RESILIENCE FOOD SECURITY ACTIVITIES (RFSA)

POVERTY REDUCED SUSTAINABLY IN AN ENVIRONMENT OF RESILIENT AND VIBRANT ECONOMY (PRESERVE)

HN AND MHPSS SECTOR ANNUAL NARRATIVE REPORT FOR FY-II

Fiscal Year 2023

By: Barkot Tamiru

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Fiscal Year 2023

AR Narrative Report for Year II

HN & MHPSS Sectors

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ACRONYMS AND ABBREVIATIONS

FY	**FISCAL YEAR**
H E W	Health Extension Workers
HHS	Households
H N A S	Health and Nutrition Animators
IO	Intermediate Outcome
IDP	Internal Displaced People
M N C H	Maternal and Neonatal Child Health
MHPSS	Mental Health Psycho Social Support
PFA	Psychological first aid
P M+	Problem Management Plus
P L W	Pregnant and Lactating Women
PRESERVE	**Poverty Reduced Sustainably in an Environment of Resilient and Vibrant Economy**
P S N P	Productive Safety Net Program
RFSA	Resilience food security activity
S B C C	Social and Behavior Change Communication
USAID	United States Agency for International Development
USG	United States Government
V C H W	Volunteer Community Health Workers
W A S H	Water, Sanitation and Hygiene
W H D AS	Women Health Development Army
W R A	Women of Reproductive Age

EXECUTIVE SUMMARY

Major determinants of food insecurity are low availability of, and access to food, especially nutrient-rich foods (low production due to erratic rainfall, land degradation and fragmentation and poor agricultural practices), low income (lack of access to markets and lack of alternate employment opportunities), and poor utilization of food (poor hygiene practices, poor feeding practices, lack of dietary diversity, low access to potable water and sanitation).

Food for the Hungry (FH) and its partners, RTI International (RTI), Professional Alliance for Development (PADet), Amhara Development Association (ADA), Bahir Dar University, Dimagi, and iDE propose to implement Poverty Reduced Sustainably in an Environment of Resilient and Vibrant Economy (PReSERVE), an integrated activity to improve food security of vulnerable households in targeted PSNP communities in Amhara Region and contribute to a sustained reduction in rural poverty.

In Amhara, the effective utilization of scarce food resources is primarily hampered by poor hygiene practices, lack of dietary diversity, suboptimal feeding practices, and poor access to potable water and sanitation. Accordingly, PReSERVE has prioritized the improvement of feeding practices for PLW and CU2 and improving access to clean water and sanitation, while also improving hygiene behaviors.

FHE through its BHA funding aims to reduce under-nutrition, facilitate food consumption through improved dietary diversity efforts address environmental enteropathy problems for enhanced nutritional status. As cornerstone of the program, it will also concentrate on improved care, WASH, and nutrition practices for Pregnant and Lactating Women and children under the age of two, women of reproductive age groups and adolescent girls. Under this Sub-Purpose, PReSERVE has prioritized the improvement of feeding practices for PLW and CU2, improving access to clean water and sanitation, while also improving hygiene behaviors and improving mental health and psycho-social support services.

PReSERVE will pursue a Nurturing Care Group SBC strategy, a modified version of the Care Group approach to address issues around poor maternal, infant and young child feeding (MIYCF), home management and care seeking for sick children and other disease prevention practices (Health and Nutrition); poor early child development and stimulation practices (Education); poor water collection, storage and treatment, and hygiene and sanitation practices (WASH) and integrate with Mental Health and Psycho-social Support (MPHSS) and Gender Based Violence prevention (GBV).

On the 2nd year, PReSERVE health team planned pivot and other routine development works like NCG establishment to improve maternal and child health [MCHN], IYCF, and strengthen the government's nutrition screening for SAM and MAM cases and the existing entire growth monitoring program through community mobilization and increased training of HEW and lead mothers in early detection of growth faltering and counselling.

This FY, HN team were resuming implementation of activities after a few month of suspending due to delaying approval of DIP, AOP and cash flow for the area program. After then, HN team were started implementing project activities at the middle of February and were tried to complete it within the program implementation period.

Purpose 1: Vulnerable HHs and Individuals have Sufficient Quantity, Quality, and Diversity of Food at All Times

SP 1.3. Optimal and Equitable Infant and Young (IYCF) Children Feeding Behaviors Practiced

IO 1.3.1 Improved maternal, infant and young child nutrition (MIYCN) practices adopted

Provide training for health extension workers on CMAM (IMAM)

Community- Community-Based Management of Acute Malnutrition (CMAM) is a decentralized community-based approach to treating acute malnutrition. Treatment is matched to the nutritional and clinical needs of the child, with the majority of children receiving treatment at home using ready-to-use foods. In-patient care is provided only for complicated cases of acute malnutrition. CMAM consists of four components:

1. Stabilization care for acute malnutrition with complications,
2. Out-patient therapeutic care for severe acute malnutrition without complications,
3. Supplementary feeding for moderate acute malnutrition and
4. Community mobilization.

The key objective of a CMAM programme is to reduce mortality and morbidity from acute malnutrition by providing timely diagnosis and effective treatment of acute malnutrition, and through building local capacity (health system and community) in the identification and management of acute malnutrition. A significant gap remains between the need and capacity for the management of severe acute malnutrition (SAM) in children. This gap exists despite clear advances in the development and implementation of international and national protocols for the management of SAM, as well as guidelines and training for inpatient care of severely acutely malnourished children.

To address this gap, within FY-2 PReSERVE HN sector organized CMAM/IMAM training as a PIVOT activity for HEWs and FH promoters in order to increase knowledge of and build practical skills in CMAM, in both emergency and non-emergency contexts.

37 [22F] were taken part in the training. The training used a variety of methods of instruction, including reading, drills, experience sharing, role-plays, and demonstrations. The facilitators are not lecturers, as in a traditional classroom. Their role is to facilitate, answer questions, provide feedback on exercises, lead plenary and buzz group discussions, structure role-plays, etc.

The PReSERVE HN department has prioritized the Availability of quality nutritious foods component of food security. While Utilization of food is a problem within the broader population in the target woredas, the priority populations to focus on are the PLW and CU2 because of the critical developmental role that nutrition plays in the first 1,000 days.

Establish NCGs including the pilot Adolescent NCGs:

Use of NCGs as primary platform to support PLW. The focus on additional behaviors ensures children fully thrive through the first 1000 days. Thus, HN sector conducted an initial census for the Pregnant and Lactating Women (PLW), women of reproductive age, and children under five in the targeted kebeles of Ziquala Woreda. Correspondingly, 2,986 pregnant women & lactating women with under 2 children [NC], 14,406 women of reproductive age [WRA], and 8,275 children under five & 4,778 under 3 years of age were identified to be reached through NCG & other health and nutrition programs.

From identified census findings we established and form 27 nurturing care groups (NCG), 287 Volunteers selected [NCGVs], 287 neighbor groups [NG], and 888 PSNP clients & 2178 emergency users were included within the nurturing care group approach program.

FHE ZQ AP RFSA_PReSERVE Nurturing Care Group (NCG) Formation

SN	kebele Name	Kebele in #	#of voulnter Mother [NCGV]	Nighbour caregiver [NC]	Total PLW [NCGV+NC]	# of NCG	# of Pregnant mother	# of Lactate mother [cargiever]	#PSNP PLW	Both NCGV & WHDA role	NC to NCGV ratio	Remark	#of HEW
1	Tetsika	1	58	547	605	5	142	463	192	15	9.4		4
2	Netsanet Melkam	2	40	387	427	4	85	302	90	11	9.7		2
3	DebreHiwot	4	53	572	625	5	216	409	126	20	10.8		3
4	Hageresalem	8	31	280	311	3	84	227	195	9	9.0		2
5	Adisufere	10	25	260	285	2	93	192	64	6	10.4		2
6	Adisalem	12	42	366	408	4	119	289	221	14	8.7		2
7	D/Betegel	13	38	387	425	4	123	302	321`	11	10.2		4
Total			**287**	**2799**	**3086**	**27**	**862**	**1937**	**888**	**86**	9.8		**19**

The census also encompasses Non-NCG kebeles to identify pregnant women, women with children under 2, women of reproductive age group(20-49), and adolescent girls aged 10-19) Identified PLW mothers and adolescent girls will be grouped by numbers ranging from 8-15 for dissemination of health and nutrition messages for particular groups and enhance the support of male counterparts using PSNP/PW platforms.

FHE ZQ AP RFSA_PReSERVE Project
Census summary for non NCG kebeles

Ser No	Kebele	Kebele Name	Total Population	# PLW under PSNP	PW	#<2 years Child	Total PLW	2-5 years	WRAs [15-49]	#of adolescent [14-19]	#of WHDA	Remark
	3	Netsawerk	4,199	78	77	216	289	363	1009	96	34	
	5	Debretsehay	4,739	126	122	244	312	410	1138	89	36	
	6	Resegenet	3,751	101	101	193	234	325	901	94	29	
	7	Debreabay	4,298	117	115	221	221	372	1032	165	33	
	9	Semen Ber	2,416	104	101	124	187	209	580	69	19	
	11	Nekatedraje	4,719	144	142	243	297	408	1134	147	38	
	14	N/Bedereget	6,042	159	159	311	378	523	1451	279	40	
	15	D/abeba	1796	68	66	119	133	194	431	99	22	
G.Total			**31,960**	**897**	**883**	**1,671**	**2,051**	**2,804**		**1,038**	**251**	

Conduct Regular NCG Sessions

NCGs is the primary platform to encourage and support PLW to adopt a select, focused set of key MIYCF behaviors. FH has modified the model slightly, aligning with PSNP4 program implementation and integrating it fully into MOH's existing Health Extension Program by replacing Care Group Volunteers, typically selected by their peers, with female volunteers from the government's WHDA. Optimal IYCF practices have profound implications on child survival, health, growth, and development.

The first 1,000 days of a child's life from conception through age two is a critical window of opportunity to ensure child survival, optimal growth, cognitive development, and lifelong health. IYCF and maternal nutrition are recognized as the most effective set of interventions to prevent child deaths, disease, and undernutrition across generations. As such, PReSERVE has planned a set of interventions that ensure optimal feeding practices to ultimately-undo the undernutrition problems in target kebeles via using NCG platforms.

Within the physical year the printed flipcharts both module 1 and 2 were distributed to targeted kebeles and FH promoters collaboration with respective HEWs started discussion on NCG lessons with lead mothers also the nominated NCGVs cascaded the lessons to their neighbor caregivers asap. Almost all of the NCG groups addressed the five lessons of module I and started Module II lesson on this September.

274 volunteers attended the NCG module II lesson 1 discussion so far. During the voluntary group session, the FH animators or the promoters arranged them to sit in circle, taken attendance of participants, asked them if they practiced the new behavior and challenges they encountered when trying to practice the new behavior.

On top that, Funny stories were presented by participants and the discussions of the day were introduced by the animator/promoter. They use ORPA (observing the picture on the module, reflect what they understand from the picture, perceive the key message and finally agree). Each animator/promoter has been using participatory approach in teaching the module. Participants ask questions, share their experience on each lesson topics, exercise the new behavior during that day and they make commitment at the end of each topic to practice the new behavior at home.

Photo was taken during cascading the NCG group discussion

Table 3: NCG session dates table

Nurturing Care Group (NCG) session Schedule						
Kebele	**#kebele**	**#of NCG**	**NCG group**	**# of voluenteers per Group**	**Date of session in ETH calander**	**Remark**
Tesika	1	5	Bilaku	11	12	
			01 health post	12	7	Module I [Five sessions] completed & Module session I begins
			mango sefer	10	5	
			hospital zuriya	13	7	
			sialawa	12	19	
Netsanet Melkam	2	4	Meakel *2	19	15	Module I [Five sessions] completed & Module session I begins
			Jhoza	11	12	
			Beruyna	10	7	
Debrehiwot	4	5	Hiber	10	27	
			kedamit HC	12	12	Module I [Five sessions] completed & Module session I begins
			yedero gebya	12	23	
			hiber 2	9	19	
			kedamit high school	10	21	
Hagereselam	8	3	mishera	11	5	Module I [Five sessions] completed & Module session I begins
			alema	10	19	
			bejesur	11	21	
Adisufere	10	2	tsinakola	12	19	Module I [Five sessions] completed & Module session I begins
			tsida dega	13	12	
Adisalem	12	4	Meake *2	21	7	Module I [Five sessions] completed & Module session I begins
			gebya sefer	9	29	
			Aakad	10	15	
Delbetegel	13	4	addismender	11	29	
			abitaba	10	29	Module I [Five sessions] completed & Module session I begins
			Meakel	9	21	
			Talbodega	9	15	

Train Promoters and HEWs on NCG, ECD and MIYCN

Before establishing NCG, we gave training on NCG approach and on early child hood development (ECD) for promoters and HEWs for three days. Hence, 25[4M] were taken part the forum. This discussion emphasizes to familiarize participants regarding the new approach of NCG and to analyze why the Care Group (CG) approach and Nurturing Care are so effective and enhancing their level of understanding on childhood milestone in early childhood development.

Photo was taken during facilitating NCG-ECD training

Train WHDAs on selected MYICN topics

In Amhara, the effective utilization of scarce food resources is primarily hampered by poor hygiene practices, lack of dietary diversity, suboptimal feeding practices, and poor access to potable water and sanitation. Accordingly, PReSERVE has prioritized the improvement of feeding practices for PLW and CU2 and improving access to clean water and sanitation, while also improving behaviors. Hence, within quarter we were giving lead mothers on selected MYICN topics on cluster basis.

Within this FY, 276 Lead mothers were taken part the training both module I and II in clusters basis [Tesika,Kedamit and Telaje clusters]. The volunteers cascaded the training sessions to respective caregivers among the selected lessons.

Train WHDAs on preparation, preservation and use of local foods

During the 2nd FY capacitating the nominated lead mothers or volunteers were also another prioritized activities based on AOP. Accordingly, HN sector organized training on cluster basis [Tesika, Kedamit & Telaje] for NCGVs and promoters regarding food preparation and preserve methodologies. 204 [F] selected lead mothers were attended the training so far. The aim of this training is to equip lead mothers or WHDAs [Volunteers] on the importance of preserving vegetables and other foods in order to keep the nutritional value of food intact, shelf life of vegetables and fruits and also on how to enabling the storage and supply of stored food for a longer period.

Photo was taken during group discussion and presenting

Train promoters, HEW and WHDA on early detection of growth faltering

Growth monitoring is a preventive activity comprised of growth linked with promotion, usually counseling on child feeding and health. It focuses on following up of the growth rate of well-children under 2 years of age in comparison with world health organization (WHO) standards by periodic, frequent anthropometric measurement of weight and plotting it on the weight-for-age growth chart which enables health care workers to see the changes in the children weight and giving counseling to mothers/caregivers about their children growth before children reach the status of malnutrition.

The main purpose of growth monitoring is to prevent growth faltering and under nutrition. It helps to recognizing growth patterns of children needing special attention (like low birth weight, TB, HIV/AIDS). Gaps observed on growth monitoring practice among health workers made it fundamental to organize training regarding growth monitoring practice and associated factors for designing and implementing effective interventions.

37[22F] were taken part the training. The training used a variety of methods of instruction, including reading, drill, experience sharing, role-plays, and demonstrations. The facilitators are not lecturers, as in a traditional classroom. Their role is to facilitate, answer questions, provide feedback on exercises, lead plenary and buzz group discussions, structure role-plays, etc.

- Power Point presentation
- Group work and discussion
- Role play or Play acting demonstrations

Photo was taken during lecturing participants on how to detect growth faltering for under 2 children's;

Intermediate Outcome: Mental health well-being improved

The conflict in northern Ethiopia that expanded to the Amhara region has directly affected two implementation districts of PReSERVE [Ziquala and Abergele]. There are critical events that affects the psychological well-being of the community including loss of human life, loss of assets, loss of social infrastructure resulting in reduced engagement of the community in productive activity and increased tensions, fear and trauma. Along with this, the conflict also affect the psychological well-being FH and government staff who participated in helping professions. In order to alleviate these issues, self-care and emotional resilience are one of critical areas of response considered within this physical year.

Some of the gaps in basic services, which are needed for all community members, are expected to be addressed through sectoral responses in FH, government and partner efforts. As proposed in the plan a multilayered approach to address the mental health needs of the community. The response covered under this section focuses on strengthening community and family support and focused on non-specialized care.

Train promoters and HEWs on GPM+ and PFAs

The other major focus area within this FY was implementing GPM+ intervention and this training is to build the capacity & skills of Government health extension workers and recruited promoters' including other health care workers to enable them to provide the mental health and psychosocial support and to be well aware about psychological first aid. In addition, the participants expected to identify and address the mental and psychological problems of staff and community members affected by the conflict and also ensuring that mental health care is functionally linked to, and preferably integrated in the general health system. Beyond that, they have to revive and strengthen family and community support systems and promote positive coping mechanisms of conflict-affected individuals and their families.

The training used a variety of methods of instruction, including reading, drill, experience sharing, role-plays, and demonstrations. The facilitators are not lecturers, as in a traditional classroom. Their role is to facilitate, answer questions, provide feedback on exercises, lead plenary and buzz group discussions, structure role-plays, etc.

The training began with opening remark by [Estifanos Wondaye] who shared the objectives of training and warmly welcomed the participants, thanked them for sparing time to attend these sessions, delivered the welcome note. Moving on, [Fanuel E.] discussed the agenda and set the norms of trainings in detail. He also asked participants to share their expectations and fears regarding training. Pre-training assessment test was taken from the participants. Training norms were set with consensus from the participants. These were as follows:

- Participants respect each other's' point of view
- Put cell phones on silent
- Avoid discussion with each other
- All participants actively participate in discussion
- Ensure daily attendance as per schedule

Participants were given workshop evaluation forms and trainer's evaluation forms to share their feedback. In addition, the participants at the end of the training also conducted a post-training assessment test to help gauge the perceived change in knowledge.

Forty-Six, 46 [33F] individuals were take part five days training. Out of them 15 of them are FH promoters.

Photo was taken during participants performing group presentation

Conduct GPM+ group discussions

Problem Management Plus (PM+) is an evidence-based low-intensity psychological intervention developed by the World Health Organization (WHO) for adults impaired by distress in communities exposed to adversity. Aspects of CBT have been changed to make them feasible in communities that do not have many specialists. To ensure maximum use, the intervention is developed in such a way that it can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems.

PM+ is useful for a range of emotional problems. It does not involve diagnosing mental disorders, even though it is likely to help people with mood and anxiety disorders. It can be applied to imp rove aspects of mental health and psychosocial wellbeing no matter how severe people's problems are. This intervention applied in selected NON-NCG and NCG kebeles.

In this FY, After given the GPM+ training promoters collaboratively with government Hews were engaged in screening of individuals [pre group assessment] using WHODAS and PHQ-9 scores in order to include mild to moderate depressed individuals on problem management approach. Before assessing each individual, we try to brief out our role and from where we came from, and for what purpose we get there.

During conducting pre- assessment:

- ☐ We meet our client;
- ☐ We hear our client's story;
- ☐ We decide if a client is suitable and ready for PM+ based on screening crierias;
- ☐ We also gather specific information about their practical and emotional problems that helping us to prepare for PM+ discussion

Within this 2nd FY, we screened 813[408F] individuals among Non-NCG kebeles and 228[104F] of them eligible for PM+ Group discussion based on screening criteria. The clients grouped by sex and geographical approximate for taking the sessions.
The group ranges from 9-12 members and the sessions were arranged to be cascaded once per week for every group.

Before the beginning of each session, we arranged the meeting place with the interest of participants to be more suitable and we tried to define and exemplify what PM+ is and the four strategies that need to be addressed in PM+. Most of the client's groups successfully completed all 5 GPM+ sessions and The entire group members undertook during assessment after completing each session also post assessment after fifteen days of completing the fifth session.

During the GPM+ intervention under Non NCG kebeles 3 suicidal attempt and 1GBV case were reported within the reporting period.

Table 4: GPM+ Figures under Non-NCG kebeles

Non-NCG kebeles		Pre-assessed (Screened)	PM+ Clients	Refer Case		Session Covered	Remark
				GBV	Other SMDs		
Kebele 11	Male	100	33	0	0	Completed	
	Female	104	22	0	0	Completed	
Sub total		**204**	**55**	**0**	**0**		
Kebele 05	Male	108	41	0	0	Completed	
	Female	92	21	0	0	Completed	
Sub total		**200**	**62**	**0**	**0**		
Kebele 09	Male	95	23	0	0	Completed	
	Female	101	29	0	1	Completed	
Sub total		**196**	**52**	**0**	**1**		
Kebele 07	Male	102	27	0	1	Completed	
	Female	111	32	1	1	Completed	
Sub total		**213**	**59**	**1**	**2**		
Total		**813**	**228**	**1**	**3**		

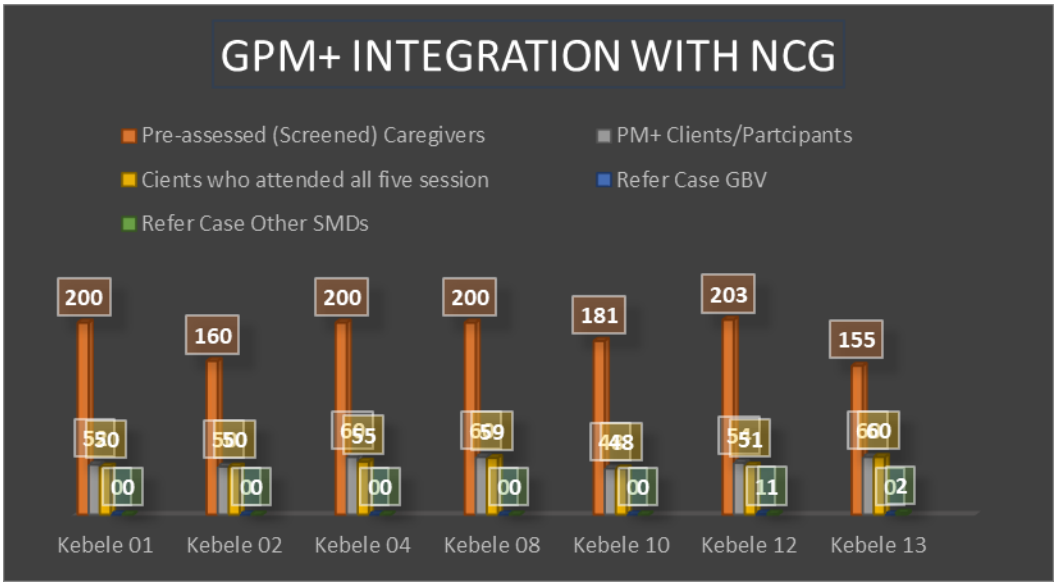
Integrate GPM+ group discussions with NCG

Integrating GPM+ into the established NCG system was one of the prioritized activities under the FY. Accordingly, the HN sector starts screening the NCG caregivers using screening tools under seven kebeles, which the NCG system already implemented.

Correspondingly, 1299 caregivers were screened under seven NCG kebeles among them 384 were entitled for the GPM+ program. Finally, 373 participants successfully attended the five sessions. During screening 1GBV and 3 suicidal attempts were linked to nearest health facilities for further diagnosis and treatment.

Whereas 11 clients were dropout from the program due to various personal, issues and we carried out post assessment for each participants after 15 days of completing session five of PM+ manual.

Last but not the least; we conducted during group PM+ assessment after the end of in every session. Based on the assessment scores from during assessment indicates that there was an insignificant change from that of the previous one in the beginning of sessions but have a big variance when we come to the end of the sessions.



Picture illustrates that NCG kebeles GPM+ status for PLWs.

Train FH Promoters and HEWs on SGBV response and referral

In this physical year, the HN sector prepared three days of training on SGBV response and referral for FH promoters/ area program animator's, government health extension workers and also health center mental health focal using PReSERVE year two allocated budget. The main aim of the training is to build the capacity and skills of FH promoters/ area program animator's, government health extension workers regarding GBV cases and to identify the cause and types of GBV in the area and to put right based approach to address this world wide incidence.

On top of that, this training will allow them to know the types of GBV in the Ziquala woreda, to identify the most common GBV incidence that occurs in the area, and thereby to put right-based solutions for the GBV incidence.

In addition, this training also aimed to connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources. Also for providing information that may help survivors cope effectively with the psychological impact of disasters.
Overall, this activity planned to revive and strengthen family and community support systems and promote positive coping mechanisms of conflict-affected individuals and their families: these are key psychosocial interventions in an emergency.

Total participants were 40 [25F] were take part during the training. Whereas, the workshop were used various methodologies during the training such as presentation, small group discussion, video show and role-play.

Photo was taken during Trainers addressing basic concepts of SGBV response to participants using the printed modules prepared in Amharic and English version.

Train and engage community and religious leaders on GBV, its consequences, response and prevention

Gender-Based Violence (GBV) is still the major complicated problem in Ethiopia including the Amhara region. Especially after the conflict and the war, the case of GBV is becoming worse and the problem is complicated and severe. Ziquala woreda is the one area affected by the conflict in the region and evidence shows that the GBV has occurred. Thus, to identify causes and contributing factors for GBV and types of GBV in the area conducting risk assessment and raising awareness for essential community leaders is the other intervention area of PReSERVE.

Therefore, in this FY, the HN sector organized two days of training on GBV, its consequence and its prevention modalities for religious leaders and community representatives using PReSERVE year two allocated budget.

The main aim of the training is to build the capacity and skills of religious leaders and other community members regarding GBV cases and to identify the cause and types of GBV in the area and to put right based approach to address this world wide incidence. On top of that, this training will allow them to know the types of GBV in the Ziquala woreda, to identify the most common GBV incidence that occurs in the district, and thereby to put right-based solutions for the GBV incidence.

In addition, this training also aimed to connect survivors as soon as possible to social support networks, including family members, friends, neighbors, and community helping resources.

Also for providing information that may help survivors cope effectively with the psychological impact of disasters. Overall, this activity planned to revive and strengthen family and community support systems and promote positive coping mechanisms of conflict-affected individuals and their families: these are key psychosocial interventions in an emergency.

Total participants were 25 [M] were take part during the training. Whereas, the workshop were used various methodologies during the training such as presentation, small group discussion, video show and role-play.

Support establishment of safe space for women and girls

The other PReSERVE mental health sector focus of attention in this FY is to establish safe space for women's and girls. Women and Girls Friendly Spaces (WGFS) is a place where women and girls can go to feel safer, access information and support, participate in activities, build their networks and strengthen relationships with peers. It is a formal or informal place where women and girls feel physically and emotionally safe.

The objective of a WGFS is to be a safe place where women and girls are supported through processes of empowerment. As such, WGFS are established to empower women, promote and enhance protection, provide necessary information and care, support healing and help reduce vulnerability to harm in the future, as well as to provide opportunities for skills building and collective action in communities.

Thereupon, we discussed with WHO and women and child affairs office in selecting suitable site for establishing safe space for women and girls and we agreed to be at tesika primary hospital. Following we procured all the necessary 22 different items to furnish the SS room ASAP.

THE END