

USAID Local Partners Conference**DREAMS Session Q&A****7 October 2020****Q&A from Sylvia MULILI, Head of Programs for African Evangelistic Enterprise Rwanda**

- 1. When you adapted to use the 'dead drop method', do you know if there was a higher or lower demand for condoms during this time period?**

The program tracks distribution of condoms on a monthly basis, both to assess utilization and to facilitate re-stocking of supplies. From the monthly updates we noted an increased demand compared to other periods where there were no movement restrictions. At the moment we can only infer that this results from the 'stay home' measures.

- 2. Was your socio-economic intervention focusing on employability only?**

The objective of the socio-economic interventions is to enhance agency and confidence among the AGYW. To achieve this, we focus on economic empowerment and acquisition of financial assets. The main activities under economic strengthening include: a) Skills building through TVET/apprenticeships, b) promotion of savings groups (ISLGs), c) life skills and entrepreneurship training, d) business promotions e.g. provision of start-up kits, seed capital and facilitating active linkages to employers. There are two main employment pathways promoted by the program: wage employment and business start-ups.

- 3. Why is there a low transition of AGYW out of the program?**

Program completion is achieved when an enrolled AGYW has accessed age-appropriate primary and secondary services as identified in the country-specific layering table. In our context, the majority of the AGYW (3,919 out of 6,151) were receiving education support to enable them complete basic education. They were unable to complete their education this academic year due to COVID-19 related school closures.

- 4. How did you change the curriculum delivery for your mobile TVETs? Was the curriculum itself changed or shortened?**

The TVET curriculum is a nationally approved curriculum by both the Ministry of Education and Workforce Development Authority. TVET service providers use the approved curriculum which ensures that learners who graduate have received appropriate training and obtain industry recognized certificates. To increase

employability of the AGYW, the program sub-contract accredited institutions to deliver vocational training. As such we cannot change the curriculum content.

Most TVETs in Rwanda operate as colleges, where there is a specific campus where the students go to get services. Often this entailed traveling for long distances away from home to access services. Our challenge was getting the TVETs to move out of the campuses into the community where the AGYW were located due to the movement restrictions and closure of learning institutions. The institution-based learning is also structured around a full-day course plan for 3 months, 6 months or 9 months depending on the level of training. For the mobile TVET, there was a change from full-day training sessions to shorter sessions (2-3 hours), which implies that the specific cohort will take a longer duration to complete the required course hours. For example, the 3-month course would now take about 6 months to complete.

Q& A from Bernadette HARASES, Chief of Party for the DREAMS project, Project Hope Namibia

5. How was new content provided to AGYW via phone calls?

This includes the delivery of top-line messages from sessions that were not yet covered during in person curricula delivery. AGYW mentors use probing questions to initiate discussion with AGYW. The full curriculum-based interventions **are not delivered** in a virtual format.

6. How easy or difficult was it to initiate AGYW on PrEP considering COVID-19, were these initiations at a facility or community level?

The Namibian Government declared a state of emergency on March 17, 2020. However, from April-June 2020 1,192 AGYW were initiated on PrEP, which is higher than the 1,079 AGYW for January-March 2020 period and nearly double that of October-December 2019 (n=698). It is possible to continue PrEP service delivery even in the face of COVID-19 as far as there is a flexible service delivery approach.

PrEP initiations happen at places of preference to the AGYW, could be at facility or community level. The majority of the AGYW initiated on PrEP preferred to go to the health facility.

7. What are the best practices/lessons learned regarding virtual GBV-related support? How did you minimize risk if the GBV is perhaps linked to IPV?

Lessons learned

- a. Virtual approach is an alternative way of identifying GBV cases. Anecdotal reports showed that some AGYW are more comfortable to talk about

- sensitive issues such as sexual violence via phone call as compared to in person interview
- b. Use of Dashboard to monitor performance can enhance timely delivery of post violence care

At the beginning of the assessment the mentor will confirm the identity of the AGYW before starting the conversation and establish if the AGYW is free, safe and willing to take the call. They also ask the girl to go to a private space if possible; establish a safe word to indicate if someone is listening or if the beneficiary feels unsafe; and use close-ended “yes” or “no” questions if the girl may be in danger. If the AGYW agree, the mentor will use the assessment tool to screen for GBV, if positive, she will receive LIVES and be linked to the DREAMS Nurse at the facility for post violence care and the DREAMS Social Worker for safety planning or onwards referrals to statutory service providers. The GBV survivor will also be given the option of using the toll free GBV and Child Helplines.

8. In Namibia, is the lack of phone access by AGYW due to lack of airtime or not having the actual hardware/phone? Due to a lack of hardware/phone

The main reason is lack of phone/hardware

9. Please provide an estimated cost for each AGYW on employability

FY20 average: \$400

FY21 estimate (i.e. with the revised DREAMS Namibia ES approach): \$1,420

Q&A from Adeline MANIKUZWE, Monitoring and Evaluation Manager for FXB Rwanda and Technical Team Leader for the USAID Turengere Abana Program

10. How do you conduct attendance monitoring?

Through USAID’s CHAIN (Community Health and Improved Nutrition), the program conducts joint school monitoring visits to all students (AGYW) which is vital in ensuring quality and timely service delivery. These school visits are conducted in collaboration with other OVC/DREAMS Implementing Partners in Rwanda including Caritas Rwanda and AEE Rwanda. As one IP, it wouldn’t be possible to reach all AGYW in boarding schools across all 30 districts of the country. But in this collaboration, each IP is assigned to a few districts (5 to 10) and wherever program staff goes, s/he visits all AGYW regardless of the IP supporting them. We exchange the lists of students so as we know which AGYW to visit and from where. In assigning the districts, each IP is assigned the operating districts and nearby districts as OVC/DREAMS is not covering all the districts of the country. Then after the visits, we

call feedback sharing meeting to share all the reports. As this collaboration targets students / AGYW in boarding school, those in day school (go to school and come back home every day) are visited by each IP's program volunteers and program staff in the area.

This activity enables the programs to monitor all the students including those boarding far from each IP operations zones so that, from the collaboration with schools, we ensure the school attendance, progression, performance and discipline for supported students.

11. What is considered poor attendance? What are the main reasons for poor attendance and how is it addressed?

Poor school attendance is confirmed when AGYW misses class more than 2 days a month without reasonable reasons. For example, if an AGYW misses classes when she is sick (by health providers confirmation), yes she does not attend school but the reason behind is justifiable.

The main reasons for poor attendance include ignorance of parents where they assign different roles to their children during school time. To address this through the parents groups created, we sensitize parents to always give priority to their children's academics. If it persists, volunteers and program staff intervene to avoid this.

Another reason which is touching is that in the past girls used to miss their classes when they have monthly periods due to the lack of sanitary pads. To overcome this, in part of the package AGYW receive, the program has included sanitary pads and other necessary hygienic materials. Another reason is AGYW themselves where some of them don't prioritize their academics and through safe spaces, mentors keep helping them to understand and give value to the education for their better future.

12. What is included in the start up kit for vocational training?

TVET Start up kits vary according to the trades. For example AGYW graduating from tailoring are provided with sewing machines, tissues, measurements materials while those completing welding are provided with welding machines, etc. What the program does for cost saving and ensuring sustainability, these TVETs graduates are grouped into groups (based on their living places and trades) and startup kits are provided to the group not the individual. With this approach, they keep working together, supporting each other, and the coordination is easier. The program spends an average of \$250 for each AGYW to complete the training and get start up kits and start employment.