

Format for the narrative annual report 2011

(Guidelines for monitoring and reporting are provided for in a separate document)

UFBR programme of the SRHR Alliance

Version 1.1 of September 30

1. Project Report Information

Project Title: Unite for Body Rights, “My Choice, My future”

Organisation: Centre for Alternatives for Victimized Women and Children

Reference number (if applicable): 1511002

Date of Report: 20TH January, 2012

Reporting Period: January 2011-January 2012

2. Short update of relevant changes in country or project areas including consequences for the programme/project

The country is currently facing problems in the financial sector and this affected programme implementation. There was a devaluation of the countries money the Kwacha and this resulted in a rise in cost of commodities which did not match the initial budget. Furthermore there was shortages in accessing forex which resulted in scarcity of fuel. This affected monitoring of activities as days would pass without any filling station having fuel supplies.

Another crisis that was experienced was the shortage of drugs and supplies in the hospitals. As such even the Distributors of Contraceptives were trained, they stayed for 3 months without any supplies. This affected the programme much because the target group failed to access contraceptives as well as condoms.

Results per objective

Please use the result chain to fill in the relevant data for your project. The coloured boxes indicate where information is needed; for the 2011 annual report only output information is needed. If your project does not work on a certain indicator, please put n/a in the box. For a number of indicators special tables are provided below the result chain.

Result area 1: Civil society strengthening

SRHR result area: building SRHR capacity of civil society organisations

Output	Indicator output	Outcome	Indicator outcome	Priority areas				
Output 1.1.1 Increased collaboration between SRHR partners	Output Indicator 1.1.1a PO's are actively involved in relevant networks	Outcome 1.1 The SRHR sector is better able to individually and jointly implement interventions, learn and carry out lobby/advocacy activities and achieve sustainable results	Outcome Indicator 1.1a Increased strength of the SRHR sector in the CSI dimensions	CSI dimensions: Civic engagement; level of organisation; practice of values; perception of impact; environment				
	2011				2012	2013	2014	2015
	4							
Output 1.1.2 Increased capacity of persons in CSOs on SRHR	Output Indicator 1.1.2a number of CSO staff members trained to increase their knowledge and skills on SRHR, based on identified needs.							
	2011	2012	2013	2014	2015			
	2							

Result area 2: MDG 3, MDG 4-6
Strengthening Sexual and Reproductive Health and Rights Education

Output	Indicator Output	Outcome	Indicator outcome	Priority area
Output 2.1.1 Improved quality of content, methods and materials of comprehensive sexuality education ¹ (CSE) methods and materials	Output indicator 2.1.1a number of SRHR education programmes improved on quality standards of CSE	Outcome 2.1 Increased capacity of young people, women and men to make safe and informed decisions on SRHR issues	Outcome indicator 2.1a 50% of the exposed target groups has an increased capacity to make safe and informed decisions ²	MGD 4-6, area 3. Young people have an improved knowledge of and/or behaviour concerning HIV/Aids and/or reproductive health
	2011 2012 2013 2014 2015			
	-			
Output 2.1.2 Improved capacity of educators to deliver comprehensive sexuality education	Output indicator 2.1.2a number of educators trained to deliver comprehensive sexuality education			
	2011 2012 2013 2014 2015			
	30			
	Output indicator 2.1.2b number of educators with improved knowledge to deliver CSE			
	2011 2012 2013 2014 2015			
30				
Output 2.1.3 Access of target groups to formal and informal comprehensive sexuality education	Output indicator 2.1.3a number of young people, women and men who participated in			

¹ **Comprehensive Sexuality Education** (CSE) covers a broad range of issues relating to both the physical and biological aspects of sexuality, and the emotional and social aspects. It recognizes and accepts all people as sexual beings and is concerned with more than just the prevention of disease or pregnancy. CSE programmes are based on gender equity and should be adapted to the age and stage of development of the target group. CSE includes, among others, topics on gender, SRH, abortion, sexual citizenship, pleasure, violence, diversity and relationships.

² Increased capacity is among other aspects measured by increased knowledge on SRHR/HIV, and by increased negotiation skills in SRHR issues, including condom use.

	formal or informal CSE							
	2011	2012	2013	2014	2015			
	600							

Result Area: 2, MDG 3, MDG 4-6

Strengthening Sexual and Reproductive Health Services

Output	Indicator Output	Outcome	Indicator outcome	Priority areas
Output 2.2.1 Improved capacity of service providers to deliver SRH services	Output indicator 2.2.1a number of service providers trained to deliver SRH services	Outcome 2.2 Improved quality of SRH services	Outcome indicator 2.2a 70% of targeted services increasingly comply with IPPF standards for youth friendly services	MDG 4-5, area 1 Improved availability of SRHR services (prevention, treatment and care)
	2011 2012 2013 2014 2015		Outcome indicator 2.2b The number of young people in targeted areas satisfied with SRHR services is increased with 40%	
	54		Outcome indicator 2.2c 70% of targeted maternal health services increased their compliance to the (national) quality standard	
	Output indicator 2.2.1b number of trained health service providers with increased knowledge		Outcome indicator 2.2d The number of women in targeted areas satisfied with SRHR services is increased by 40%	
	2011 2012 2013 2014 2015			
54				
Output	Indicator Output	Outcome	Indicator outcome	Priority areas
Output 2.3.1 Providing access of target groups to formal and non-formal SRH services	Output indicator 2.3.1a number of facilities have increased availability of contraceptives,	Outcome 2.3 Young people and women are increasingly using SRH	Outcome indicator 2.3a 30% increase in the use of targeted SRHR services by	MDG 4, priority result area 2: Increased use of public and private SRHR services

	ART, ACT & antibiotics					services	young people and women		
	2011	2012	2013	2014	2015				
	-								
	Output indicator 2.3.1b							Outcome indicator 2.3b	
	number of SRH services provided by partner organisations to young people							Number of births attended by a skilled birth attendant in targeted areas is increased by 20%	
	2011	2012	2013	2014	2015		Outcome indicator 2.3c		
	n/a						20% increase in targeted areas of women who have 1-4 antenatal consultations		

Result Area: 2, MDG 3, MDG 4-6
Working towards an enabling environment for SRHR

Output	Output indicator	Outcome	Outcome indicator	Priority area
Output 2.4.1 Advocacy conducted on SRHR by Partner Organisations or country alliance	Output indicator 2.4.1a number of partner organizations with an implemented advocacy strategy and advocacy work plan on SRHR	Outcome 2.4 Young people, women and marginalised groups can exercise their SRHR in a more enabling environment	Outcome 2.4a SRHR policies and legislation implemented, changed, or adopted at local, institutional or national level, at least 2 per country	MDG 4-6; Priority result area 4.4; changes in policies and legislation
	2011 2012 2013 2014 2015			
	-			
Output 2.4.2 Involvement of communities and community leaders in SRHR awareness raising activities	Output indicator 2.4.2a number of community members and community leaders participating SRHR awareness raising activities at community level			
	2011 2012 2013 2014 2015			
	230			
	Output indicator 2.4.2b number of persons reached by SRHR awareness raising activities			
	2011 2012 2013 2014 2015			
1410				

Result Area 3: Strengthened Capacity of Southern POs
5 Core Capabilities

Output	Indicator Output	Outcome	Indicator outcome	Priority Area											
Output 3.1.1 Increased/improved capacity of key persons in Partner Organisations on: <ul style="list-style-type: none"> • SRHR • Sexual diversity • Sexual and Gender Based Violence • Gender issues • Meaningful participation of target groups • lobby and advocacy • PMEL and research 	Indicator 3.1.1a number of key staff members trained in the areas mentioned	Outcome 3.1 Partner organisations have increased capacities, especially in SRHR	Outcome indicator 3.1a 60% of all partner organisations have progressed on SRHR capacities and three other prioritised areas (SoV: 5C assessment)	5 core capabilities Capability to commit and act Capability to deliver on development objectives Capability to relate Capability to adapt and self-renew Capability to achieve coherence											
	<table border="1"> <thead> <tr> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				2011	2012	2013	2014	2015	2					
	2011				2012	2013	2014	2015							
	2														
	Output indicator 3.1.1b number of key staff members who have improved knowledge on the areas mentioned.														
	<table border="1"> <thead> <tr> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2011		2012	2013	2014	2015	2						
2011	2012	2013	2014	2015											
2															
Output indicator 3.1.1c POs have developed and implemented a capacity building plan (please state yes or no in the box)															
<table border="1"> <thead> <tr> <th>2011</th> <th>2012</th> <th>2013</th> <th>2014</th> <th>2015</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2011	2012	2013	2014	2015	Yes					Outcome indicator 3.1b 60% of partner organisations with improved involvement of target groups in all aspects of the programme				
2011	2012	2013	2014	2015											
Yes															

Result Area 4: International lobby and advocacy

Output	Indicator Output	Outcome	Indicator outcome	Priority area				
Output 4.1.1 Policy dialogue is influenced in favour of SRHR on international level and in the Netherlands	Output indicator 4.1.1a number of contact moments of Alliance Members with policy makers at National level	Outcome 4.1 Sustained or increased political and financial commitment towards SRHR for all in the Netherlands and at UN level	Outcome indicator 4.1a The % of the budget for Dutch development cooperation assigned to SRHR is maintained or increased	Agenda setting Effective participation in policy debates				
	2011				2012	2013	2014	2015
	n/a							
	Output indicator 4.1.1b number of international meetings with political relevance on SRHR attended by alliance members or partner organisations		Outcome indicator 4.1b Renewed SRHR agenda at UN level after 2014					
	2011				2012	2013	2014	2015
	n/a							

Result area 1 Civil Society strengthening

Output 1.1.1

Increased collaboration between SRHR partners

Output indicator 1.1.1a

Implementing organisations are actively involved in relevant networks

Name of the network	Type of network - SRHR or NGO network - National or local level - Formal or informal	The role of your organisation in this network	Membership since [year]
NGO-Gender Coordination Network	NGO network on gender issues National level Formal	CAVWOC acts as the secretariat that coordinates Gender Based Violence activities implemented by partners in the network.	2003
Coalition of Gender and HIV AIDs in Malawi	NGO Network on gender and HIV AIDs issues National level	CAVWOC;s role in this network is taking part in advocacy activities dealing with Gender and HIV/AIDs	2010
AGANET-Advocacy for Adolescent Girls Network	NGO Network National level	CAVWOC's role in this network is to advocate for Adolescent girls Sexual Reproductive Rights	2011
Malawi SRHR Alliance	Sexual Reproductive Health and Rights Network	CAVWOC's role in this network is to address SRHR issues that are at stake in Malawi. With its relevant experience in addressing issues of Gender the organisation is responsible for providing expertise in this field to the other partners	2011

Please add more rows to the table if necessary.

Output 1.1.2

Increased capacity of persons in CSO's on SRHR

Indicator 1.1.2a

CSO staff members trained to increase their knowledge and skills on SRHR based on identified needs

Main topic(s) of the training	Title of the training	Number of women trained	Number of men trained	Number of staff members per type of organisation:			
				local organizations	Networks	community groups	Other
Orientation in Comprehensive Sexuality Education	Components of CSE	2					

Please add more rows to the table if necessary.

Result area 2 (MDG's) Sexuality Education

Output 2.1.1

Improved quality of content, methods and materials of comprehensive sexuality education methods and materials

Output indicator 2.1.1a

SRHR education programmes improved on quality standards of comprehensive sexuality education

Please describe what has been done to improve the quality of CSE methods and materials. What steps have been taken?

This was a joint activity that was carried out recently (25th-28th January 2012) as alliance members and was coordinated by College of Medicine- Centre for Reproductive Health. The process involved reviewing both formal and non-formal current methods and materials of comprehensive sexuality education. The steps that were followed were basically looking at the content and comparing with the guidelines set by UNESCO and IPPF. The gaps in the content were then identified and recommendations were agreed on by the whole group.

However the final report of the Review process has not been developed. The materials that were reviewed were Peer Education Manuals, Life Skills as well as Sexual Gender Based Violence.

Output 2.1.2

Improved capacity of educators to deliver comprehensive sexuality education

Output indicator 2.1.2a

Educators trained to deliver comprehensive sexuality education

Output indicator 2.1.2b

Educators with improved knowledge to deliver comprehensive sexuality education

Table x Number of educators trained and number of educators with improved knowledge, title and main topic of the training, by sex and type of educator

Main topic of the training	Title of the training (must be the same as indicated in the previous table)	Type of educator//Number of participating educators and number of educators with improved knowledge																	
		Teacher		Peer educator				community worker				health worker				other (please specify) intermediaries- bicycle taxi operators			
		F		M		F		M		F		M		F		M			
		Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved		
Making it easier for educators to talk about sexuality	Communicating about sexuality with adolescents				9		21												
Elements of Peer Education	Qualities of a good peer educator				9		21												
Gender and Relationships	Recognising Healthy and unhealthy relationships				9		21												
Values, attitudes and skills	Norms and peer influence				9		21												
Adolescent and Development growth	Physical and emotional changes				9		21												
Sexually Transmitted Diseases including HIV/AIDs	STI Prevention and condom use and demonstration				9		21												

Sexual Reproductive Health and Pregnancy prevention	Types of contraceptives						9		21													
Sexual and Reproductive Health and rights	Rights of young people						9		21													

Please add more rows to the table if necessary.

Output 2.1.3

Access of target groups to formal and informal comprehensive sexuality education

Output indicator 2.1.3a

Young people, women and men who participated in formal or informal comprehensive sexuality education

Activity (title or short description)*	Main topic(s)	Number and type of participants							
		girls 10-24	boys 10-24	women 24+	men 24+	community leaders (F/M) (please specify what type of leaders and their sex) Traditional Chiefs, Religious Leaders and Initiation Counsellors			
Orientation of Community leaders in CSE	Definition and components of CSE							F 26	M 54
Orientation of School Management Committees, teachers and parents in CSE.	Definition and components of CSE			25		45			

Formal CSE

Target group	Age 10-14		Age 15-19		Age 20-24		Total number
	F	M	F	M	F	M	
Young people	1	-	4	8	4	43	60

Informal CSE

Target group	Age and sex						Total number
	10-14		15-19		20-24		
	F	M	F	M	F	M	
Young people	50	80	161	236	267	406	1200
LGBT							
Women (aged 24+)	51						51
Men (aged 24+)	99						99

Please add rows for your specific target groups

Please fill in the table below, about the process and progress so far (including your country specific indicators)

For this result area 2 MDGs (SRHR education) , please describe:

A concise description of successes (maximum 700 words). Please provide at least three quotes of staff members and/or beneficiaries if possible.

There have been successes that have been registered in the first year as far as Sexual Reproductive Health Rights Education is concerned. Firstly 60 educators that comprised of young people from youth clubs in the target area as well as intermediaries who are bicycle taxi operators. These are responsible for providing sexuality education to other youths in the youth clubs thereby spreading information further. The use of already existing structures such as the youth clubs is crucial because it promotes sustainability after the project. “ It is really great that CAVWOC is building our capacity in sexuality education because the club members were not initially trained but now we will be able to teach our fellow youths on the information and values and skills that we have gained from this training.”

Furthermore gatekeepers in the communities were also oriented in Comprehensive Sexuality Education so as to gain their support thereby encouraging young people to attend session in CSE. Among the gatekeepers were also initiation counsellors who are responsible for disseminating sexuality education to adolescent but the information is most of the times incomplete so it was very important to include them in the sessions. One chief had this to say “ I think it is better to give correct information to your child on sexuality especially to the girl child to avoid early pregnancies and school drop outs.”

Another group of people that was oriented were teachers and headmasters of skills. The

teachers were patrons of School Based Life skills clubs. It was noted that the teachers are not trained in Comprehensive Sexuality Education and thus it is difficult for them to handle sensitive topics like human development. This identification helped in formulating 2012 plans which have included a training session of teachers in Comprehensive Sexuality Education.

Are you on track to reach the target set?

Yes we are on track in reaching the target set by the Country Alliance

If not, please describe why.

What will be your follow up, how will the programme be adapted to get back on track? Or does the objective need changing? Please explain

Result Area 2 (MDG's) SRHR Services

Output 2.2.1

Improved capacity of service providers to deliver SRH services

Output indicator 2.2.1a

Service providers trained to deliver SRH services

Output indicator 2.2.1b

Trained health service providers with increased knowledge

Table x Number of service providers trained and number of service providers with improved knowledge, title and main topic of the training, by sex and type of educator

Main topic of the training	Title of the training	Type of service provider//Number of participating service providers and number of service providers with improved knowledge																				
		Health clinic staff				Village health worker				TBA				Doctors				other (please specify) Youth Community Based Distribution Agents for Contraceptives				
		F		M		F		M		F		M		F		M		F		M		
		Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	
<ul style="list-style-type: none"> Malawi population and its dynamics 	<ul style="list-style-type: none"> Malawi population and its dynamics 																			14		10
<ul style="list-style-type: none"> Principles of family planning in Malawi 	<ul style="list-style-type: none"> Principles of family planning in Malawi 																			14		10
<ul style="list-style-type: none"> Adolescence and development growth in youth 	<ul style="list-style-type: none"> Adolescence and development growth in youth 																			14		10

○ ○ Basic needs for the youth	○ ○ Basic needs for the youth																			14		10	
○ Problems faced by youth	○ Problems faced by youth																				14		10
○ ○ Advising youth in promoting SRHR	○ ○ Advising youth in promoting SRHR																				14		10
• Roles of youth the communities	• Roles of youth the communities																				14		10
• Gender	• Gender																				14		10
• Discovering a village	• Discovering a village																				14		10
• Misconception about contraceptives	• Misconception about contraceptives																				14		10
• Facilitation in public	• Facilitation in public																				14		10
• Counseling	• Counseling																				14		10
• Discussions on family planning	• Discussions on family planning																				14		10
• Training manual for a CBD	• Training manual for a CBD																				14		10
• Records keeping	• Records keeping																				14		10

Main topic of the training	Title of the training	Type of service provider//Number of participating service providers and number of service providers with improved knowledge																		
		Youth Friendly Health Service Providers																		
		Health clinic staff(19 Health workers)				Village health worker				TBA				Doctors				other (please specify) 2 Youths, 5 teachers, 2 police officers and 2 child protection officers		
F		M		F		M		F		M		F		M		F		M		
Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	
1. Meaning of adolescence and its implications to public health	Definition of adolescent, youth, young people		12		7													3		8
2. Introduction to Sexual and Reproductive Health in Young People	Understanding SRH of young people		12		7													3		8

3. Sexually Transmitted Infections	STIs and how they are transmitted		12		7														3		
4. Pregnancy preventions and fertility regulation in young people	Types of contraceptives		12		7														3		
5. Care of adolescence pregnancy and child birth	Special care of Adolescent pregnancies		12		7														3		
6. Unsafe abortion	Consequences of unsafe abortions		12		7														3		
7. Sexual Abuse	EEffects of sexual abuse		12		7														3		

8. HIV/AIDS and young people	Needs of Young people living with HIV/AIDs		12		7													3		8
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Output 2.3.1

Providing access of target groups to formal and non-formal SRH services

Output indicator 2.3.1a

Number of facilities that have increased availability of contraceptives, ART, ACT & antibiotics

Table x: out of stock problems for contraceptives, ACT, ART, and antibiotics for targeted clinics in [country]

		CHIKHWAWA DISTRICT HOSPITAL					[name clinic]					[name clinic]					[name clinic]				
		'11	'12	13	'14	'15	'11	'12	'13	'14	'15	'11	'12	'13	'14	'15	'11	'12	'13	'14	'15
Contraceptives	Don't know																				
	Never																				
	Sometimes	X																			
	Frequently																				
	(Almost) always																				
ACT	Don't know																				
	Never																				
	Sometimes	X																			
	Frequently																				
	(Almost) always																				
ART	Don't know																				
	Never																				
	Sometimes	X																			
	Frequently																				
	(Almost) always																				
Antibiotics	Don't know																				
	Never																				
	Sometimes	X																			
	Frequently																				
	(Almost) always																				

Please copy the table if there are more than four clinics.

Output indicator 2.3.1b

SRH services provided by partner organisations to young people and adults

Table x: Service records for Malawi, for the October to December 2011 period: number of young people and adults using SRHR services, in numbers, by service

Service	Young people						Total number of young people	Adults		Total number of adults
	Girls			Boys				Women (24+)	Men (24+)	
	10-14	15-19	20-24	10-14	15-19	20-24				
Condom distribution										
Antenatal care	use the disaggregated rows below									
once	1	122	199	n/a	n/a	n/a	322	347	n/a	347
twice				n/a	n/a	n/a			n/a	
three times				n/a	n/a	n/a			n/a	
four times				n/a	n/a	n/a			n/a	
more times				n/a	n/a	n/a			n/a	
Pregnancy test	1	37	42	n/a	n/a	n/a	80	86	n/a	86
Contraceptives: <i>Please provide details on range of choice provided [add rows to the table]</i> Pills	0	50	169				219	27		27
Births attended by skilled birth attendant	1	85	157	n/a	n/a	n/a	243	154	n/a	154
VCT for HIV										

STI screening										
Counselling on safe sex, sexuality and life skills: <i>Please specify what exactly is provided [add rows to the table]</i>										
Referrals for all services not provided (<i>with follow-up mechanisms in place</i>)										
Psycho-social support for young people living with HIV/Aids										
Support for victims of sexual violence										
Emergency contraception				n/a	n/a	n/a			n/a	
Post-abortion care*	8	25	83	n/a	n/a	n/a	116	93	n/a	93
Other services: please specify [add rows to the table]										

* Including incomplete abortion care, counselling and post-abortion contraception- **Data provided for Post-Abortion care is for the whole year 2011.**
N= [number of clinics]

Please fill in the table below, about the process and progress so far (including your country specific indicators)

For this result area 2 MDGs (SRHR services), please describe:
A concise description of successes (maximum 700 words). Please provide at least three quotes of staff members and/or beneficiaries if possible.
In 2011 CAVWOC managed to train 54 service providers(24 Youth Distributing Agents of Contraceptives and 30 service providers in Youth Friendly health services) contributing to the set country indicator of 200 trained service providers. The District Health Officer had this to say when she was invited to give a speech at the end of a training session in Youth

<p>Friendly Service, “As a district Hospital we appreciate the support that CAVWOC is providing through the Dutch Government because we on our own cannot manage to provide these trainings to staff since priority at the hospital mostly is mostly on the procurement of drugs unlike providing trainings.”</p> <p>Furthermore a Quality of Care Assessment was carried out that will assist the District Management Team to make improvements in its delivery of SRH services. The assessment will also act as a baseline for the project which shall be referred to from time to time to measure success.</p> <p>Furthermore the assessment also identified issues that can contribute to the advocacy plans such as the stock outs of drugs that the hospital experiences.</p>
<p>Are you on track to reach the target set?</p> <p>With this progress, we are confident that we are on the right track in achieving the target set.</p>
<p>If not, please describe why.</p>
<p>What will be your follow up, how will the programme be adapted to get back on track? Or does the objective need changing? Please explain</p>

Result area 2 (MDGs) Enabling environment for SRHR

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Output 2.4.2

Involvement of communities and community leaders in SRHR awareness raising activities

Output indicator 2.4.2a

Community members and community leaders participating SRHR awareness raising activities at community level

Activity (title or short description)*	Main topic(s)	Number and type of participants					
		girls 10-24	boys 10-24	women 24+	men 24+	community leaders (F/M) (please specify what type of leaders and their sex) Traditional chiefs	
Community meetings to promote Sexual and Reproductive Health Rights	Family Planning Sexually Transmitted Diseases including HIV/AIDS Condom use Safe motherhood Importance of ANC visits Adolescent Sexual Health Harmful Cultural Practices	312	185	443	209	F	M
						12	30
Awareness raising for counselling services for victims of SGBV	Explaining Sexual Gender Based Violence Causes of SGBV Consequences of SGBV Roles of Communities in stopping SGBV Where to report SGBV cases Counselling Services available for SGBV victims	252	150	360	172	F	M
						6	25

Activity (title or short description)*	Main topic(s)	Number and type of participants				
		girls 10-24	boys 10-24	women 24+	men 24+	community leaders (F/M) (please specify what type of leaders and their sex)
Training of Sexual Gender Based Counsellors						
Human Rights	Understanding the concept of human rights	12	18			
Rights of the child and women	Reasons why women and children are special groups	12	18			
Gender	Defining concepts in Gender	12	18			
Gender Based Violence	Understanding GBV	12	18			
Sexual Gender Based Violence	Types of SGBV	12	18			
Causes of SGBV	Understanding the	12	18			

	causes of SGBV					
Consequences of SGBV	Understanding the consequences of SGBV	12	18			
Attitudes, beliefs and practices to SGBV	Knowing the attitudes, beliefs and practices to SGBV.	12	18			
Reporting cases of SGBV	Where to report SGBV cases	12	18			
Counselling Victims of SGBV	Skills and techniques in SGBV	12	18			

Please add more rows to the table if necessary.

* community meetings where SRHR is discussed, information workshops, theatre, media broadcasts (radio, television)

Please fill in the table below, about the process and progress so far (including your country specific indicators)

For this result area 2 MDGs (SRHR enabling environment), please describe:

A concise description of successes (maximum 700 words). Please provide at least three quotes of staff members and/or beneficiaries if possible.

We are on track in reaching the country target and the first year was successful in that we managed to collaborate with community leaders whose support is crucial for the project to

<p>succeed. The chiefs help in mobilizing the communities to attend meetings. Traditional Authority Mlilima had this to say about the project “We appreciate the fact that we are going to have this project in our area and we hope that we are going to work together to eliminate some of the backward cultural practices especially early marriages.</p>
<p>Are you on track to reach the target set?</p> <p>Yes we are on track to reach the target set.</p>
<p>If not, please describe why.</p>
<p>What will be your follow up, how will the programme be adapted to get back on track? Or does the objective need changing? Please explain</p>

Result area 3 Capacity building

Output 3.1.1

Increased/improved capacity of key persons in implementing organisations on:

- SRHR (including youth friendly services (YFS), safe abortion, maternal health)
- Sexual diversity (LGBT issues (lesbians, gays, bisexuals and transgender))
- Sexual and Gender Based Violence
- Gender issues
- Meaningful participation of target groups
- Lobby and advocacy
- PMEL (planning, monitoring, evaluation and learning) and research

Output indicator 3.1.1a

Key staff members trained in the areas mentioned

Output indicator 3.1.1b

Key staff members who have improved knowledge on the areas mentioned.

Table x Number of key staff members trained and number of key staff members with improved knowledge, title and main topic of the training, by sex and type of key staff member

Main topic of the training	Title of the training	Type of staff member//Number of participating staff members and number of staff members with improved knowledge															
		[function, e.g. field staff]				[function, e.g. management]				function, e.g. ...]				[function, e.g.]			
		F		M		F		M		F		M		F		M	
		Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved	Part.	Improved
Research Formulation	Training in Research methods						1										
Youth Friendly Health Services	Basic Concepts in Youth Friendly Health Services						2										

Please add more rows to the table if necessary.

Please fill in the table below, about the process and progress so far.

<p>For this result area 3 'Capacity building', please describe:</p>
<p>A concise description of successes (maximum 700 words). Please provide at least three quotes of staff members if possible.</p> <p>2 Programme staff members attended a training in Research Methodology that was Coordinated by College of Medicine- Centre for Reproductive Health. The training was a success in the way that the staff members were equipped in the basic methods of research as well as the components of a research proposal. At the end of the training, the participants were given a practical exercise in developing a research proposal which they were able to do and will thus assist them in developing a research proposal as well as carry out research in future. The project officer who attended the training had this to say about the training session; "After attending the training in Research, I can not wait to go back in office and formulate a research proposal because I now have the confidence to do so.</p> <p>Furthermore two staff members(one programme officer and field officer) attended an orientation session in Youth Friendly Health Services that was Coordinated by a partner organisation- Family Planning Association Of Malawi(FPAM).The orientation session was a success considering that CAVWOC is still learning in the field of Youth Friendly Health Services. The orientation also included a site visit to a nearby health centre to learn how YFHS is being implemented. The field visit was an eye opener since the participants had the opportunity of talking to young people at the centre who gave an insight into how YFHS programmes are implemented and the challenges. This gave the staff members an insight into how they will implement their programme in YFHS. " It will be easier for me to develop advocacy interventions for YFHS now that I have known the standards required for such services and the needs of young people." , commented the Programme Officer who attended the training</p>
<p>Are you on track to reach the target set?</p> <p>The organisation is on the right track in reaching the target set in building its capacity in the seven areas. This has been addressed in the yearly plans and if this trend continues up to 2015 then we will achieve the targets set.</p>

If not, please describe why.
What will be your follow up, how will the programme be adapted to get back on track? Or does the objective need changing? Please explain

Result area 4 International lobby and advocacy

Only one of the output and outcome indicators needs to be reported on by the implementing organisations. The others will be reported on by the UFBR alliance.

Output 4.1.1

Policy dialogue is influenced in favour of SRHR on international level and in the Netherlands

Output indicator 4.1.1b

International meetings with political relevance on SRHR attended by alliance members or implementing organisations

Name of the international meeting	Name of the person who attended (please state age, sex, and position within the organisation as well)

Please add more rows to the table if necessary.

4. Youth participation

Guidelines for reporting

Please describe your organisation's strategy with regard to youth participation.

What were the plans of your organisation with regard to youth participation for 2011? And what has been done?

The organisation planned to involve young people in project implementation since they comprise the main target group. As such youths from the target area had their capacities built in various areas such as peer education, sexual gender based violence, distributors of contraceptives and Youth Friendly Health Service providers. We also give room to seek the Youth's views on Programme direction so that sustainability is ensured.

Please reflect on the process and its results.

The results have been positive so far because young people are taking part in the project implementation as they have owned up the project.

5. Sustainability

Guidelines for reporting

What is your organisation's definition of (or view on) sustainability?

The organisation views sustainability as being interventions that have long term benefits that can go on without necessarily using monetary resources. This could be achieved by empowering the communities and building their capacity to implement different interventions.

How does your organisation plan to work on sustainability?

- CAVWOC will instil the spirit of ownership of all project activities to project beneficiaries and the community. This will enable most of activities to be implemented by the community themselves which will be easy to continue even after the funding phases out.
- Community members will be contributing a little for the maintenance of the

equipment such as the bicycle ambulances. This will ensure sustainability beyond the funding period. All the equipments will be left in the community for them to manage and run them.

- Furthermore one of the strategies that will be employed is capacity building of local communities which we believe will translate into the community being fully capable of continuing the activities because they will by then have seen the need and benefits of the project.

CAVWOC will work closely with Government structures to ensure a smooth carry over when the project comes to an end.

Please describe how and when and with whom your organisation has discussed sustainability issues.,

CAVWOC has discussed with Community leaders and Area Development Committees on the sustainability of the project. This was done at the onset of the project when briefing meetings were being conducted.

6. Gender

Guidelines for reporting

Please describe your organisation's gender strategy. Or describe the discussions on formulating a gender strategy.

The gap of not having Diversity and anti-discrimination policies and practices for the organisation came about during the Organisational Capacity Assessment exercise that was conducted in May 2011. The issue of gender and diversity were included in the action plan and this shall be addressed as soon as possible because it was classified as intermidiete.

What were the plans of your organisation with regard to including gender issues (e.g. sexual diversity, sexual violence) for 2011? And what has been done?

In 2011, CAVWOC addressed the issue of sexual violence by training Youth Counsellors in Sexual Gender Based Violence and raising awareness in the communities. We also worked with Government departments like the police, Social Welfare and victim support unit to reduce cases in SGBV. The organisation however did not do much on

sexual diversity as it is a new area will need capacity building in the field. This has so far been included in the Organisational Capacity Building plan.

Please write a brief reflection on the process and its results.

7. Additional information that is relevant for this report, your organisation, the SRHR alliance, or other(s)

In the previous correspondence about your half year report we discussed about the backlog of CAVWOC due to late start of the project. At that time you had foreseen that some activities could not be feasible in 2011 and would be planned for 2012 (drop-in centre, quarterly meetings with the Health Care Advisory committee). Could you give us an overview of the activities that were not implemented according to schedule?

The activities that we did not manage to implement according to the schedule are the following:

Activity Number	Activity Description
1.1.3	Develop a Quality of Care improvement Plan
1.3.3	strengthen 9 com. based safe motherhood monitoring com.
2.1.6	Conduct quarterly youth club meetings to step down trainings to other youth in the community
2.1.7	Establishment of 1 drop in centre for ease access to IEC materials
2.2.4	Documentation of harmful cultural practices
3.2.2	District/national SRHR network of organisations supported

2) According to the report an assessment has been undertaken about the health facilities; are these findings shared? What were the most important findings?

3) Could you update us on the current progress of the advocacy plan of CAVWOC? We are also interested to learn about advocacy activities outside of the Simavi funding within CAVWOC, to explore collaboration opportunities.

Development of the advocacy plan was one of the activities that has delayed. However we have made progress to the extent of consulting the communities and staff members on possible areas of advocacy. The issues have so far been compiled into a draft plan that needs to be refined and eventually produce the final copy. The final plan should be ready by the first week of March and will be shared with SIMAVI.

4) How does CAVWOC evaluate the last year within the SRHR alliance? What things went well, did you see any changes with the target group? What would CAVWOC do differently? How was the collaboration with other alliance partners?

The first year with the SRHR alliance was mainly centred on setting the pace of the project therefore a number of meetings were conducted on how issues were to be tackled. The SRHR alliance was very crucial in the programme implementation because of its combination of various organizations with different expertise in various SRHR areas. Therefore there was interaction and supplementation of efforts within the alliance and where things were not clear we were able to consult one another.

As regards to the target group, there was extensive participation from the young people and the local leaders who were mobilized and informed about the programme. Our efforts were made easier because the chiefs were greatly involved and once their support was gained activities were done smoothly. In this year we intend to continue to involve the communities even more and we hope to include them in consultation meetings when we are formulating the 2013 plans so that the issues should come from them thereby promoting sustainability of the programme.

5) In your narrative reporting you describe that one of the outcomes of the OSA was that a gender and diversity policy is missing and that this is included in the action plan. I don't see this as an activity for the year 2012, when do you plan to do this? Is there need for any support?

A number of activities for capacity building were identified during the OSA exercise and these were laid down in an action plan. These activities were categorized as immediate, intermediate as well as those needing external support or not. We could not include all the activities that were identified as needing extra support in the 2012 plans as they could have taken much of the budget since they involve working with consultants. Therefore for 2012 we only included 2 activities from the OSA and these are Training in Lobby and Advocacy and Training in Appropriate SRHR thematic areas. Our plan is to be including these OSA action points in our yearly budgets therefore the gender and diversity policy formulation could be included in the 2013 plans since we have already developed the 2012 plans.