topics	Learning Method	Type of Attendees	Number of Attendees	Date of training completion	Status
Cambodia	CoLMEAL ABC Talent LMS Training	Online	PM, APMs, Coordinators, Specialists and all field staff implementing CoLMEAL	6(6F/3M)/12	April 2022 to March 2023	Ongoing
Cambodia	CoLMEAL live sessions on Module 7, Session 1 on community led tool development, sampling and data collection)	Online	PM, APMs, Coordinators, Specialists and all field staff implementing CoLMEAL	8 (3F/5M) staff	January 11-13, 2023	Completed

Cambodia	CoMEAL live sessions on Module 9 Community action grant	Online	PM, APMs, Coordinators, Specialists and all field staff implementing CoMEAL	8 (3F/5M) staff	January 11-13, 2023	Ongoing
Cambodia	CoMEAL live sessions on Module 9 Community action grant	Online	PM, APMs, Coordinators, Specialists and all field staff implementing CoMEAL	8 (3F/5M) staff	January 11-13, 2023	Ongoing
Cambodia	Aligned CoMEAL vs Original CoMEAL	In person	Operation team, APM	18 (11F/7M)	October 18-21, 2022	Completed
Cambodia	Training in counseling/ migration, nutrition & governance	In person	All TOGETHER field and leadership positions	20 (9F/11M)	July 28, (then ongoing until May 2023)	Ongoing
Cambodia	Finance: Policy and fraud guidelines	Online	Management team	10 (6F/4M)	December 19, 2022	Completed
Cambodia	MEAL: How to conduct the Y2 annual survey	In person	Field staff, COWs and technical partners from PED, PHD, PWA	34 (17F/17M)	January 11-13, 2023	Completed
Cambodia	MEAL: Train on developing questionnaires for research of girls working at KTV, restaurant.	In person	Management team and staff	6 (3F/3M)	February 21-22, 2023	Completed
Cambodia	Gender Equality Training	In person	COWS staff, Officers, Specialist and Managers	14 (6F/8M)	January 5, 2023	Completed
Kenya	Security	Online	Project staff	10 (3F/7M)	Varied dates	Ongoing
Kenya	M&E	Online	Project staff	1	Nov 2022- Sept 2023	Ongoing
Kenya	Program H&M and PSEA	Online	Project staff	5	July- October 2022	Completed
Kenya	CoLMEAL	In person and online	Project staff	5	December 2021 to Present	Ongoing
Philippines	CoMEAL Training	Online	Project staff	4 (2F/2M)	-	Ongoing
Philippines	Gender Equality Training	Face-to-Face	Project staff	28 (14F/14M)	October 6, 2022	Completed
Philippines	VAWC Referral Process for NGOs	Online	Project staff	28 (14F/14M)	January 31, 2023	Completed
Uganda	CoLMEAL Training	Largely Online, also face to face during Salanga support visit	Project staff	12(7F/5M)	-	Ongoing
Uganda	Gender Transformative Programming/Program H M D	Online via Talent LMS	Project Staff/Local Partners	14 (8F/6M)	September 27, 2022	Completed
Uganda	CoLMEAL Training	Largely Online, also face to face during Salanga	Project staff	12 (7F/5m)	-	Ongoing

		support visit				
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3.1.3 ENGAGEMENT WITH NATIONAL AND LOCAL AUTHORITIES

The TOGETHER project collaborated with national and local authorities to guarantee stakeholder cooperation and facilitate effective project implementation. The list of relevant offices participating in the project and the results of their involvement are shown below:

Ministry	Ministry Department / Agency	Type of engagement	Impact on the implementation of the project or the progression of the activities	ADRA Office
Ministry of Education Youth and Sport (MoEYS)-	Ministry of Education Youth and Sport (MoEYS)-School Health (SHD)	Trainer/Duty Bearer	Training curriculums developed, Knowledge and experience delivered, Advocacy/influence accelerated	ADRA Cambodia
	Provincial Education Department (PED)	Trainer/Facilitator	Knowledge and experience delivered, Technical Support was provided, and served as a PCC member for ToR approval, coordination to the National level, field activities monitored, and feedback provided	ADRA Cambodia
	District Education Department (DED)	Facilitator/Organizer	Technical support in education provided	ADRA Cambodia
	Ministry of Education National	Boardroom meeting and TOGETHER project discussion	Support for TOGETHER project to roll in schools	ADRA Kenya
	Department of Education	Consultation, Partnership	Co-facilitators/ trainers, co-implementors	ADRA Philippines
	Central Bicol State University	Consultation, Partnership	Co-facilitators/ trainers, co-implementors	ADRA Philippines
Ministry of Health (MOH)	Ministry of Health (MOH)	Trainer/Duty Bearer	Training curriculums developed, Knowledge and experience delivered, Advocacy/influence accelerated	ADRA Cambodia
	Provincial Health Department (PHD)	Trainer/Facilitator	Knowledge and experience delivered, Technical Support provided, Served as PCC chair for ToRs approval, coordination to the National level, field activities monitored and feedback provided, Lead in organizing the technical working group on Health (Pro. TWGH) sharing	ADRA Cambodia
	Health Operational District (OD)	Trainer/Facilitator	Technical Support in Health provided	ADRA Cambodia

	Health Centre (HC)	Counseling at Help centre	Counseling services provided to rights holders	ADRA Cambodia
	Ministry of Health	Planning meeting, review meetings and reflection	Received SRHR and SGBV facilitators Support from MOH county and sub-county	ADRA Kenya
	Health care workers	Participants during trainings	This has improved service delivery to the community as they enrich themselves with knowledge and good practices that speak directly to their line of duty.	ADRA Kenya
	Department of Health	Consultation, Partnership	Co-facilitators/ trainers, co-implementors	ADRA Philippines
	Commission on Population and Development	Consultation, Partnership	Co-facilitators/ trainers, co-implementors	ADRA Philippines
	Family Planning Organization of the Philippines	Consultation, Partnership	Co-facilitators/ trainers, co-implementors	ADRA Philippines
	Ministry of Health	Introductory meeting	A contact person for the project was identified to support the project in its interaction with the ministry of health	ADRA Uganda
Ministry of Interior (MOI)	Ministry of Interior (MOI)	Trainer/Duty Bearer	Training curriculums developed, Knowledge and experience delivered, Advocacy/influence accelerated	ADRA Cambodia
	Provincial Police and District Police	Trainer/Facilitator	Knowledge and experience delivered, Technical Support provided, Served as PCC member for approval, coordination to the National level, field activities monitored and feedback provided	ADRA Cambodia
	Commune Council (CC)	General Coordination/ counselor	The Community Action Plan (CA) reviewed and integrated into their current CIP	ADRA Cambodia
	Commune Police Post	Counselor at Help Centre	Information/SGBV cases shared with project team, Counselling serviced provided at community level	ADRA Cambodia
	Village Chief	Counselor/ Coordinator	Location, Venues, for trainings/events coordinated	ADRA Cambodia
	Office of Deputy County Commissioner	Invitation of ACCs and chiefs to be our partners in project implementation	It enabled project staff reach to the most interior parts of Turkana west Subcounty to implements our activities with the help of chiefs who are contact with community members	ADRA Kenya
	National Police service	Regular meetings	Provision of escort in insecurity prone zones	ADRA Kenya
	Administration police	Participants in advocacy forum	Sharing the gaps on SGBV and SRHR policy implementation has enabled us together with the duty bears to draft a greed way forward.	ADRA Kenya
	Department of Refugee Services	Planning meetings and data collection	Granted permission to work in Kalobeyei refugee settlement,	ADRA Kenya

	Provincial, Municipal and Barangay Local Government Units of project areas	Consultation, Partnership	Co- implementors	ADRA Philippines
	National Commission on Indigenous Peoples	Consultation, Partnership	Co-facilitators/ trainers, co-implementors	ADRA Philippines
	District Local Authorities (Agago, Kitgum, Lamwo and Pader)	Planning meeting	Establishment of a joint Project steering committee at each district to support and backstop the ADRA Projects including TOGETHER project	ADRA Uganda
Ministry of Women Affairs (MOWA)	Ministry of Women Affairs (MOWA)	Trainer/Duty Bearer	Training curriculums developed, Knowledge and experience delivered, Advocacy/influence accelerated	ADRA Cambodia
	Provincial Women Affair Department (PWA)	Trainer/Facilitator	Knowledge and experience delivered, Technical Support provided, served as a PCC member for ToR approval, coordination to the National level, field activities monitored, and feedback provided	ADRA Cambodia
	District Committee of Women and Children (DCWC)	Facilitator/Organizer	Technical support in Gender Equity provided SRHR, SGBV training facilitated to Rights Holders, Counselling Services provided at the Help Centre	ADRA Cambodia
	Director Gender (National)	Facilitator and Participant during advocacy forum on SRHR and SGBV policy implementation forums	By participating during advocacy forum, he has been advocating for SRHR and SGBV policy implementation and it received well since the other duty bearers see him as one of their own.	ADRA Kenya
	Department of Social Welfare and Development	Consultation, Partnership	Co-facilitators/ trainers, co-implementors	ADRA Philippines

3.2 CHANGES TO PROJECT GOVERNANCE

During Y2, a number of management issues were resolved to improve the project's implementation. In Cambodia, different project component teams are unable to coordinate payments for partners, resulting in late financial reports. To address this issue, one field team support assistant (FTSA) was hired to assist the finance assistant (FA) in collecting financial reports and clearance for a period of six months. Additionally, to support financial decision making and guidance, the project is currently in the process of making additional financial schedules that detail approved partner expense/payment details. This is being done to ensure that approved and documented practices are used and enforced for types of travel allowances such as per diems, transportation, accommodation, and others for all project activity.

Furthermore, due to delays in the conduct of midwifery network meetings and the organization of cross-cutting activities such as shopping booths and night show campaigns were delayed. As a result, the project hired a BCC officer in February to assist the project team in expediting the process. The BCC officer helped the specialist and HSS consultants in conducting midwifery network meetings and has supported BCC specialists in conducting shopping booths and night shows in 12 villages. Also, the schedule of the team was revised so that the completion of the reports would be prioritized, and new deadlines would be established in plenty of time for review. This was done to ensure that the report submission would be efficiently managed. In Kenya, there has been a change in project leadership. As a result of the project manager's resignation due to medical reasons, the MEAL officer has undertaken management responsibilities. In order to replace the vacancy, a new MEAL officer has been hired. The Field Accountant and Administrative Assistant have also relocated to the field office in order to provide support for the project team.

Some significant decisions were taken at stakeholder meetings. The results of the Y2 annual survey were delivered to the stakeholders in Cambodia, and the results were validated after they were presented. In Uganda, it was decided during one of the discussions with the stakeholders that the Straight Talk Foundation, which is the Local Partner, will offer assistance to secondary school students in order for them to have access to 21st century skills and profit from the project, while ADRA will focus on the primary schools.

3.3 CHANGES TO RISK ANALYSIS

Risk Issue/Event	Likelihood (before mitigation)	Impact (before mitigation)	Explanation for change to risk and mitigating measures
Cambodia NEW RISK: Limited capacity of CMC/CoLMEAL members to follow the CoLMEAL process and reach the target set for CMCs to implement small grants.	Medium	High	In October, the CoLMEAL focal person from ADRA Cambodia conducted a workshop with Community Facilitator staff to develop the contextualized process of CoLMEAL practice, but still maintain its core elements. The contextualized process would take shorter time to complete as well as easier to understand for the CMC/CoLMEAL members, so that the target set would be achieved easier.
Cambodia NEW RISK: The trained CCWC/ trained CC would have limited time for facilitating sessions in community as they are busy at their commune work-base.	High	High	Project team will consult with each CCWC/trained CC to allocate appropriate time for facilitating the sessions. For those who don't have sufficient time, project team will work with those CCWCs to select the potential/capable VHSGs/youths champion and train them so that they are able to facilitate the sessions. For any villages that VHSGs/Youth are weak, CCWC will lead for the facilitation sessions. In cases where these are not available, the cluster facilitator will step in to fulfill complete the task
Kenya NEW RISK: Worsening drought situation leading to acute water and food insecurity	High	High	The current worsening drought situation has led to severe acute water and food insecurity thus directly threatening the project gains under the WASH and Nutrition related outcomes and outputs In the Y3 Annual Work Plan there is already a proposal for a modification of the interventions under output 1221 to support establishment of water infrastructure in the form of wells to support kitchen gardening and WASH

<p>Uganda</p> <p>Transfer of government staff at the health facilities and schools</p>	<p>Medium</p>	<p>Low Medium</p>	<p>The changes in the impact from low to medium is due to the fact that the project may not be able to train the new staff in time and they in turn may not be able to provide the kind of services they are expected to and hence affect project outcomes. For example, recently there has been considerable number of project-trained teachers that were transferred outside the project area. The same thing is expected to happen to the Health Care Workers.</p> <p>Close coordination with District Local Governments (DLGs). Train more than the key staff especially the lower cadre that are often not as highly transferable as the senior staff.</p>
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3.4 EXPLANATION OF FINANCIAL VARIANCES

Spending by Category for the reporting period (represented in CAD and includes both GAC's share and ADRA's share):

Line-Item Breakdown	Forecast	Actual			\$ Variance	% Burn Rate
		GAC	ADRA	Total		
Remuneration/Fees						
Remuneration- Organization's Employees	520,871	-	525,012	525,012	- 4,141	101%
Remuneration - Local Employees	1,515,863	1,445,456	-	1,445,456	70,407	95%
Sub-Total- Remuneration- Organizations Employees in Canada and Overseas	2,036,735	1,445,456	525,012	1,970,468	66,267	97%
Canadian Subcontractors	376,249	269,341	266,915	536,256	- 160,007	143%
Local - Subcontractors	298,135	249,394	-	249,394	48,741	84%
Sub-Total- Fees- Subcontractors	674,385	518,735	266,915	785,650	111,265	116%
Sub-Total-Category: Remuneration/Fees	2,711,119	1,964,191	791,927	2,756,118	44,999	102%
Reimbursable Costs						
Travel Costs	475,305	424,933	-	424,933	50,373	89%
Other Training Costs	1,506,139	1,424,071	-	1,424,071	82,068	95%
Goods, Assets and Supplies	247,892	224,619	-	224,619	23,273	91%
Project Administration Costs Directly Related to the Project	206,054	204,567	-	204,567	1,487	99%

Other Direct Costs			-		-	
<i>Data collections</i>	65,270	44,587	-	44,587	20,683	68%
<i>Dissemination meeting hosting costs</i>	7,189	10,831	-	10,831	3,642	151%
<i>Project visibility</i>	112,048	113,517	-	113,517	1,469	101%
<i>Incentives</i>	46,392	-	42,992	42,992	3,400	93%
<i>Start-up capital</i>	-	-	-	-	-	
<i>Small grants</i>	47,754	-	-	-	47,754	0%
<i>IMS IT maintenance costs</i>	602	-	-	-	602	0%
Construction	13,394	-	-	-	13,394	0%
Sub-Total- Category: Reimbursable Cost	2,728,039	2,447,125	42,992	2,490,117	237,922	91%
Compensation for Indirect Cost/Overhead	558,066	529,358	-	529,358		95%
Total Cost	5,997,225	4,940,673	834,919	5,775,593	192,923	96%

Canadian Subcontractors (143%): The final contract with Chalkboard was finalized after the PIP approval. This led to a timing difference between advance and projection. The year 3 annual work plan was since adjusted to reflect the payment terms. Further, higher payments than planned were released to Salanga based on work accomplishment.

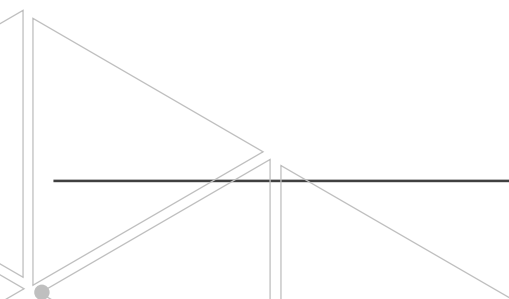
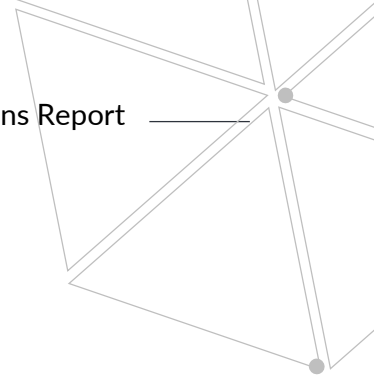
Data Collections (68%): There was a delay in securing approval from both Ethic Committee and Provincial Governor's office in Cambodia, this slowed down data collection specifically on Output 1322.

Dissemination meeting hosting costs (151%): The attendance especially with Kenyan Government officials from the National to the County and Sub- County level was significantly higher than anticipated. This led to higher hosting fee costs.

Small grants (0%): The release of small grants is delayed to year 3 when the COLMEAL groups are ready to comply with the selection and award process.

IMS IT maintenance costs (0%): During the project design, the plan is to procure Monitoring and Evaluation software. Since Salanga (Canadian Subcontractor) is providing this service, this budget category is no longer needed.

Construction (0%): The Help Centres were not rehabilitated in Year 2 due to a delay in completing the Construction Validation Plan (CVP).



4 ADDITIONAL PHOTOS



A participant answering questions based on the film she watched during a night show campaign in Cambodia



A CMC member facilitating the conduct of the assessment and design session (CoLMEAL) with the community in Cambodia



Training of Police & Village Security Group on Counselling in Cambodia



Lactating mothers attending a training session on proper breastfeeding in Kenya



A ColMEAL presentation during the TOGETHER Project Dissemination Meeting Kenya



REFLECT session on WASH for Female Adolescent CoSuG members in the Philippines



Adolescent Job Aid and Reproductive Health Care roll-out training of CHWs in the Philippines



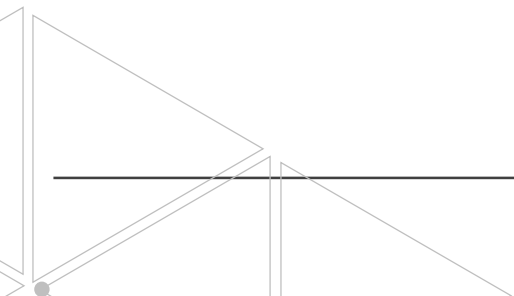
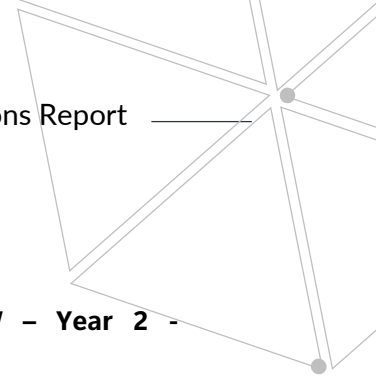
Lactating mothers and caregivers planting seeds in the new nursery bed during the Kitchen Gardening training in Uganda



An adolescent girl CMC member explaining the effects of GBV during the community validation of the Theory of Change in Uganda

5 APPENDICES

Appendix 1 - Outputs and Activities Reporting Worksheet - TOGETHER OARW - Year 2 - CONSOLIDATED





CONTACT US



20 Robert Street West
Newcastle, ON L1B 1C6
Canada



+ 1.888.274.2372



ADRA.ca



In partnership with
Canada