



part four

OUR PROGRAMMES IN NUMBERS



WASH SDG

Donor Dutch Ministry of Foreign Affairs

Consortium partners WASH Alliance International (WAI) | SNV | Plan International Netherlands.
The WAI consists of Simavi (consortium lead), Amref, Akvo, RAIN (Aidenvironment), WASTE (via Nedworc-STIP), IRC, Wetlands International, PRACTICA Foundation and RUAF (Hivos).

Description The WASH SDG programme responds to the Dutch commitment to contribute to the 2030 Agenda for Sustainable Development Goal (SDG) # 6, with the goal to reach an improved WASH situation for all. It aims to sustainably improve access to, and use of, safe drinking water for at least 450,000 people, sanitation for at least 2 million people and improve the hygiene behaviours of 1,6 million people before the end of 2022. This programme builds upon our experience leading the WAI and past programmes from 2011-2016.

Overall goals The WASH SDG programme is built on three core strategic objectives:

- increased demand for improved WASH facilities and practices through improved behaviour change interventions;
- improved quality of service provision, thus leading to increased availability and affordability of WASH products and services which contributes to sustainable and equitable access to WASH;
- strengthened WASH governance and institutional framework in the sector, leading to governments enabling efficient and effective delivery of inclusive and sustainable WASH services which contributes to sustainable and equitable access to WASH.

Gender and social inclusion will be an area of specific attention in each of the three strategic objectives as well as climate vulnerability and resilience.

Period 6 years (2017–2022)

Progress 2019 At the end of 2019, of the 15 sub-programmes, 14 were on track and one aims to catch up in 2020. All Consortium partners noted important progress in their sub-programmes in all three pathways indicated above. This included:

- positive attitude- and behaviour change in many of the communities resulting in improved sanitation and hygiene practices;
- an increase in the demand for WASH products and services;
- greater interest and involvement from WASH entrepreneurs and enterprises to provide these products and services;
- greater coordination and collaboration between the local authorities and different stakeholders.

Some 2019 highlights from the WASH Alliance International (WAI) sub-programmes in which Simavi has a lead role (Bangladesh, Nepal and Uganda):

- In Uganda, access to and use of WASH facilities and services increased significantly: from 68% to 83% Hygiene practices improved from 44% to 67% across the 105 project communities. The majority of women, men and children in these communities are now not practicing open defecation anymore which was rampant a year ago. Currently, most latrines have functional handwashing facilities with soap.
- In Bangladesh, local entrepreneurs were trained to recognise WASH services and products as a business opportunity. Approximately 287 now create their products according to the demand from the community. The monthly net profit per sanitation entrepreneur increased from around 4.000 BDT to 12.000 BDT (€120).
- In Nepal, through lobby and advocacy, meetings with elected representatives of municipalities and wards resulted in increased budget for WASH activities and infrastructure. Bheriganga Municipality has allocated NRs. 2,52,00,000 (€190K) and Barahataal Rural Municipality NRs.1,81,60,000 (€140K) for WASH activities.

In 2019, the programme also defined a learning question: “To what extent have the approaches to include the excluded in WASH decision-making been effective?” A set of activities were defined for 2019-22 with the aim to improve the programme and wider WASH sector’s knowledge on this question.

WASH SDG		Bangladesh		Nepal		Uganda		Overall	
Level	Indicator description	Result 2018-2019	Targets 2018-2019	Result 2018-2019	Targets 2018-2019	Result 2018-2019	Targets 2018-2019	Result 2019	Targets 2019
Output	# of demo facilities constructed at institutions	2	2	27	31	0	0	29	33
	# of demo facilities constructed at other public places	8	13	3	9	1	2	12	24
	# of direct awareness raising activities for the general public (on WASH) (# of meetings)	2,371	2,189	500	562	269	220	3,167	2,971
	# of dissemination meetings/ activities organised where these studies/mappings have been presented	72	120	20	16	15	27	107	164
	# of indirect awareness raising activities (# of times content is made public)	1,129	924	359	361	179	152	1,667	1,437
	# of trainings given	85	195	86	67	111	120	282	382
	# of people trained (e.g. entrepreneurs, community members, staff from institutions and local partners)	1,677	1,816	4,370	3,365	2,510	2,197	8,557	7,378
	# of people present at direct awareness raising activities	61,479	54,500	28,412	22,774	22,281	21,020	112,172	98,294
# of studies/mappings done	22	20	9	9	45	45	76	74	

Annual targets are set at the beginning of each year, as such there are no programme level targets.

More Than Brides Alliance (MTBA)	
Donor	Dutch Ministry of Foreign Affairs
Consortium partners	Save the Children Netherlands (lead), Oxfam Novib, Population Council
Description	Child marriage is a gross violation of children’s rights to health, protection, and bodily integrity, and an impediment to sustainable development. It often leads to negative health impacts, truncated education, lack of access to income generation opportunities, and increased risk of intimate partner violence. This programme builds upon our past UACM programme in India and Malawi.
Overall goals	<ol style="list-style-type: none"> 1. Empowering at risk and already married adolescents, girls in particular, with life skills education (LSE), CSE and SRHR information. 2. Providing alternatives to child marriage and mitigate the impact on married girls, through enhancing access to education-, economic opportunities-, and child protection systems for girls and their families. 3. Increasing access to SRHR services for young people. 4. Changing social norms. Challenging harmful customs, traditions, norms and practices is crucial in addressing child marriage. 5. Influencing legal and policy frameworks. A supportive policy and legal environment are crucial to our cause.
Period	5 years (2016–2020)
Progress 2019	<p>The fourth year of the MTBA sub-programmes in India and Malawi showed solid implementation as they achieved the intended results and show visible effects.</p> <p>Adolescent girls are now able to interface with government and the media, participate in community-based decision-making forum/platform, fight against gender-based violence and reach out to other girls groups. Girls lives are changing as they return to school, improve their livelihoods at family and community level, understand their sexual and reproductive health rights and reduce the prevalence of teenage pregnancy. Through behaviour change communications and training, men and boys are sensitive to gender inequality issues and the mal practice of child marriage, while the community mindset on the value of the girl child has improved. Lobbying and advocacy has engaged governments in change. Child protection committees are reformed, youth friendly services established, women’s desks at police stations established and a national symposium on ending Child marriage convened.</p>

More Than Brides Alliance		India			Malawi			Overall		
Level	Indicator description	Baseline	Result 2016-2019	Target 2016-2020	Baseline	Result 2016-2019	Target 2016-2020	Baseline	Result 2016-2019	Target 2016-2020
Impact	% girls that were married before 15	56%	42%*	–	19%	16%*	–	38%	29%	–
	% girls by age category and marital status, with basic correct knowledge on SRHR	14%	15%*	–	38%	51%*	–	26%	33%	–
Outcome	% girls, by age category and marital status, who know and can tell the legal minimum age at marriage for girls	62%	81%*	–	44%	64%*	–	53%	73%	–
	% of girls, by age category and marital status in school	58%	64%*	–	62%	64%*	–	60%	64%	–
	# documented cases of mediation for girls at risk of and affected by child marriage by Child Protection Committees, facilitated by the project	–	93	–	–	282	–	–	375	–
	# of these cases which resulted in a satisfying response for the girls concerned, in the reporting period	–	83	–	–	186	–	–	269	–
	# number of girls who can convince their parents to delay a marriage	–	1,123	–	–	253	–	–	1,376	–
Output	# of boys and girls trained by the project on SRHR, CM, communication skills	–	35,595	35,860	–	3,172	3,032	–	38,767	–
	# of youth groups formed	–	1,668	1,545	–	241	248	–	1,909	–

* Results for these indicators were assessed during midline evaluation in 2018

** Results in India have been adjusted to account for double counting

Making the Most of What We Know

Donor	Dutch Ministry of Foreign Affairs
Consortium partners	Save the Children Netherlands (lead), Oxfam Novib, Population Council
Description	Although there is a good understanding of the diverse drivers of child marriage, the evidence and experience base on what works in these different situations is not as strong as we would like (and need!) it to be. To remedy this, the MMWWK programme provides MTBA with a learning vision on the topic of linkages between adolescent sexuality and child marriage. It will facilitate cross-country thematic and strategic learning, capture evidence and support mutual capacity building as well as social innovation labs.
Overall goals	<ol style="list-style-type: none"> 1. Systematically unlock lessons learned from implementation and research on how social norms about female sexuality impact child marriage. Additionally, conduct girl-led research to create new insights on young role models. 2. Produce an interconnected set of public resources including learning briefs, pathways of change with assumptions and a factsheet with recommendations on how to design programmes in such a way that their evaluations can contribute to the evidence base. These products are expected to be beneficial for implementing partners, policy makers and donors alike. 3. Create a demand-led small grants mechanism, the Learning Exchange Facility (LEF), in close consultation with implementing partners and girls themselves. Following a fully demand-led approach, through this LEF, local organisations can tap into the support they need to more effectively design and implement interventions and thus contribute to them in achieving the Alliance’s objectives.
Period	23 months (August 2019–June 2021)
Progress 2019	During the orientation phase (November - December 2019) Simavi conceptualised LEF as a participatory grant making fund. Applying open space methodology to an online platform will allow multiple stakeholders from nine countries and three alliances to have spaces where they can share what they know, collaborate and co-create – new knowledge. In addition to a concept note, an operational budget was developed and preliminary suggestions for operations crafted.

Note: as the programme started at the end of 2019, there is no data to present.

Maji Kwa Afya ya Jamii (MKAJI)

Donor	Swiss Agency for Development and Cooperation
Consortium partners	Witteveen + Bos
Description	<p>MKAJI aims to establish sustainable safe water supply, sanitation and hygiene services at 94 primary health facilities in Dodoma region. WASH infrastructural works are complemented with capacity building activities on:</p> <ol style="list-style-type: none"> 1. O&M and water and financial management. 2. behavioural change communication for improved hygiene behaviour practices and safe motherhood. 3. leadership skills for women in water management. 4. social accountability.
Overall goals	<p>The overall goal of the MKAJI Project is to improve the quality of public health services provision by reducing the potential risk of outbreak of communicable diseases and infections during routine patient care and treatment and improved maternity health care and service delivery. More specifically, the overall objective of the programme is to improve access to water and sanitation, and hygiene promotion in 100 public primary health facilities (dispensaries and health centres) in the 7 districts of Dodoma region comprising a population of 2.16 million.</p>
Period	5 years (2014–2019)
Progress 2019	The programme that is funded by the Swiss Agency for Development and Cooperation (SDC), and implemented in partnership with Witteveen+Bos and Tanzanian partners CBHCC and UFUNDIKO has officially ended in 2019. The end evaluation showed good results related to the sustainable safe water supply, sanitation and hygiene services that were upgraded in 94 health facilities – providing women with a safer environment to deliver their babies. MKAJI also supported the WASH in Health Facilities Guidelines – which aim to improve hygiene levels in all health facilities in Tanzania.

Maji Kwa Afya ya Jamii (MKAJI)		Tanzania	
Level	Indicator description	Result 2015 - 2019	Target 2015 - 2019
Output	# Staff members from health facilities who have been trained on hygiene measures and protocols for equipment, personal hygiene and hygiene in the building and premises	310	270
	# Community members who have been trained on water governance	807	900
	# Water committee members who have been trained on WASH Financing and Business models	248	270
	# Community members and staff members from health facilities who have been trained on Operations & Maintenance of WASH facilities ¹	183	270
	# Health Facilities provided with an adequate, sustainable and safe water supply and sanitation facilities in the eight district councils of Dodoma region ²	94	90

1. In many of the Health Facilities, less staff were working than initially planned. MKAJI has identified the key community- and staff members that are responsible for the operation and maintenance, and they have been trained.
2. The MKAJI programme ended mid-2019. As the WASH services at the 90 Health Facilities are improved more cost-efficient than initially budgeted for, 4 extra Health Facilities were added to the target of 90.

Get Up Speak Out (GUSO)

Donor	Dutch Ministry of Foreign Affairs
Consortium partners	Rutgers (lead), IPPF, Choice, Aidsfonds, Dance4Life
Description	Many young people lack access to comprehensive SRHR information, education and services, severely limiting their ability to make informed SRHR decisions, protect their health and stand up for their rights. GUSO builds upon the past experiences in UFBR and ASK programmes and works towards improved SRHR for young people in seven countries.
Overall goals	<p>Overall: <i>All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people's sexuality.</i></p> <p>Outcome 1 Strengthened and sustainable alliances comprehensively address the SRHR of young people. Including sensitive issues.</p> <p>Outcome 2 Empowered young people increasingly voice their rights.</p> <p>Outcome 3: Increased utilisation of comprehensive SRHR information and education by all young people.</p> <p>Outcome 4: Increased utilisation of quality and youth-friendly SRHR services that respond to the needs and rights of all young people.</p> <p>Outcome 5: Improved social-cultural, political and legal environment for gender-sensitive, youth-friendly SRHR.</p>
Period	5 years (2016–2020)

Progress 2019

In 2019, the third year of full programme implementation, Simavi supported 13 local partners in their work to establish comprehensive sexuality information and education, improve access to quality youth friendly services and create a more supportive environment for sexual reproductive health and rights in their countries. We facilitated trainings on social accountability, menstrual health and resource mobilisation. Social accountability is a mechanism in which rights-holders (community members) hold dutybearers (service providers and government) accountable for improving SRHR services. This helps influence various stakeholders and directly influence their community. Menstrual health has proved to be an alternative entry point to discussing sexuality and providing comprehensive SRHR information in conservative settings. Resource mobilisation and fundraising are important skills and activities for the sustainability of the work post 2020 when the programme comes to a close.

As in previous years, in Indonesia, Kenya, Malawi and Uganda, Simavi had a lead role in strengthening country alliances. We provide direct support to the national country coordinators and supported many of the alliances to become legal entities and build sustainability plans for the future beyond the program. In 2019 we supported the consortium on operational research to help validate our assumptions and methods. These reports have shown that we are indeed achieving our goals. The programme has made great progress, particularly in the area of increasing knowledge about SRHR, but there is still room for improvement in the uptake of SRHR services among young people.

2019 was an important year for cumulative lobby and advocacy as growing conservatism and the 'global gag rule' (prohibiting NGOs that receive US global health assistance from providing legal abortion services or referrals) make the programme challenging, but more needed than ever. Here we have really seen the power and strength of the alliances that have been built and how they exercise their collective voices and power.

Get Up Speak Out		Ghana		Indonesia		Kenya	
Level	Indicator description	Result 2016-2019	Target 2016-2020	Result 2016-2019	Target 2016-2020	Result 2016-2019	Target 2016-2020
Output	# People reached by campaigns and (social)media ¹	173,226	69,304	1,856,568	453,500	3,172,742	302,400
	# People structurally involved in the implementation of the programme at community level (for example youth groups, CBOs, peer educators)	2,273	979	415	82	2,292	591
	# Service providers who have been trained in Youth Friendly Services (YFS)	945	649	85	25	645	168
	# SRH services provided to young people (except condoms)	94,955	68,512	3,685	3,600	812,836	202,000
	# Young people reached with (comprehensive) SRHR education	7,040	8,100	918	450	83,441	70,640
	# Young people reached with (comprehensive) SRHR information	48,112	38,155	3,426	50	180,321	127,090

Get Up Speak Out – continued		Malawi		Uganda		Overall	
Level	Indicator description	Result 2016-2019	Target 2016-2020	Result 2016-2019	Target 2016-2020	Result 2016-2019	Target 2016-2020
Output	# People reached by campaigns and (social) media	5,001,601	1,765,000	685,796	644,904	10,892,234	3,235,108
	# People structurally involved in the implementation of the programme at community level (for example youth groups, CBOs, peer educators) ²	1,502	5,418	1,870	2,110	8,352	9,180
	# Service providers who have been trained in Youth Friendly Services (YFS)	160	73	254	246	2,089	1,161
	# SRH services provided to young people (except condoms)	685,218	311,013	366,304	227,330	1,962,995	812,455
	# Young people reached with (comprehensive) SRHR education	105,577	125,750	–	–	196,969	204,940
	# Young people reached with (comprehensive) SRHR information ³	226,678	332,500	21,310	24,000	479,744	521,795

All these targets and results are the consolidated numbers of 5 countries and 12 local partners. Targets were set conservatively and will be in all cases met or overachieved.

1. In Kenya, the targets were already met (and exceeded in 2018) so all activities are adding to a larger sum. Though when you look closely most of the numbers given for 2019 are under 25% of the 4 year period so aren't that exciting and if anything are less than previous years). However, partners credit success to the joint activities with other alliance members helping achieve great numbers and success.
2. In Malawi, a large drop out rate of peer educators was seen mainly due to transportation challenges. In addition, there were no internal procedures in place to recruit interns and youth as staff in the implementation of the programme at community level, which resulted in under achievement of the set target.
3. Due to a loss in budget caused by a drop in the exchange rate from Euros to Malawian kwacha, two of the planned radio programmes which aimed to provide SRHR information and education were cancelled. In addition, there was a high rate of relocation and drop out of trainers of service providers in Youth Friendly Health Services and mobility problems to areas with transportation challenges meaning that less outreach could be completed. As a result the target was not achieved.

GUSO Flexibility Fund

Donor Dutch Ministry of Foreign Affairs

Consortium partners Aidsfonds (lead), Rutgers, IPPF, Choice, Dance4Life

Description GUSO Flexibility Fund project contributes to GUSO's Theory of Change and its targets are integrated into the GUSO M&E framework. Under this project (started in March 2018 in Uganda, managed as a separate project) the GUSO consortium and the Uganda SRHR Alliance in Uganda create an integrated SRHR and HIV community service delivery model. It brings together an innovative business, peer educators and peer providers models, which offers young people comprehensive SRHR and HIV information and services, and empowers young people in generating an income as healthy entrepreneurs (selling most essential SRHR, HIV and other health commodities and medicines).

Overall goals Young people in rural districts of Uganda (4 GUSO districts) provided with the SRHR and HIV information and services they desire; Young people empowered in generating an income.

Period 2018–2019

Progress 2019 In the last nine months of the GUSO Flexfund programme implementation, peer educators, peer buddies, peer providers and Community Health Entrepreneurs (CHEs) were able to put in place and practice the integrated SRHR and HIV community service delivery model. Extra funds were made available to improve the quality and sustainability of the model. Simavi partner conducted a refresher training on SRHR-HIV integration for CHEs and continued its support to CHEs in social accountability and referral activities, resulting in special youth days and health workers open to provide youth friendly services.

GUSO Flexibility fund		Nepal	
Level	Indicator description	Result 2016 -2019	Target 2016-2020
Output	# Peers trained in SRHR-HIV	673	607
	# Young people who participated in social accountability activities ¹	114	-
	# Complete referrals made by CHEs ²	584	200

1. No target was set for # of young people that participated in social accountability activities, as this is an unexpected result of the interaction between the FlexFund and the GUSO programme.
2. The high numbers of complete referrals were realised more in 2019 as a result of conducting a refresher training in complete referrals and linkages, continuous on job mentorship of CHEs, spot checks on the referrals made by CHEs, but also the join quarterly meetings between health workers and CHEs created a harmonious working relationship which contributed to high numbers in complete referrals made.

Our Lives, Our Health, Our Futures

Donor European Union

Consortium partners BNPS

Description The forgotten conflict in the isolated Chittagong Hill Tracts (CHT) area of Bangladesh gravely affects the lives of the indigenous Jummas (11 ethno-linguistically and religiously diverse people). Traditional patriarchal social structures disadvantage women and girls, and restrict their bodily and sexual autonomy. Together with the prolonged conflict, this increases their vulnerability. Our Lives, Our Health, Our Futures is a holistic programme design to support and empower indigenous women and girls to live their lives with dignity and without violence.

Overall goals **Impact:** Enable and support young women and adolescent girls from indigenous groups in the CHT of Bangladesh to transition into adult womanhood with dignity, and bodily and sexual autonomy, without violence, coercion and/or discrimination.

Specific objectives:

1. Local CSOs have strengthened their technical, methodological, financial and administrative capacity to effectively respond to the SRHR needs of young women and adolescent girls and foster their rights to live free from violence, coercion and discrimination;
2. Young women and adolescent girls from indigenous groups are empowered to make free and informed decisions about their SRHR (and are supported to do so), free of violence, coercion and discrimination.

Period 5 years (2019–2023)

Progress 2019 During this first year of implementation, we have selected and awarded grants to 10 locally based indigenous / women-led organisations in the CHT. We have focused on the capacity strengthening component starting with performing OCAs with the 10 CSOs. Informed on OCAS we have provided training and coaching, mainly on: finance and programme management, impact-oriented and women-centred programming, SRHR and GBV. We have invested in building trust and collaboration among all the local partners, focusing on ensuring their ownership of the programme. The programme was successfully launched in Bangladesh with the support of the Ambassador of the European Union in the CHT.

Our Lives, Our Health, Our Futures		Bangladesh	
Level	Indicator description	Result 2019	Target 2019
Output	# of advocacy and stakeholder meetings organised by local partners ¹	3	8
	# of local CSOs trained on impact-oriented and women-centred programming.	10	10
	# of local CSOs trained on SRHR, GBV and MH (WASH) thematic areas	10	10
	# of Organisational Capacity Assessments conducted	10	10
	% of activities implemented in line with quality requirements (see methodology)	89%	90%
	% of local CSOs receiving bi-annual monitoring visits and targeted technical assistance support.	100%	100%

1. The target of 8 is not for 2019, but rather the whole programme. In 2019, we had as target and budget to organize 2 meetings. We did 3. It is worth mentioning that in the overall programme logframe we had not set a target on this in 2019 nor for the whole programme. We have now defined a target of 15 for the whole programme (aiming at 3 meetings per year).

Watershed – Empowering Citizens	
Donor	Dutch Ministry of Foreign Affairs
Consortium partners	IRC, Wetlands International, Akvo
Description	Strategic partnership under the umbrella of the 'Dialogue and Dissent' policy framework from the Dutch Ministry of Foreign Affairs. Focused on capacity building of local CSO's in the area of policy influencing.
Overall goals	<p>Long-term objective: 'improved governance of the WASH sector, responsive to the interests of marginalised groups'.</p> <p>Overall outcomes:</p> <ol style="list-style-type: none"> In the countries where we work: competent CSOs and their networks lobby effectively for the realisation of the human right to water and sanitation and the reduction of inequalities in access to WASH/IWRM services. Communities and citizens become capacitated and organised to demand their rights to water and sanitation and participate in WASH planning and budgeting. <p>In the global WASH/IWRM arena: global civil society effectively demands realisation of the human right to water and sanitation and inclusive and sustainable allocation of water resources.</p>
Period	5 years (2016–2020)
Progress 2019	'Leave No One Behind' was the theme of 2019 in Water sector, which provided a great opportunity for Watershed programme to amplify the voice of marginalised groups from grassroots to international levels. In Bangladesh, where Simavi is leading the programme, for instance the CSOs have influenced the pro-poor strategy and demand involvement of the poor in decision making process. Watershed also had a strong presence at Stockholm World Water Week, where our experiences on Inclusive WASH programming from Bangladesh, Kenya and the Netherlands were shared with the international audience.

Watershed – Empowering Citizens		Bangladesh			Ghana			Kenya		
Level	Indicator description	Result 2016-2018	Result 2019	Result until now	Result 2016-2018	Result 2019	Result until now	Result 2016-2018	Result 2019	Result until now
Outcome	DD1 # of laws, policies and norms, implemented for sustainable and inclusive development	2	3	5	1	5	6	4	3	7
	DD2 # of laws, policies and norms/ attitudes, blocked, adopted, improved for sustainable and inclusive development	3	4	7	0	2	2	5	10	15
	DD3 # of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage	5	68	73	0	7	7	9	7	16
	DD4 # of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency	5	20	25	3	25	28	7	6	13
	DD5 # of CSOs with increased L&A capacities	1	3	4	2	3	5	5	49	54
Output	DD6 # of CSOs included in SPs programmes	9	7	16	55	8	63	44	32	76

Watershed – continued		Netherlands			Uganda		
Level	Indicator description	Result 2016-2018	Result 2019	Result until now	Result 2016-2018	Result 2019	Result until now
Outcome	DD1 # of laws, policies and norms, implemented for sustainable and inclusive development	0	–	0	3	6	9
	DD2 # of laws, policies and norms/ attitudes, blocked, adopted, improved for sustainable and inclusive development	3	1	4	2	3	5
	DD3 # of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage	3	–	3	33	80	113
	DD4 # of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency	0	1	1	3	50	53
	DD5 # of CSOs with increased L&A capacities	0	–	0	1	11	12
Output	DD6 # of CSOs included in SPs programmes	–	1	1	7	0	7

Note that QIS ladders were dropped as a form of data collection and replaced by Outcome Harvesting as it collects more sensitive data on more outcomes than the QIS ladders and tells a fuller story in relation to achieving the ToC.

SEHATI	
Donor	Embassy of the Kingdom of the Netherlands, Indonesia
Consortium partners	Plan International, IRC
Description	<p>The SEHATI programme is funded by the Embassy of the Kingdom of the Netherlands (EKN) in Indonesia. The objective is that local government authorities (district, sub-district and village level) in seven districts in Eastern Indonesia ensure sustainable sanitation and hygiene through the implementation of the following five pillars of community-based total sanitation (STBM):</p> <ol style="list-style-type: none"> 1. stop open defecation. 2. hand washing with soap. 3. drinking water management. 4. domestic solid waste management. 5. domestic liquid waste water management.
Overall goals	The goal of this project is district wide access to improved and sustainable sanitation and hygiene facilities and practices, which contributes towards the Indonesian Government's target of providing universal access to water and sanitation.
Period	4.5 years (2016–2020)
Progress 2019	During 2019 the capacity of local government stakeholders for STBM monitoring, village verification and budgeting was expanded, access to sanitation and hygiene facilities in the communities was increased through community triggering, and private sector sanitation service delivery was improved. Three of our partners finished their implementation activities by the end of August 2018, having worked in four different districts. By the end of August 2019 our partner Plan Indonesia finished the implementation in Dompu (Sumbawa). Since September 2019 SEHATI extended its implementation in the following two districts: Lombok Utara (Lombok) and Manggarai Barat (Flores). This extension was granted by the Dutch Embassy in Indonesia as the island of Lombok was hit by two big earthquakes in mid-2018, and to guarantee a clear exit strategy in all districts by mid-2020.

SEHATI		Indonesia		
Level	Indicator description	Baseline	Result 2016-2019	Target 2016-2019
Outcome	# of people using safe water	473,121	531,809	–
	# of people using improved sanitation services	228,681	388,908	–
	# of people using improved sanitation services including a hand washing facility with soap and water	92,061	331,879	–
	# of people living in open defecation free communities	69,041	210,223	–
	# of villages declared open defecation free	18	98	105
	# of pupils with improved sanitary facilities in schools	94,833	117,121	–
	# of health centres with improved drinking water and sanitary facilities	584	844	–
	Total amount of communities' contribution for 5 pillars of STBM in Indonesian rupiah	–	2,652,353	–
Output	# of sanitation entrepreneurs trained and supported to produce, sell and market sanitation products and services	–	183	–
	# of villages implement 5 pillars of STBM (pilot and replication villages)	–	404	215*
	# of people trained in 5 pillars of STBM at all levels	–	3,928	–
	# of women working for 5 pillars of STBM at all levels	–	2,351	–
	Total amount of government's contribution for 5 pillars of STBM	325,954	8,994,019	–

As of August 2018, SEHATI completed the implementation in four districts (implemented by three local partners) and continued only working in three new districts with just two of the implementing partners (Plan Indonesia and Yayasan Dian Desa) until mid 2019. As only one of these districts showed positive achievement, the Embassy granted a one year extension until 2020 to work in the other two districts which did not achieve such positive results due to earthquakes which hit the areas in 2018.

Targets are very low, mostly, as when the proposal was developed, no target was set for number of beneficiaries only number of villages, which are:

- a. Total number of villages implemented by STBM (output)
- b. Total number of village declared ODF (outcome)

This is because SEHATI works at the governmental level and people (communities) is expected to be the impact of the programme SEHATI approach indeed differs with other programme in Simavi which work directly with communities.

* Simavi is pleased to have seen an 88% increase in this result over the original target. Villages outside of the proposed target areas have also been encouraged to implement our approach in their respective areas. In addition, as we are working with high level government authorities, they have the capacity to continue scaling up the interventions to other villages.

The Golden Line

Donor	Dutch Ministry of Foreign Affairs
Consortium partners	Solidaridad, Healthy Entrepreneurs
Description	In artisanal small-scale gold mines women work under harsh circumstances. In the mines and surrounding communities they face discrimination at multiple levels. Responsibility to have (and care for) children, limited access to health services and prevailing sociocultural norms further prevent women benefitting from mining and other economic activities.
Overall goals	<p>Overall objective: Economically empower women in and around artisanal and small-scale gold mining communities in Ghana and Tanzania.</p> <p>Specific objectives:</p> <ol style="list-style-type: none"> Improved working conditions for women within gold mines. Increased abilities to engage in economic activities for women in mining communities.
Period	5 years (2016–2020)
Progress 2019	The fourth year of The Golden Line programme was a strong implementation year and the results of our approach are now clearly visible. Additional women’s groups have been established in 2019 and more than 5,000 women in the gold mining communities in Ghana and Tanzania are now having access to savings and loans as well as SRHR information and services. In 2019 almost 1,000 men have participated in dialogues on gender-based violence and we furthermore successfully advocated for gender sensitive policies at local, national and international level.

The Golden Line		Ghana		Tanzania		Overall	
Level	Indicator description	Result 2016-2019	Target 2016-2020	Result 2016-2019	Target 2016-2020	Result 2016-2019	Target 2016-2020
Output	# of community members (disaggregated by gender) who attended sensitization meetings on gender equality and women’s health needs and rights ¹	9,910	2,250	1,787	715	11,697	2,965
	# of loans taken ²	1,400	900	10,082	270	11,482	1,170
	# of women that regularly attended or participated in women’s group ³	43	56	30	63	73	119
	# of women that regularly attended or participated in women’s group ⁴	4,017	3,600	1,523	864	5,540	4,464
	# women that attended EA\$E groups ⁵	4,579	4,500	3,220	1,080	7,799	5,580

- Partners developed a strong relationship with community and district stakeholders, including chiefs, opinion leaders, women groups, youth groups and government authorities, who are playing an active role in the implementation of the Golden Line activities. This resulted in very high turnouts and engagements during sessions to sensitise communities on SRHR, gender equality and violence against women and to identify community needs, priorities and solutions.
- In Tanzania, there are 60 VSLA groups and each week loans are granted to participants. Hence the target was set too low.
- The ‘social accountability’ component started later than planned and therefore also the multi stakeholder meetings. From July, this component was only begun to be properly implemented.
- As there were many more VSLA groups formed than anticipated, the target was too low.
- More EA\$E groups were formed in Tanzania than anticipated.

Kapilvastu

Donor	Hike for Health
Description	The Nepal Learning Programme aims at piloting new ways of achieving the Simavi mission described in our ToC. Its main focus is on implementing inclusive interventions to help (especially disadvantaged) women to practice hygienic behaviour during pregnancy and during safe delivery – at home and at the health facilities.
Overall goals	<ul style="list-style-type: none"> Gain more experience in combining WASH and SRHR, focusing on a different aspect of hygiene and health (hygienic behaviour during pregnancy and safe delivery). Pilot the inclusion approach developed within Simavi to reach disadvantaged people and ensure inclusivity in the way we design and implement our project.
Period	3 years (2018–2021)
Progress 2019	Project implementation started at the beginning of 2019 with the selection and training of local project staff. 40 women’s groups have been formed in the 4 wards with each group consisting of women of different age and backgrounds. Also, groups of family members of the women were formed to ensure support from the influential members of their family like husbands and mothers-in-law. Information, education and communication materials were developed and used and discussed in the different groups on topics like hygiene, sanitation, birth preparedness, safe delivery, safe pregnancies, and new-born care. Several women are speaking out in the groups now and women that are not yet attending the meetings are stimulated to join especially newlywed women and women from disadvantaged groups.

Kapilvastu		Baseline	Result 2019	Target 2019-2020
Level	Indicator description			
Output	# women’s groups active	–	40	40
	# women participating in groups	–	2,286	2,280
	# wards with active WASH committee	–	4	4

Ritu + Ritu extension	
Donor	Embassy of the Kingdom of the Netherlands, Bangladesh
Consortium partners	RedOrange, TNO
Description	The programme aims to structurally improve the health, well-being and social and economic participation of women and girls.
Overall goals	Improved health and well-being, social and economic participation of girls in Bangladesh.
Period	4 years (2017–2020)
Progress 2019	<p>In August 2019, the Ritu programme entered into a 6-month costed extension period building up on the momentum that was created to sustain the relevant initiatives of the programme and national advocacy activities.</p> <p>In Netrokona, DORP and BNPS organised in total 109 meetings with various stakeholders including local governments, School Management Committees, teachers, education officers and community members to ensure full ownership of MHM-friendly toilets as well as to guarantee the proper implementation of the Government Circular on MHM-friendly toilets in schools.</p> <p>The Menstrual Health Management (MHM) Platform held several meetings to revise their MoU and take first steps to develop an MHM model to guide the national strategy to address MHM in the national education curriculum. Two trainings on evidence informed advocacy and outcome harvesting were facilitated by Simavi staff.</p> <p>RedOrange set the foundation for the handover of the Ritu material to the Government of Bangladesh and NGOs by holding an advocacy meeting with the Directorate General of Family Planning (DGFP) on the existing IEC/BCC materials and capacity building tools and guidelines, developed under Ritu National Campaign.</p>

RITU + RITU extension			
Level	Indicator description	Result 2016-2019	Target 2016-2019
Outcome	# of NGOs and CSOs that participated in training that have increased knowledge on MHM ¹	40	30
	# of schools with better sanitation facilities for girls	89	89
Output	# CSOs and NGOs trained on advocacy regarding MHM ²	40	30
	# MHM friendly school WASH facilities realized	89	89
	# schools assessed on MHM friendly WASH facilities	176	176
	# people reached via community MHM awareness raising ³	9,230	14,000
	# school girls and boys participated in interactive MHM sessions ⁴	49,056	80,411
	# teachers participated in interactive MHM sessions ⁵	595	1,000
	# teachers trained on MHM and facilitation skills	1,000	1,000

1. Number of MHM platform member organizations was increased to 40 and therefore more NGOs and CSOs were involved in programme activities than originally planned.
2. Number of MHM platform member organizations was increased to 40 and therefore more NGOs and CSOs were involved in programme activities than originally planned.
3. The number of people reached via community MHM awareness raising is smaller than anticipated as the parents of girls in a control group community were initially included in target. In addition, some students graduated before the parent intervention started and some families moved away. Accordingly, the anticipated revised target was 6546 parents (and not 14000 parents) which has been achieved already.
4. The target was an initial estimation. The actual number of boys and girls in grade 5 - 8 turned out to be much lower.
5. All teachers are trained on MHM, and all students are exposed to MHM activities. However, for interactive sessions on MHM which require more involvement, the programme chose to focus on specific teachers and their students, becoming focal point and MHM champions within their schools. The target was set before this decision was made and is therefore underachieved.

PROPOPI

Donor	Fonds Duurzaam Water
Consortium partners	PDAM Kota Bandung, VEI Dutch Water Operators and TU Delft
Description	The water company Bandung, PDAM, faces challenges in keeping up with and improving the water services for the rapidly growing population. This results in quite some areas which are poorly or not at all served, particularly leaving poorer parts of the population without adequate water services. Simavi is responsible for Result 3 on community awareness and participation.
Overall goals	The overall goal is to improve water supply in Bandung with a focus on increasing access to safe water for the poor population (MBR) and provide drinking water to at least 12,000 poor people (MBR) by building 25 public stand posts serving 2,500 people and 1,600 house connections serving 9,600 people.
Period	4 years (2018-2021)
Progress 2019	<p>On October 3, 2018 the PROPOPI project Towards Pro-Poor Private Investments in Water Supply in the city of Bandung, Indonesia was relaunched.</p> <p>In 2019 Simavi conducted a first survey to identify 582 low income households. Simavi has also completed the Terms of Reference for recruiting a consultant to develop a Water Safety Plan at consumer level. In addition, Simavi is planning to give technical support towards gender equality and social inclusion in 2020.</p>

Note: PROPOPI is working towards one main outcome: connecting 600 households to water supply. These infrastructures was build for 600 households, but due to a technical issue that is not within Simavi's control the households do not yet have water.

Healthy Business, Healthy Lives

Donor	Stichting Flexi-Plan
Consortium partners	Healthy Entrepreneurs
Description	The programme aims to provide access to affordable and quality health products and to stimulate entrepreneurship.
Overall goals	Improved health and well-being and, increased access to resources
Period	2017-2019
Progress 2019	The extension of funding to the 'Healthy Business, Health Lives programme' provided us the opportunity to train 175 more 'Community Health Entrepreneurs (CHEs)', to supply and supervise the already active CHEs and to provide our partner organisations a refresher training on Sexual Reproductive Health and Rights. The training aimed at refreshing and updating knowledge of programme staff, and to discuss upon traditions and norms that work against women having equal opportunities and rights. In the CHE community there is now more knowledge about modern contraceptives, and HIV/AIDS prevention and there is an increased use of modern contraceptives.

Healthy Life Healthy Business		Uganda	
Level	Indicator description	Result 2018-2019	Target 2020
Output	# Community health workers trained in business skills	375	364
	# Community health workers trained in SRHR/WASH	375	364

The Perfect Fit

Donor	Grand Challenges Canada
Consortium partners	Kopernik (lead), IHAP Indonesia
Description	The Perfect Fit is an innovative programme funded through Grand Challenges Canada (GCC). It is a seed grant to improve the production and distribution of reusable menstrual pads, develop a business model including social marketing and education strategy to promote the product and inform on Menstrual Health and SRHR. The programme is based on informative research by a VU student in 2014 and a pilot project in 2015 and can potentially be scaled through the GCC funding framework.
Overall goals	To improve the production and distribution of reusable menstrual pads, develop a business model including social marketing and education campaigns to promote the product and inform on MH and SRHR, with the ultimate aim to break taboo and increase uptake of SRHR services, reaching 33,000 people.
Period	2018–2019
Progress 2019	The Perfect Fit was successfully closed end of September 2019. The production and distribution model is sustainable and our endline study shows changes in knowledge and attitudes as well as preliminary signs of behavioural change. We were invited to submit a proposal to GCC to transition Perfect Fit to scale. Meanwhile, in collaboration with Kopernik and integrated in our SEHATI programme, we have set up another production and distribution unit in a new regency.

The Perfect Fit				
Level	Indicator description	Baseline	Result 2019	Target 2019
Outcome	% of women that have a high level of MH knowledge	17%	59%	–
	% of women that practice health-seeking behavior when experiencing pain or discomfort in relation to menstruation	8%	19%	–
	# of (Perfect Fit) pads manufactured and distributed ¹	–	23,941	33,000
Output	# of people reached with education campaign through disseminating six key messages around MH ²	–	108,798	33,000
	# of pad distributors trained (disaggregated by health workers and 'posyandru cadres')	–	148	106

1. Some of the trained tailors dropped out of the project after being trained meaning that there was less capacity to manufacture and distribute the pads.
2. The results were much higher than first expected due to the addition of a successful social media campaign, which allowed the outreach to be much higher than just those in physical outreach activities.

Mama-na-Mwana

Donor	UNICEF
Description	This project builds on an ongoing initiative of UNICEF in Tanzania; a mobile platform called Mama-na-Mwana. Mama-na-Mwana provides a platform for pregnant women and new mothers to provide feedback on the services they received (ANC, delivery, PNC), in line with the health policy. UNICEF have piloted this platform and now want to improve the system, and the data be used for social accountability. Through scoring card and community dialogues, the project should contribute to improving services. The project is taking place in two entire regions (Mbeya and Njombe in South Tanzania), in 13 districts and 215+ health facilities.
Overall goals	To enhance adoption and use of the Mama-na-Mwana feedback platform
Period	3 years (2018–2020)
Progress 2019	Progress on implementation went slower than anticipated and less rounds of dialogues than planned took place. After initial set up and training of the staff, data on opinions from more than 18,000 mothers attending healthcare services in 194 health facilities was collected through a mobile app. The information was analysed per health facility and discussed with the mothers and their community and the healthcare providers. Based on these discussions (or dialogues) action plans to improve the identified issues were made after which a new round of data collection, analysis and dialogues are held. Not all cycles of dialogues at all health facilities could take place due to all kind of unforeseen setbacks.

Mama-na-Mwana				
Level	Indicator description	Baseline	Result 2019	Target 2019 - 2020
Outcome	% of women pregnant enrolled in MnM platform	–	34%	70%
	# of pregnant women enrolled in MnM platform	–	18,818	55,000
	# of Key government partners who attend community dialogue sessions	–	3	3
Output	# of CHWs trained in MnM system	–	193	194
	# of community members reached through community dialogues focusing on health workers and mothers to encourage feedback feeding ¹	–	12,731	18,000
	# of community dialogues on Improving quality of Ante Natal Care and Safe Delivery service at the health care facility	–	133	582

1. Although the total number of 18,000 has not yet been reached it is expected that once the first round of dialogues have been completed we will be nearing this target number. The high average number of participating community members shows that the interest of the community is high. Of the community members reached through the dialogues 70% are women, showing that we are reaching the intended target group while also the men are involved.

WASH & Learn 2.0

Donor	Walking for Water (private donations), Rotary District 1570, Aqua for All, The Good Roll, Made Blue, Viva con Aqua, Dutch foundations
Description	The WASH & Learn 2.0 programme is integrating community and school WASH projects in two adjacent countries in East Africa: Uganda and Tanzania. Together with three local NGO partners with specific features and learning objectives, Simavi will implement this programme, building on the experience of the WASH & Learn 1.0 programme that has been implemented from 2016-2018.
Overall goals	<ol style="list-style-type: none"> 1. Improved access and use of WASH facilities for 5.000 pupils at seven schools. 2. Improved sustainable access and use of WASH facilities for 24.000 people from the communities surrounding the schools. 3. Improved capacity of local NGOs on: implementing WASH programmes in schools and community; and business model development.
Period	January–December 2019
Progress 2019	Three local NGO partners have worked in seven schools and their surrounding communities in Uganda and Tanzania in 2019 under the WASH & Learn 2.0 programme. In all seven schools water, sanitation and hygiene facilities have been constructed, alongside awareness raising activities around the importance of WASH as well as menstrual hygiene management. This programme is building on the lessons of the WASH & Learn 1.0 programme and focus has been on sustainability tools to ensure schools are aware and have the knowledge to work on operation and maintenance of WASH facilities.

WASH & Learn 2.0		Uganda			Tanzania ⁷			Overall		
Level	Indicator description	Baseline	Result 2019	Target 2019	Baseline	Result 2019	Target 2019	Baseline	Result 2019	Target 2019
Outcome	% households with access to safe drinking water ¹	26%	38%	–	47%	–	–	37%	–	–
	% households with access to improved sanitation ²	8%	14%	–	20%	–	–	14%	–	–
	# of key stakeholders regularly engaged in the project ³	–	74	36	–	114	154	–	188	190
	# of local entrepreneurs who gained knowledge on WASH related economic activity ⁴	–	169	69	–	18	60	–	187	129
Output	# of children trained on menstrual health in schools ⁵	–	1,311	744	–	80	72	–	1,391	816
	# of children trained on WASH issues in schools	–	3,442	2,558	–	80	72	–	3,522	2,630
	# of local entrepreneurs-artisans trained ⁶	–	93	24	–	18	15	–	111	39
	# of people trained on WASH issues in the community	–	10,503	10,211	–	60	66	–	10,563	10,277
	# of school health clubs established/strengthened	–	–	4	–	3	3	–	3	7
	# of school management committees strengthened on WASH	–	4	4	–	3	3	–	7	7
	# of trainings for local entrepreneurs-artisans	–	4	4	–	1	1	–	5	5

1. Safe drinking water is classified as coming from an improved source within 30 minutes distance from the household that is available all year round.
2. We are happy to see an increase in the % of households with access to safe drinking water as well as improved sanitation. We have only seen a small increase, however, as the programme only ran for one year we did not expect to impact these indicators too much.
3. In Tanzania, more government officials from different departments have been involved - as there have been changes in the governing structure in the government with the introduction of a new ministry dedicated to rural water supply. In Uganda, more village health workers have been engaged than planned to ensure they could play a role in implementation, but also in follow-ups after the programme period. Furthermore, the partners decided to involve more district, sub-county and village authorities than planned to ensure there is sufficient institutional memory after the programme.
4. In Tanzania, there were less entrepreneurs that signed up for training than expected. In Uganda, the partners decided to engage existing entrepreneurs and expand their knowledge on WASH, as well as women groups that have been trained on liquid soap making. As a result the results were higher than planned.
5. In Uganda, the partners decided to train all girls from the four schools that are in the age of menstruation, to ensure they all have the right knowledge on how to manage them. Furthermore, boys, teachers and parents have been trained, to ensure the environment also has the right knowledge to support the girls.
6. In Uganda, the partners decided to engage existing entrepreneurs and expand their knowledge on WASH, as well as women groups that have been trained on liquid soap making. As a result the results were higher than planned.
7. In Tanzania, endline evaluation was delayed until 1st of March due to school closures and extended project implementation. Unfortunately, due to the global pandemic of COVID-19 a decision was made to post-pone the endline evaluation to limit the spread of the virus to vulnerable communities.

Health Promotion Programmes

Donor	Swiss Agency for Development Corporation
Consortium partners	Helvetas (lead)
Description	The Health Promotion Programme works with the government of Mozambique to strengthen health programmes in three districts in Mozambique
Overall goals	Simavi will provide technical assistance to local CSOs and Helvetas staff on gender, menstrual health, WASH in health facilities and neglected tropical diseases.
Period	2018–2020
Progress 2019	<p>We are now at the end of our support role in the programme. Trainings have been provided on menstrual health and WASH in health care facilities + neglected tropical diseases. We are now following up on the implementation.</p> <p>A recent visit showed that menstrual health has been integrated in the programme. Messages have been shared through local radio and are integrated in the programme. The Menstrual Health manual that was developed for the programme based on Simavi’s menstrual health manual is translated in Portuguese and is now waiting for approval of the Ministry of Health for a further role out.</p> <p>A follow-up training was done to implement the tools for WASH in health care facilities and there is a strong incentive to work with these tools.</p> <p>On request of Helvetas, a two-pager was developed on menstrual health. In addition, further guidance was provided to support the implementation of the tools for WASH in health care facilities.</p>

Note: as Simavi provides Technical Assistance and does not implement, we cannot claim any results.

Give Girls Wings

Donor	Diorapthe, Stichting Zien, Dutch Foundations
Description	The project aims to reduce school dropout among girls, through adoption of menstrual hygiene practices, utilisation, SRHR information and services and improved WASH in school and surrounding communities.
Overall goals	The integrated WASH-SRHR programme between the two partners intends that girls 10-16 years in Mulanje will be better prepared for their future and be able to improve the position of women and girls.
Period	3 years (2018–2021)
Progress 2019	In 2019 the project has successfully established six SRH clubs in all the target schools, six community awareness events were conducted, training for all health extension workers and sanitation masters in School Lead Total Sanitation (SLTS), training of 6 school water point committees, menstrual health training to girls leaders, Matrons, teachers, sanitation masters on Menstrual Hygiene Management and hand sewing of sanitary pads in all 6 schools and construction of boys and girls Improved Latrines .

Give Girls Wings		Malawi	
Level	Indicator description	Result 2019	Target 2018-2021
Output	# of people reached by campaigns to increase awareness of importance of sexuality education and hygiene	29,500	100,000
	# of people trained on providing SRHR information	240	192
	# of people trained on providing WASH information	120	192
	# of school health clubs established and trained	6	6
	# of women who are trained to produce and sell washable sanitary napkins and provide information about SRHR and hygiene	60	60

Youth Access

Donor	Porticus
Description	<p>To improve young people’s access to SRH services in Mayuge District (Eastern Uganda), by strengthening the service delivery component that cannot really be incorporated under GUSO (before that ASK), targeting vulnerable young people (10-24 years old), such as fishermen, young women sex workers.</p> <p>The current project builds on results and lessons learned and aims at sustainability, by building the capacity of health clinics to provide quality youth-friendly SRH services and empower vulnerable youth, to engage in evidence-based advocacy. By monitoring health services on youth friendliness, young people provide feedback to the health clinics and duty bearers (social accountability).</p>
Overall goals	Ensure that young people in Mayuge District are supported and empowered to continue accessing youth-friendly sexual and reproductive health services.
Period	2018–2019
Progress 2019	Under this programme, which ended in 2019, Simavi supported the partner in gathering evidence, and using score cards on the quality youth-friendly SRH services. The partner continued its activities to call upon the local government to support their work. An important result is that Jinja District Government issued a protocol that Health Unit Management Committees (HUMC) should have two young people as Ex-officio’s in the committee. In addition, trainings of district level duty bearers is institutionalised, now that trained HUMC staff have taken over the rollout of training for health workers in the district.

Youth Access		Uganda	
Level	Indicator description	Result 2019	Target 2019
Outcome	# of local authorities aware of the importance of the provision of quality YF health services ¹	29	–
	# of public and private clinics providing quality YFS	10	–
	# of service providers aware of the importance of provision of quality YF health services	100	–
Output	# of community based youth consultation sessions	4	4
	# of multi-stakeholder meetings to present results and raise demands	2	2
	# of participants at orientation sessions with stakeholders ²	29	–
	# of service providers trained on YFHS	104	107
	# of staff trained on use of score cards for social accountability of YFHS	3	3
	# of young people trained and oriented on YFHS, social accountability tools	15	20

- The youth corners are in place at health centres and are actively operating. Health workers from 14 facilities, peer educators, mentor buddies and HUMCs members are now skilled and willing to provide young people with quality services(see hereunder) after having gone through training.
- No target was set as originally it was planned to have 1 orientation session, which was completed, but Simavi found it more meaningful to capture how many participants attended and as such decided to report on this figure.

Improving Health and Hygiene through WASH Intervention

Donor	Dopper
Description	The joint programme Improving Health and Hygiene through WASH Intervention of Simavi and Dopper aims to improve the personal and environmental hygiene practices of the people in the target are and improve WASH governance in Sindhupalchowk and Dolakha. The focus is on strengthening WASH services in the schools, health centres and within the communities. The capacity of the relevant local stakeholders is strengthened to effectively manage WASH services and monitor the Building Back Better principles during the reconstruction of WASH facilities. It is also expected that the government plan at VDC and district level will better reflect the needs of the population in particular those who are often excluded.
Overall goals	The objective of the project is to improve the health status of the community of Sindhupalchowk and Dolakha with the involvement of local WASH stakeholders, schools, health institutions as well as improve governance in WASH at the local level.
Period	2017–2019
Progress 2019	<p>This project has been in the implementation phase since December 2016 in 34 villages in two districts that were hit by the 2015 earthquake: Sindhupalchowk and Dolakha. Simavi works in partnership with the Dopper Foundation and local partner SEBAC-Nepal. The programme aims to rehabilitate water supply and improve the health status of these communities with the involvement of local WASH stakeholders, schools and health institutions as well as to improve WASH governance at the local level.</p> <p>The implementation of the programme continued in 2018 as planned. The communities, schools and the local government in Dolakha and Sindhupalchowk have been very actively involved in the activities. This has resulted in more healthy behaviour and several new initiatives of community members that positively impact the environment, such as ‘community cleaning up’ campaigns and raising funds to improve solid waste collection. The repairs of the water schemes in the area where the earthquake struck in 2015 has been completed; allowing people, especially women, to have more free time as they do not have to fetch water far from their homes.</p>

Improving Health and Hygiene through WASH Intervention		Nepal	
Level	Indicator description	Result 2016 -2019	Target 2016-2020
Output	# Toilet facilities rehabilitated/maintained in schools	17	17
	# WASH trainings given to child clubs	227	201
	# Households informed about the importance of healthy behaviours related to sanitation and hygiene	34,991	30,428
	# Preparation meetings for WASH Strategic Plan at VDC level ¹	44	34
	# Drinking water schemes constructed in Sindhupalchowk and Dolakha	20	20

- In Nepal, the government structure has changed which resulted in the revision of the need for the support in Village Development Committees. The outcome was to upscale the number of meetings and the strategic plans that have been developed.

One: Malawian Youth Kicks Back

Donor	UEFA Foundation
Description	Through sport activities like football and karate, we bring together vulnerable girls and boys in a different setting, with the purpose of creating mutual respect, as well as giving an enormous boost to girls their resilience and self-esteem. Sports training as well as the provision of information on sexual reproductive health rights offered in the programme will support young girls and boys to protect themselves in such situations as strong independent as well as knowledgeable individuals.
Overall goals	<p><i>Specific objectives:</i></p> <ol style="list-style-type: none"> To strengthen young people’s mutual respect, boost resilience and self-esteem. To empower young people to increase awareness and support to youth-friendly sexual and reproductive health services.
Period	January–December 2019
Progress 2019	<p>We trained 15 boys and 15 girls in karate, thereby challenging social norms that girls too could do things that were culturally meant more for boys. CAVWOC also established 12 girls’ football teams in T/A Lundu and Ngabu and supported girl’s football tournaments on a quarterly basis in 2019. These sports tournaments were used as a platform to raise awareness on Sexual and Reproductive Health as well as Gender equality issues. Over 1,600 adolescent girls were reached through this. In addition, 9,113 community members have benefited through distribution of contraceptives and information regarding SRH.</p> <p>CAVWOC also trained 30 girls in leadership skills, aimed at providing girls with skills and confidence to become leaders in their communities, as well as Gender Transformative Approach, understanding roles and responsibilities among men and women and how they are related to SRHR, understanding the Human Rights point of view, as well as the need for male involvement inn SRHR programming.</p> <p>The movie of the project has also been approved (and praised) by donor UEFA and as a result have shared it in their social media channels.</p>

Check2gether

Donor	Stichting Flexi-Plan
Consortium partners	IHAP, TNO
Description	Check2gether is an innovative programme funded through Grand Challenges Canada (GCC). It is a seed grant to improve, utilise and test, an integrated testing kit with instant mobile diagnostic support, via a mobile app, to improve access to and quality of antenatal care in rural Indonesia by detecting pre-eclampsia, anaemia and diabetes. The programme is based on a successful pilot in Ghana and can potentially be scaled trough the GCC funding framework.
Overall goals	To improve, utilize and test, an integrated testing kit with instant mobile diagnostic support, via a mobile app, to improve access to and quality of antenatal care in rural Indonesia by detecting pre-eclampsia, anaemia and diabetes, targeting 2000 pregnant women, served by 25 midwives, working from 5 government clinics.
Period	2018–2019
Progress 2019	After training of midwives end 2018, a baseline study was conducted and the check2gether testing kit was used in 5 government clinics. 25 Midwives used the kit during ANC consultations until September 2019. Lessons learned are gathered used to improve the development of follow-up programmes.

Note: As we have a Technical Assistance role in this programme, we cannot claim the results.