EDITORIAL

This edition of OPENPlan marks the first issue of Volume 2, and the first for 2016. We have sought to bring you as varied research studies as possible in order to give you a sampling of some of the interesting studies being undertaken across Plan International. The first of these is a study undertaken by Plan International USA, with the Water Institute at the University of North Carolina, on Community-Led Total Sanitation (CLTS). The study, undertaken in Ghana, Ethiopia and Kenya, is a great example of how research can be used to inform our programme work. The research sought to understand the essential aspects of the CLTS process and how it could be scaled to the national level and/or replicated in other countries.

The second study we feature was a joint piece of qualitative research undertaken by Plan International Benin and Plan International Togo, and financed by the Swedish National Office. It involved a well thought through research methodology and should be commended for maintaining a good ethics approach.

We also feature an article setting out the digital birth registration study undertaken in Plan International Pakistan. What is important to highlight in this regard is that the article also discusses key lessons learnt from the research process. Hopefully, these lessons can serve as helpful hints for when you are undertaking your next research.

We are happy to again feature an article about a Plan International study that was published in a peer-reviewed study. Mona Girgis, Country Director of Plan International Laos, co-authored an article in Development in Practice based on a gender audit study.

Finally, we feature the findings from a ‘sponsorship disaster census’, which was adapted in order to collect additional information to understand the situation of each sponsored child in order to provide evidence to strengthen and improve Plan International’s disaster response in Nepal after the earthquake.

Again, should you have any exciting research reports coming up that you would like featured in the next issue of OPENPlan, do not hesitate to contact us!

CREATING BETTER EVIDENCE-BASED POLICIES AND PLANS FOR SANITATION INTERVENTIONS:

PRACTITIONER FINDINGS FROM THE TESTING CLTS APPROACHES FOR SCALABILITY PROGRAMME

By Darren Saywell, Plan International USA; Mulugeta Balecha, Plan International USA; and Clarissa Brocklehurst

INTRODUCTION

Community-led total sanitation (CLTS) is an innovative methodology for achieving sanitation behaviour change that has spread to countries across South Asia, Latin America and Africa over the past 15 years. This approach seeks to eliminate open defecation (OD) by encouraging the construction and use of sanitation facilities through grassroots mobilisation of communities (a process known as “triggering”). When successful, triggering promotes a community-wide commitment to becoming open-defecation free (ODF). Successfully mobilising communities to become ODF depends greatly on the efforts and skills of local facilitators.

Plan International USA’s Testing CLTS Approaches for Scalability project, funded by the Bill & Melinda Gates Foundation, and implemented in collaboration with the Water Institute at the University of North Carolina (UNC), sought to understand the essential aspects of the CLTS...
facilitation and mobilisation process and how it could be scaled to the national level and/or replicated in other countries.

This operational research project drew on experiences with natural leaders1 (representatives from local communities), teachers and local government officials in Ghana, Ethiopia and Kenya, respectively, in addition to rapid assessments of 7 other countries’ CLTS programmes as part of a ‘CLTS Learning Series’ designed to cross-reference findings from the main evaluation countries.

BACKGROUND TO THE RESEARCH

There have been a number of interventions aimed at addressing the issue of rural sanitation and open defecation (OD) over several decades. Past interventions largely focused on supplying latrines or latrine construction materials and met with limited success, in many cases because they did not adequately stimulate the demand for improved sanitation or result in sustainable behavioral change within the target communities. In response, Community-Led Total Sanitation (CLTS) was developed in 2000 as a way to generate change in sanitation behaviours, which can then stimulate both demand and supply for improved sanitation and sustainable reductions in OD. Given promising early results, CLTS has spread from its inception in Bangladesh to South and South East Asia, Africa, Latin America, and the Middle East. Plan International alone has implemented the approach in more than 40 countries. Many governments and policy-makers are now seeking to scale up the approach to help achieve improved sanitation beyond the community level.

However, there are elements and challenges inherent in the CLTS approach that hinder the overall effort to efficiently and effectively scale the intervention. In particular, the requirement of labour-intensive facilitation, community by community, can make CLTS slow and costly to scale. NGOs most commonly lead facilitation, dependent on donor funding and geographic coverage. Efforts to transfer CLTS facilitation to relevant government entities have also struggled to secure sufficient motivation and resources to effectively implement the approach at scale. Removing these obstacles through modified CLTS methodologies and practices could significantly improve the coverage of the approach, and contribute to the achievement of the MDG for improved sanitation. In response to the primary challenge of costly, labour-intensive CLTS facilitation, our approach tested identified strategies to enhance the roles of local actors at the community, facilitator, and government levels in CLTS implementation.

RESEARCH DESIGN

Although the project was focused on spurring innovation in the adaptation of CLTS methodology, we acknowledged in our design the inherent variability of a community-led, adaptive methodology like CLTS and designed three main country pilots to achieve an optimal balance between controlling variables for research rigor and retaining flexibility for innovation and adaptation.

The quasi-experimental designs used in the research aimed to do the maximum possible to control the environment in such a way as to deliver statistically significant and valid research results, and recognise the value for collecting, observing, and documenting lessons learned and patterns or trends that may emerge.

By focusing on individual actors in the CLTS approach, we acknowledged inherent variability in the characteristics and leadership capacities of natural leaders, teachers as facilitators, and district government officials, and designed the capture and evaluation activities of the pilots to reap the benefit of this variation – documenting the success factors and characteristics that set apart the most successful local actors – rather than seeking to minimise it.

Research design components included:

- **Internal setting situational assessments:** in order to assess what conditions were necessary for the modified CLTS approaches to be applicable, the settings in which they were implemented were characterised in Kenya, Ghana and Ethiopia.
- **Baseline, midline and endline surveys:** systematic surveys of communities in the three pilot countries were conducted prior to intervention, 1 year and 2 years post-intervention. Data surveying and data analysis was overseen by UNC Water Institute using independent data survey collectors to maintain transparency and rigour in collection and analysis of findings.
- **Main pilot evaluations:** In Ghana, a randomised control trial was conducted in 60 communities across 3 regions, comparing intervention groups (which received Natural Leader training and CLTS) to control group (conventional CLTS with no Natural Leader training). In Ethiopia, a quasi-experimental design was applied in 6 Kebeles, across 2 districts, comparing intervention groups (teacher-led CLTS), to control groups (Health Extension Worker led CLTS). The Kenya study was qualitative in nature; involving in-depth interviews with 56 district managers who received CLTS management training, and followed by systematic surveys at 1, 7 and 20 months post-intervention.

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1 “Natural leaders” are those who emerge as a result of the CLTS triggering process and feel motivated to help change the sanitation situation in their communities. They do not have to be existing community leaders.
• **External setting comparisons**: A comparison of the project settings to external settings were conducted to assess the potential wide scale replication of the three modified CLTS approaches being researched. A global analysis was completed at low detail via a global systematic literature review (peer and grey) and analysis of global data. Additionally, rapid evaluations for 7 additional countries were carried out allowing for a characterisation of lessons learned across a representative sample of Plan International programme countries to the three pilot evaluations.

**RESEARCH HIGHLIGHTS**

1. **Practitioners must understand the “performance envelope” in which CLTS works well**

The CLTS Learning Case Studies carried out under this research in seven countries supplemented the Ethiopia and Ghana evaluations to reveal that CLTS had a greater likelihood of success in small, remote, rural communities with low initial latrine coverage, a large measure of social cohesion, a stable population, and with no or little prior experience with subsidies for latrine construction. Another factor in achieving success was the presence of village leaders (elected or traditional) who support community mobilisation/triggering and post-triggering follow-up.

An in-depth evaluation in Ethiopia provided a good example of a distinct difference in outcomes. In Ethiopia, OD rates varied from 3.4 to 32.4 percentage points between two study sites: Oromia and Southern Nations, Nationalities, and Peoples (SNNP) Region. Compared to SNNP, Oromia is more remote and less densely populated; villages tend to be smaller and households are bigger, with less access to household resources.

![Fig 1: Open Defecation rate at baseline and 12 months in Oromia and SNNPR.](image)

<table>
<thead>
<tr>
<th>Region</th>
<th>Baseline OD</th>
<th>1-yr follow-up OD</th>
<th>Decrease in OD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oromia study sites (3 kebeles)</td>
<td>70.0%</td>
<td>37.6%</td>
<td>32.4 pp</td>
</tr>
<tr>
<td>SNNP study sites (3 kebeles)</td>
<td>27.4%</td>
<td>24.0%</td>
<td>3.4 pp</td>
</tr>
</tbody>
</table>

As the table above shows, the study sites in Oromia, where greater reductions in OD were found, had a much higher rate of OD before the project started. By contrast, just over a quarter of households were practising OD in the study sites in SNNP; these may be households which are harder to convince of the benefits of abandoning OD, or those facing other barriers to latrine construction and use.

In addition to the support of formal leaders, the research also suggests that training “natural” leaders has a significant impact on the success of CLTS in certain settings. Moreover, the factors that lead to success in training and employing natural leaders are consistent with the determinants of successful CLTS implementation. For instance, in Ghana, the evaluation showed that training natural leaders as an add-on activity to CLTS had the largest impact on reducing OD in the Upper West region. In this region, fewer communities had benefited from prior water and sanitation projects (45% of communities compared to 100% of communities in Central region). The Upper West region communities were also more remote, less densely populated, and had more stable populations.

The research in seven countries further revealed that practitioners conducted repeated follow-up visits to encourage communities to build latrines even if communities did not respond enthusiastically after CLTS triggering, in some cases continuing until the project came to an end. It is questionable whether this was a cost-effective approach; for instance, in areas where CLTS was simply an inappropriate approach, it could be argued that this was “throwing good money after bad”.

**Implications for practitioners**

• It is important to assess the attributes of a locality (i.e., density, distance to urban areas, past community conflict measurement), analyse how well they fit with the known optimum “performance envelope” of CLTS, and then target CLTS and other approaches accordingly.

• By understanding the context thoroughly, assessing the attributes of the locality, practitioners will be able to develop realistic targets for OD reduction and latrine coverage.

2. **Impact is enhanced when CLTS is adapted to fit the setting**

Findings from the Learning Series countries in which research was carried out revealed several ways in which successful local adaptations had taken place.

In Niger, facilitators emphasised the health benefits of ending OD, rather than using triggering techniques that are meant to incite shame and disgust. Community level interviews provided strong evidence that people were more aware of the harm caused by OD after triggering. Many communities in Plan International Niger’s working areas had also been affected by a cholera outbreak, which allowed people to more easily form connections between OD and diarrheal disease.

In Indonesia, Niger, and Cambodia, religious leaders were engaged during triggering. For instance, imams in Indonesia and Niger, and Buddhist priests in Cambodia were asked to add sanitation messages to their religious activities.
sermons to encourage people to build latrines as a religious and moral undertaking. This adaptation was particularly significant in the Islamic countries due to the standards of personal hygiene, cleanliness, and purification that are inherent in Islam.

In Haiti, community hygiene clubs were formed as part of Plan International's WASH activities. These clubs created a large pool of community volunteers who were available to assist during triggering and who played an important role in encouraging families without latrines to attend triggering events. They were also used to monitor ODF status and spread hygiene messages before and after triggering. Hygiene messages served as the basis for starting conversations around community sanitation and OD.

Not all adaptations were made to enhance impact, but sometimes reflected the expectations and limitations of local actors. In Cambodia and Lao PDR, CLTS was adapted to be more instructional and less participatory because in these very hierarchical societies local government facilitators were used to giving decrees and lecturing villagers. In addition, facilitators in these countries admitted that they were uncomfortable with some of the triggering tools that were designed to elicit shame and disgust (such as the ‘walk of shame’ and feces-mixed-with-water demonstration), so these were not emphasised during triggering. Institutional adaptations to CLTS implementation in these countries may be a contributing factor to the low level of ODF attainment thus far.

**Implications for practitioners**

- CLTS programmers need to adapt CLTS to the local context.
- Practitioners who adapt CLTS need to critically evaluate their experiences, assess whether their adaptations are actually leading to the desired outcomes, and document them so others may learn.

3 **Local actors are important, and careful engagement with them, including significant capacity building, can enhance CLTS programming**

As CLTS is a “community-led” approach, a crucial component of successfully implementing this methodology involves encouraging community actors to take charge of improving their sanitation situation. Examples of community-level actors can include teachers, community health workers, and “natural leaders”. Their effectiveness varies widely.

In Cambodia and Niger, local government capacity is weak, so Plan International supplemented its own activities in triggering and follow-up with those of local NGOs. A similar approach was seen in Indonesia, Nepal, and Uganda, where village volunteers were recruited to serve as facilitators or triggerers. While the intent was for these actors to ultimately lead triggering events, they were not yet able to do so and instead supported local government or Plan facilitators.

In Ethiopia, Plan International trained teachers in CLTS facilitation, and found that OD decreased where they facilitated CLTS, even though they were not as successful as conventional facilitators (Health Extension Workers and the local community leaders). The evaluation showed that training teachers can help reduce the burden on health workers, but should not completely displace health workers in CLTS facilitation.

In Ghana, Plan International trained natural leaders on topics such as conflict resolution, participatory techniques, and latrine construction. Where natural leaders were trained as an add-on activity to CLTS, there were greater reductions in OD.

Local government actors, when engaged carefully, can also enhance CLTS programming. In Kenya, Plan International sensitised local government officials to give the workers they supervised more flexibility. Allowing staff to take on tasks in addition to their regular work responsibilities meant that workers not usually tasked with sanitation and hygiene-related duties were able to devote more time to these tasks, thereby allowing them to apply their learning on the job. Trainees gained new knowledge and skills, and there was evidence they improved their work activities as a result. They improved both the way they coordinated across ministries, and their supervision of field staff, which became more team-oriented. As a result of this exercise, Plan International also encouraged local government officials to increase budget allocations for sanitation.

**Implications for practitioners**

- Resources (time and money) need to be allocated to capacity building of all actors, including facilitators and administrators, whether government or NGO, paid or voluntary.
- Scaled operation of CLTS may be more effectively achieved when: additional local actors are brought into support CLTS facilitation, in part to minimise the effect of overburdening a small number of existing actors; targeting to work with the actor that is most appropriate to the local context.

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"**EVEN IF WE WERE AWARE THAT [OPEN DEFCATION] WAS NOT GOOD, IT WAS WITH THE ARRIVAL OF PLAN INTERNATIONAL THAT WE HAVE SEEN THE REAL DANGERS. [INITIALLY] WE FELT THAT IF YOU DEFCATE IN THE OPEN AIR, MAYBE YOU WOULD BE ASHAMED THAT SOMEONE WILL SEE YOU, […] BUT WHEN PLAN INTERNATIONAL CAME, WE UNDERSTOOD THAT THE DANGER WAS MORE THAN SHAME BUT REGARDING YOUR OWN HEALTH.**"

**NATURAL LEADER FROM AN ODF VILLAGE IN NIGER**
Accurate budgeting for CLTS requires consideration of the full range of actions and costs

As households are triggered to make their own investments in sanitation infrastructure, CLTS is commonly considered a cheaper option than other sanitation approaches. However, the costs of CLTS may be consistently underestimated. In order to estimate the full cost, it is necessary to include training, project management and follow-up in communities, as the costs associated with triggering (through community meetings and participatory activities) are only a small part of the overall costs. Another challenge lies in quantifying the costs associated with the time that is volunteered by local leaders and community members for activities such as pre-triggering (helping to mobilise attendance at meetings), conducting triggering sessions, and post-triggering activities (encouraging neighbours, verifying ODF status, etc.). In Ethiopia, it is estimated that for each hour Plan International spends training local actors, an average of 15 hours are spent by local actors (participating in the training, facilitating CLTS in their communities, etc.). Added to this should be the investments in sanitation infrastructure made by households. The evaluation in Kenya showed that training was also a major CLTS cost, and that mentoring and continued training over time was needed for training to yield some outcomes. For instance, trainees who received additional training for seven months beyond the initial training session were more motivated and reported more active application of what they had learned. Flexibility in budgeting is also required, as CLTS must be adapted to suit local conditions in each community.

The evaluation revealed that CLTS progress depended on a wide range of local actors taking on new or increased responsibilities – this included local government officials, teachers, health workers and community members. While it is difficult to quantify the cost of the time of these actors, it is certain that there is an opportunity cost, as CLTS activities take them away from other duties. Government workers tasked with facilitating CLTS almost always have multiple responsibilities. In Ethiopia, health extension workers have 16 core tasks, only one of which is sanitation; thus, supervisors may be reluctant to release government workers to devote time solely to sanitation. Conversely, actors who are distracted by other additional non-sanitation duties may not be effective champions of CLTS. For instance, in Kilifi in Kenya, the intended trainees were expected to participate in a polio vaccination campaign and multiple terrorism and security related workshops during Plan International Kenya’s programme, diverting them from sanitation activities.

Research also illustrated that in most countries where Plan International worked, the capacity of local government to carry out follow-up activities was weak due to financial constraints. Due to this fact, programmes had to rely on routine follow-up by village volunteers, who are reported to not follow up as consistently or effectively as paid government staff.

Implications for practitioners

- Planning and budgeting needs to take into account the full costs of CLTS interventions, while allowing for flexibility.
- Local capacities need to be assessed before designing a sanitation program, and the other demands being made on local actors must be considered.
- Time (and energy) needs to be invested in improving the relationship between local actors, such as government workers, and the relevant authority figure, such as supervisors, to ensure that adequate time can be allocated to sanitation.

Practitioners need to track community ‘match’ activities to understand the extent and magnitude of time invested by different actors.

Further details about the main findings from the study can be found at: 
http://waterinstitute.unc.edu/clts/

For more information on the research contact:

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"...THE COSTS OF CLTS MAY BE CONSISTENTLY UNDERESTIMATED. FULL COSTS INCLUDE TRAINING, PROJECT MANAGEMENT, FOLLOW-UP AS WELL AS THE COSTS OF TRIGGERING. [...] HARDER TO QUANTIFY ARE COSTS ASSOCIATED WITH TIME THAT IS VOLUNTEERED BY LOCAL LEADERS AND COMMUNITY MEMBERS. IN THIS STUDY, IN ETHIOPIA, WE FOUND THAT FOR EACH HOUR PLAN SPENDS TRAINING LOCAL ACTORS, AN AVERAGE OF 15 HOURS ARE SPENT BY LOCAL ACTORS."
JOINT RESEARCH ON VIOLENCE IN SCHOOL AND FAMILY ENVIRONMENTS IN BENIN AND TOGO

OVERVIEW OF THE RESEARCH

Benin and Togo, like many other African countries, ratified the United Nations Convention on the Rights of the Child and the first two Optional Protocols, thus committing to respect, protect and fulfil the rights of the child. However, children still face violence in school and family environments to an alarming degree in both countries. In Benin, a study commissioned by the Ministry of Primary and Nursery Teaching (MEMP) in 2009 indicated that 89.4% of students and school children interviewed were victims of violence in schools, and an AQUENVIE (Amélioration de la qualité de l’éducation et de la non-violence à l’école) project in December 2013 found that 9% of pupils interviewed had been victims of sexual harassment in schools. In Togo, a recent study conducted in schools by the NGO BØRNEfonden found that, of the research participants, 42.6% of girls had suffered from verbal abuse, 21.6% from sexual violence, and 17.6% from corporal punishment. In addition, 45.8% of boys had been victims of verbal abuse and 31.9% had suffered corporal punishment.

As part of measures to promote child rights, Plan International Benin and Plan International Togo have both implemented projects to improve the quality of education in a safe environment. These include the “Quality Improvement Project of education and non-violence in schools” in Benin, the project “Promotion of gender equity and violence-free education for girls” in Togo, and the project “PROTECT 3”, which has been implemented in both countries. Although these interventions have substantially improved the situation, schools in both countries still experience significant violence.

This study was conducted to gain a better understanding of the underlying social and cultural reasons behind school and family violence, as well as the effects of violence on the lives and academic performance of children in order to inform future programmes and projects.

RESEARCH OBJECTIVES

The general objective of the research was to study violence against children in school and family environments and its effects on the education of children in Benin and Togo. Specifically, the research aimed to:

- Determine the extent of violence in school, family environments and social groups where applicable;
- Assess the social and cultural logic behind the violence perpetrated against children;
- Assess the effects of such violence on the lives of children and their school performance; and
- Propose courses of action and recommendations to effectively fight against violence in school and family environments.
RESEARCH METHODOLOGY

The research employed a mixed methods approach of descriptive and analytical quantitative and qualitative data collection and analysis. The study was carried out in Plan International Benin intervention areas (Atacora, Couffo and Zou PUs) and Plan International Togo intervention areas (Sotouboua and Atakpame PUs). The research employed Lot Quality Assurance Sampling (LQAS) to establish a randomised sample. In total, 228 schoolboys/schoolgirls, 57 children with poor school performance, 57 children with good grades and 114 children with learning difficulties were interviewed.

Data collection techniques included a review of secondary data, the use of a questionnaire and individual interviews. Based on these techniques, five collection tools were developed and used for data collection:

1. Questionnaire for the three groups of schoolboys/schoolgirls;
2. A guide for semi-structured interviews with the parents of three school groups and schoolgirls eligible for an in-depth individual interview;
3. An individual interview guide for school boys/school girls to document the experiences of violence;
4. An individual interview guide for Teachers, CCS, DDEMP, DRE, and prefectural inspectors; and,
5. An individual maintenance guide for NGOs and Local Elected Women’s groups, APE, AME, Canton Chiefs, COGEP responsible for social affairs.

The results of the survey were recorded using CSPro software version 5.00 (Census and Survey Processing), which was used to establish consistency within the survey questions and responses. The data was then exported into SPSS Version 18.0 for further analysis. The analysis was essentially descriptive and was based on the examination of the statistical tables.

RESEARCH ETHICS

As this study involved human subjects and sensitive subject matter, the researchers ensured that strict research ethics guidelines were followed throughout the process. The survey was conducted anonymously and confidentially, and voluntary participation and informed consent was required from all respondents. Research participants were free to accept or refuse to participate in any aspect of the process, including the administration of the questionnaire and interview guides. During the training of field staff, it was emphasised that staff were required to obtain informed consent from the respondent (s) and avoid any form of coercion.

Furthermore, complete privacy in the interviews was guaranteed and answers from the respondents were not disclosed by any field staff.

FINDINGS

The research found that a high level of violence was occurring in both countries, regardless of the level of academic performance of the child interviewed (i.e. both successful and unsuccessful students). In Benin, 90% of children interviewed reported experiencing physical violence, versus 70% of children interviewed in Togo. Roughly 70% of children interviewed in Benin and 50% of the children in Togo reported experiences of psychological violence. Finally, 20% of children interviewed in Benin and 10% of children in Togo reported being a victim of sexual violence.

The high incidence of violence was also revealed in the responses from parents. When asked the question “Has there been violence in your household?” in the field survey, 63.3% and 58.8% of parents responded ‘yes’ in Benin in Togo respectively. According to parent reports, the violence that occurred in their households included physical, psychological and sexual. However, unsurprisingly, none of the parents reported neglect as a form of violence, despite many children reporting being denied food as punishment. Regarding the frequency of violence in households, 66% of parents interviewed in Benin versus 60% in Togo said it occurred ‘fairly frequently’. In general, the levels of school violence were still very high, regardless of the efforts put in place to address these issues.

Four factors were identified as the underlying causes of violence in schools: the pedagogical power of corporal punishment; school injustice; educational interaction; and teacher training deficit. Four factors were also identified as the underlying causes of violence within family settings: a culture of violence embedded in the education systems of parents that normalised the practice; the implicit legitimisation of family violence; economic factors; and political-legal factors.

The data collected on the effects of violence and of corporal punishment revealed that corporal punishment and school performance were not related to one another. An increase in corporal punishment did not lead to an improvement in a student’s performance. In fact, poor academic performance was found to be linked to corporal punishment rather than vice versa. Therefore, the data confirmed that violence was ineffective as a means for positively influencing learning for children. In schools, violence was found to negatively affect teacher-student relations, classroom practices and school performance of learners. Furthermore, the data on violence experienced at home indicated that it contributed greatly to the establishment of a climate of terror in households and reinforced gender stereotypes.
An effective fight against school violence must go beyond the usual framework of the school and take into account all the factors and variables that underlie the perpetuation of violence. The solutions to school violence must be varied, taking into account issues of globally accepted social standards, traditions, cultures and perceptions of the child within society.

The following recommendations were made:

• The government should develop and integrate specific teaching modules on the protection and rights of children, on alternatives to corporal punishment and nonviolent practices of maintaining discipline in the classroom in teacher training. It should also strengthen the capacity of national law enforcement to implement laws concerning violence against women and children.

• Plan International should support the Ministry of Primary and Nursery Teaching to develop a structure which involves children in determining the standards of non-violent behaviour, with respect to rights and duties. These standards will highlight the clear separation between the aspects of discipline, punishment, authority, hierarchy and violent practices. Plan International should also provide teachers with a manual on alternatives to corporal punishment.

• Schools should develop a flexible mechanism for complaints and reporting of violence for victims; support the creation of children’s clubs or action committees against school violence; and ensure strict respect of rules and/or the school charter.

• Children should use helplines and other anonymous reporting channels to report acts of violence against them and their peers, and raise awareness among peers about school violence and reporting mechanisms.

• Finally, NGOs and other organisations should initiate advocacy for prevention of violence against children and promote judicial and social procedures for violations of children’s rights.

“CHILDREN SHOULD USE HELPLINES AND OTHER ANONYMOUS REPORTING CHANNELS TO REPORT ACTS OF VIOLENCE AGAINST THEM AND THEIR PEERS, AND RAISE AWARENESS AMONG PEERS ABOUT SCHOOL VIOLENCE AND REPORTING MECHANISMS.”
RESEARCH OVERVIEW

To date, Pakistan has a poor history of birth registration nationally, with an average birth registration rate of 27% and an unknown death registration rate. Strengthening Pakistan’s Civil Registration and Vital Statistics (CRVS) system and achieving universal coverage of birth registration is critical so that individuals can have a legal identity to ensure access to public services, social protection and human rights. Furthermore, statistical information and health indicators can be used for policy planning, implementation and monitoring. Civil Registration is defined as “the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population, as provided through decree or regulation in accordance with the legal requirements in each country.” In addition, vital statistics “constitute the collection of statistics on vital events in a lifetime of a person as well as relevant characteristics of the events themselves and of the person and persons concerned. Vital statistics provide crucial and critical information on the population in a country”.

Digital Birth Registration in Pakistan: Research and Lessons Learnt

By Edward Duffus, Plan International Headquarters
As an organisation, Plan International has been promoting birth registration in Pakistan since 1997. Plan International Pakistan piloted a project on birth registration in 2001 in four districts of the then North Western Frontier Province, later expanding it to the whole of that province, four districts of Baluchistan and two of Sindh. The pilot helped the government register 1.6 million children. Furthermore, Plan International implemented an all-computerised birth registration project in seven districts of Gilgit-Baltistan region between 2001 and 2014. This study, commissioned by Plan International Pakistan, aimed to assess the current state of CRVS in Pakistan and specifically the feasibility of using digital technologies to strengthen CRVS systems. The report analysed the strengths and weaknesses of the current CRVS system in Pakistan and proposed how digital technologies can be used to increase registration rates, provide legal documentation of all vital events, and produce vital statistics that are complete and accurate.

RESEARCH METHODOLOGY

The research methodology for this study was split into 3 distinct stages:

**STAGE 1**

**AS-IS ANALYSIS**

Stakeholder consultations and an in-depth desk review were conducted to understand the existing CRVS landscape. Areas of weakness and potential opportunities for system strengthening were then identified using the UN definitions of Civil Registration and Vital Statistics as a guide. Qualitative data was collected taken from stakeholders across 4 regions, including policy makers, system users and end beneficiaries. Stakeholders were asked to answer a questionnaire followed by in-depth interviews. The scope for analysis was limited to the birth and death registration processes in direct response to the low registration rates of these vital events in Pakistan.

**STAGE 2**

**TECHNICAL FEASIBILITY ANALYSIS**

In this stage, an assessment was made of all current capacity and relevant opportunities that may impact the feasibility and cost-effectiveness of digital solutions to strengthen CRVS. The aim was to identify a technology solution that is appropriate to the country context.

**STAGE 3**

**PROGRAMME DEFINITION**

In this stage the findings of the As-Is and Technical Feasibility Analyses were used to propose a programme to bring about improved birth registration services and a strengthened CRVS system in line with the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific.

The programme consisted of a technology solution and additional complimentary components that together form a comprehensive response to current system weaknesses and maximised the effectiveness of deployed technology. This integrated approach aimed to improve the demand for and supply of birth registration services, and the required supporting legal and policy environment.

**FINDINGS**

The initial assessment of existing registration processes, capacity levels, supporting IT systems and legal and policy frameworks identified a number of key findings:

1. **Limited awareness of civil registration and its importance** – there is a lack of process standardisation across provinces and information on registration processes is limited; for people to find out about the process they must to travel to the Union Council. As a result many people are unaware of the importance of civil registration, as well as their legal responsibility for registering key vital events such as births and deaths. Furthermore, of those who have registered the birth of a child, many are ignorant of the benefit of obtaining a birth certificate.

2. **Gender bias towards registration of boys within communities** – strong gender bias exists in many cultural practices in Pakistan, favouring registration of boys over girls. This results in lower birth registration rates for women. This gender imbalance is more obvious in Computerised National Identity Card (CNIC) registration rates where 56.5 million men are registered and only 43.5 million women have a CNIC card. Additionally, patriarchal systems celebrate the birth of a boy and view the birth of a girl as an additional burden or liability; this makes parents unwilling to share news of a female birth, even with relatives.

3. **Multi-step and time consuming registration processes** – complex, time-consuming registration processes deter people from registering vital events. Citizens are required to travel to Union Councils multiple times and provide numerous supporting documents to complete registration application forms. This situation is often exacerbated because the civil registration process is either not clearly defined or not adequately disseminated, stemming from the absence of standardisation across the country.

To respond to these identified weaknesses, a Future State Technology Architecture for CRVS was developed, which included the use of technology to simplify registration processes and make them more accessible to communities. For example, Lady Health Workers (women taking part in the World Health Organisation’s Lady Health Workers Programme) could use simple mobile devices to notify the civil registration system of new-borns within their catchment area and Headmasters would act as a safety net, electronically notifying the system of children’s details when they come to school without a birth certificate.
RECOMMENDATIONS

The report proposed that digital solutions should be implemented within an integrated Digital Birth Registration programme, recognising that technology alone cannot bring about a sustained impact. In addition to technology solutions, the report recommended a number of responses to the current system weaknesses:

1. Communication for Behavioural Impact (COMBI) should use an integrated communication campaign to bring about an increase in the demand for birth registration services.

2. The Future State Technology Architecture for CRVS should be deployed for health issues, as applied for birth registration.

3. Training should be provided on the technology solutions, process changes and the production of vital statistics to improve knowledge and skills at all levels.

4. A legal and policy environment should be established to support technology process changes and ensure a rights based approach.

KEY LESSONS LEARNT FROM THE RESEARCH PROCESS

As with any research process, not all things will run smoothly. As such, a number of key lessons were identified throughout the research process, most of which are applicable to research studies in general:

1. Plenty of time should be allocated to the creation and development of a research terms of reference, and input from the Research and Knowledge Management team at IH should be sought to strengthen the study.

2. The Inception report should contain as a priority: 1. The mapping of the research questions to research methods and detailed questions to ask interviewees; 2. A detailed description of the research methods; 3. A work plan that is realistic and allows sufficient time for review cycles with all stakeholders.

3. Expect that the first deliverable from the consultants will probably not be what you expected. In order to not lose too much time, insist of a quick turnaround time for the inception report. If the quality of the inception report is not at the required level, clearly state this to senior members of the consultancy organisation and if necessary and as a last resort, withhold payment to ensure the required standard is met. This will help to apply the necessary amount of pressure to keep the project on track.

4. If possible, invest time in-country to work together on the inception report. This will ensure you get the right staff from the consultancy attending and also ensure that the priority areas are well understood and are being completed with the right level of detail.

5. Payment milestones linked to approval of deliverables should be set up throughout the research. This gives you additional leverage to insist on the level of quality required.

6. To ensure quality work is delivered, communicate the understanding that although there is a work plan, the project is not time-bound but rather dependent on the production of high quality deliverables.

7. Insist on a single (senior) point of contact from the consultancy that can explain the status and answer detailed questions about the approach.

8. Specific to this study, the survey sample sizes were very poorly explained. Make it explicit in the terms of reference that the methodology section requires a detailed explanation of the survey sample, not just a long equation.

The full research report can be accessed in the programme library by searching the title: “Digital Birth Registration in Pakistan”

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**Limitations**

The gender audit faced a number of limitations: The gender advisor was not appointed until the mid-term review commenced, which limited her ability to influence the approach of the other mid-term review members. The audit was also not well grounded in community experience, particularly youth and children. There was limited engagement of parents and teachers with only three focus group discussions conducted and only site visits to two ethnic boarding schools. Finally, EMIS did not have the capacity to disaggregate data by location, poverty, or ethnicity, which limits the way in which the data can be used.

**Research Context**

In 2013, the Government of Lao PDR (GoL) Ministry of Education and Sports (MoES) commissioned an external mid-term review of the Education Sector Development Plan 2011-2015 (ESDP). The purpose was to assess progress against the ESDP and identify directions for future investments. However, the initial TOR did not include a review of gender. While the current legal system in Lao PDR provides equal rights for women, traditional attitudes and gender-role stereotyping keep women and girls in subordinate positions, preventing them from equally accessing education and economic opportunities. The GoL had previously identified the compounding issues that low quality education, poor quality teaching, and lack of relevant curricula, teaching materials, services and facilities have on increasing gender disparities. However, a lack of government capacity limited the ability to address all of the issues independently. The GoL agreed that without gender mainstreaming in all areas of the education sector, programmes would be ill-informed and unable to achieve their targets. As a result, a gender advisor was hired to perform a gender audit of the ESDP, which was identified as the ideal method for providing clearly defined priorities for action to inform future education programming. The gender audit focused on the ways in which policy commitments at national level are translated into programmes and activities within the sector at both national and sub-national levels.

**Approach**

The gender audit worked from policy level to see how policy commitments were translated into action through gender-specific programmes and activities, and the existence of gender equality targets at programme and activity level. Primary data for the audit was collected through the Education Management Information System (EMIS), and interviews with stakeholders, partners and NGOs. Additionally, three focus group discussions were undertaken in three rural communities. Additionally, the gender advisor and Plan International established a Gender, Inclusion and Disability Technical Working Group (GID TWG), which provides an institutional platform for the recommendations of the gender audit to be addressed.

**Plan International Gets Published in Development in Practice**

Mona Girgis, Country Director of Plan International Laos recently co-authored an article entitled “Practical Lessons from Gender Audit of an Education Sector plan in Lao PDR” in the July 2015 edition of Development in Practice. In Lao PDR, systematic dedicated gender audits of national Education Sector Plans are not published in the public domain. Consequently, this article was written in an attempt to fill this gap and provide information for future practice. The article describes the situation in Lao PDR, the purpose of conducting a gender audit, the methodology used, and provides a specific focus on lessons learnt to help inform future practice.
FINDINGS AND RECOMMENDATIONS FOR FUTURE GENDER AUDITS

Overall, the gender audit found that Lao PDR has made progress in improving gender parity in primary enrolments, but gaps remain in lower and upper secondary school and literacy. Findings were broken into three categories: 1. Policies and institutional structures; 2. Attitudes, beliefs and behaviours; and 3. Systems. Within these three categories, goals and targets were reviewed and practice audited. The audit found that women’s participation in leadership and decision-making was not included within the ESDP, despite national policies and commitments.

Inconsistency between key documents, lack of specific gender parity as an overall target within the ESDP, and the absence of reporting of gender parity against Education for All goals (EFA) and Millennium Development Goal (MDG) targets, reflects a situation where national level commitments have not been fully implemented.

A few key recommendations for future audits were:

- Future sectoral gender audits must remain opportunistic, flexible, and have the capacity to exploit entry points as they arise. The gender audit undertaken in Lao PDR demonstrated that embedding the audit in a MoES-led mid-term review provided credibility and ownership that enabled recommendations and findings to be institutionalised.

- Where EMIS systems are unable to provide full data that can be disaggregated by variables applicable to the local context, other datasets are required for analysis (for example, multi-indicator cluster surveys).

- If a gender audit is undertaken within a larger evaluation process, ensure the gender expert commences at the same time as the rest of the team to facilitate the mainstreaming of gender across all components of the review.

- Include a discrete component of child and youth consultation (including consultation with girls, boys, children with disabilities, and ethnic minorities).

“FUTURE SECTORAL GENDER AUDITS MUST REMAIN OPPORTUNISTIC, FLEXIBLE, AND HAVE THE CAPACITY TO EXPLOIT ENTRY POINTS AS THEY ARISE.”

For more information on this publication as well as access to the article, please contact:

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On the 25th of April 2015 a devastating earthquake with a magnitude of 7.8Mw struck Nepal. The earthquake, also known as the Gorkha earthquake, was the worst natural disaster to happen in Nepal since the 1934 Nepal-Bihar earthquake. The Gorkha earthquake killed 9,000 people and injured more than 23,000. Various aftershocks continued to hit the country following the earthquake, with a major aftershock on May 12th, killing another 200 people and injuring over 2,500 people.

Plan International has been working in Nepal since 1978, helping disadvantaged children to access their rights; with a focus on water and sanitation, education, household economic security, child protection and child-centred disaster risk management. Plan International Nepal has 39,726 sponsored children (29,819 girls and 9,907 boys as per October 2015) and works in six areas, called Programme Units (PUs). Two of these were affected by the earthquake (Sindhuli and Makwanpur) affecting 7,036 sponsored children. However, Plan International’s humanitarian response has gone beyond these two areas and has also occurred in the districts of Dolakha and Sindhulpalchowk, which are considered to be the worst affected by the earthquake.

In line with Plan’s procedures in relation to sponsored children, three months after a red-level disaster (an internal classification), a so called ‘sponsorship disaster census’ is undertaken to understand the situation of each sponsored child and to evaluate whether sponsorship operations can restart in the affected areas. The data collected from the sponsorship disaster census (referred to as census for the remainder of this report) has, in the past, primarily been used by the Sponsorship Department. However,
this report presents the findings of an internal cooperation between Plan International Nepal and the Sponsorship, Disaster and Research Departments at the International Headquarters of Plan International, where the existing census format was adjusted to add research questions relevant for both Plan Nepal and the Disasters Team in order to inform the ongoing response and programmatic and advocacy work.

Consent was sought from the sponsored children and caretakers to use this information for research and communications purposes. Information was collected by Plan International staff and volunteers through paper based copies of the questionnaire and was entered into an existing excel template. It is important to note that the data reflects the situation of affected sponsored children only and not all the sponsored children in Sindhuli and Makwanpur. The data was subsequently cleaned and analysed at Plan International's Headquarters, which resulted in this report.

The aim of this analysis is to provide further evidence to strengthen and improve Plan’s disaster response; to update sponsors on the situation of sponsored children in the affected areas and for advocacy purposes.

**FINDINGS**

Plan Nepal has a total of 39,726 sponsored children of whom 8,599 are living in Makwanpur and 5,901 are living in Sindhuli. The census took place during August and September 2015 with 7,036 affected children. At this time 34 sponsored children (referred to as children for the remainder of this report) had moved away from Plan communities and are therefore not part of this analysis. From the remaining 7002 children 27% are boys (1890) and 73% are girls (5112). Of these, 4205 children live in Makwanpur and 2797 live in Sindhuli. One boy was found to have a fractured hand and two children lost immediate family members (mother and younger sister), however, none were orphaned (losing both parents) as a result of the earthquake. This information would have been part of the standard census template that sponsorship uses, however, the following findings are based on additional questions.

**EDUCATION**

Each child has a right to education as set out in the Convention on the Rights of the Child (CRC). Plan International recognises that providing education must therefore be a principal part of the humanitarian response. Education restores routine, offers a safe place for children and can offer psychosocial support to deal with the trauma of the earthquake. Therefore two questions relating to sponsored children (SC’s) were added to the census:

**? IS THE SC CURRENTLY RECEIVING EDUCATION?**

**? IF NO, WHY IS THE SC NOT GOING TO SCHOOL?**

The census results provide a positive picture with 97% of the children receiving education, of which 94% go to a regular school, 2% are being schooled in temporary shelters and 1% receive another form of education. A further 2% of the children are too young to be going to school and only a few individual children are considered too old. In Nepal the official school enrolment age is five with eight years of compulsory education.

Only 1% of the children who were part of the census do not attend a form of education. The fact that the vast majority of the children are attending school 3-4 months after the disaster is encouraging, however it is still necessary to understand the reasons why 177 children do not attend any form of education. Of the children not attending any form of education, more than half are below the age of five and therefore not expected to be in school, and 2% are considered too old.

Nonetheless, the remaining reasons for non-attendance should be of concern. Seventeen (10%) of the 177 of children indicate they need to work, with another seven (4%) having to care for family members. The non-response rate sits at thirteen (7%) which could be an indication of parents/caretakers not wanting to disclose why their child is not in school. Disability is cited as a reason for eleven (6%) of the children not going to school. A comparison with Plan International Nepal’s sponsorship data from before the earthquake would be beneficial to learn how many children with disabilities were not attending school before the disaster. This would allow detection of any changes that most likely could be attributed to the earthquake. However, such a comparison was not part of the scope of the current exercise. Some of the remaining categories, such as disaster induced trauma (2%) and no access (the official answer was: child cannot access school; road destroyed, no transport available etc.) or no study materials available/lost books etc. can be directly attributed to the earthquake.

Even though the overall school attendance of the sponsored children is very good, there remains scope for improvement. To achieve the right to education for all children, Plan International Nepal should also look at how children with disabilities can get access to schooling and ensure that children do not have to work or stay at home to care for family members.

**HOUSING**

As part of the humanitarian response 46,190 families received emergency shelter materials. This was mainly in the worst affected areas of Dolakha and Sindhulpalchowk. Therefore the sponsored children and their caretakers in Makwanpur and Sindhuli were asked

**WHAT TYPE OF HOUSING/SHELTER DOES THE SC’S FAMILY CURRENTLY HAVE?**

Only 8% (546) of the children and their families’ houses were undamaged. Of the remaining children, more than half lived either in the same house which was damaged (37%) or had moved to another building/shelter (25%). From the 24% of families living in temporary shelter, the majority lived in shelter made of tarpaulin (15%) opposed to a tent (4%) or shelter made out of plastic (5%). There is no further information available about the degree of damage to the house, but given that only 8% live in an undamaged house and 6% managed to reconstruct their house, the vast majority of children and their families are faced with difficult housing situations.

Disaggregation by location provides interesting findings. For example, 40% of the children living in the same house which is damaged are located in Sindhuli, opposed to 36% in Makwanpur. The latter also has a higher percentage of children whose house was undamaged (12%) as opposed to (2%) in Sindhuli. The percentage of children living
in shelter made out of plastic was higher in Makwanpur (7%), as opposed to (1%) in Sindhuli. Children living in damaged houses and shelters should be of particular concern in the winter season, where freezing temperatures can start in November, reaching minus 10 at its peak and potentially lasting six months in the mountainous areas. From the three categories of temporary shelter, plastic sheeting is the least protective, followed by a tent and then tarpaulin.

The census data shows that children in both locations are faced with challenging housing realities, living in either temporary shelter, other buildings/shelter or in damaged housing, however, the children in Sindhuli seemed to be slightly worse off in regards to number of houses being damaged. Given the upcoming winter season this should be a priority area in regards to Plan International’s disaster response.

**WATER AND SANITATION**

As part of the disaster response 40,934 families received safe drinking water kits, enabling families to purify and store large quantities to water for hand washing, bathing, drinking and other household chores. The census has two questions related to water and sanitation:

1. **WHAT TYPE OF DRINKING WATER SOURCE DOES THE SC’S FAMILY CURRENTLY HAVE?**
2. **WHAT TYPE OF TOILET FACILITIES DOES THE SC’S FAMILY CURRENTLY HAVE?**

These questions are similar to the ones asked on water and sanitation in the annual sponsored child update (SCU) or sponsored child intake (SCI) when new children enrol into the sponsorship programme. This was done with a two-fold purpose. Firstly, because the volunteers collecting the data would already be familiar with these questions. Secondly, because it would allow for comparison between data from before the earthquake and after. The latter, is not part of this analysis, but could be an interesting undertaking to further assess the effects of the earthquake.

Over half of the children (62%) get their drinking water from a public tap/standpipe, followed by 16% who get water piped into the compound or piped to a neighbour (7%). This indicates that 85% of the children and their families have access to piped water, which according to UNICEF/WHO Joint Monitoring Programme for Water Supply and Sanitation (2011) is the best possible water source. Spring water is considered an improved water source, as spring water is usually safe to drink and 8% of the children indicate this is their current water source, but this is not an ideal situation.

River, streams and lakes are considered to be the worst drinking water source due to the chances of contamination leading to diseases and worryingly 4% of the children mentioned that this is their current water source; a total of 253 children. Again, it is unclear whether this was a similar situation as before the earthquake. But irrespective of the cause, should be an area of concern to Plan International Nepal.

A problem occurred with the data collection on the sanitation question when the template was translated, which resulted in the loss of a column. Therefore the information on type of toilet facilities is only available for Sindhuli. It shows that the pit latrine with slab (46%), flush to septic tank (28%) and flush to pit latrine (16%) are the most common forms of toilet facilities. Using an open field or pit latrine without slab is a less desirable situation in terms of sanitation, even though this is less common amongst the children (4% and 2%). Nonetheless it indicates an area for improvement.
SAFETY

Child Protection is an important element of Plan International’s work and therefore plays a strong role in Plan Nepal’s humanitarian response. 44,000 children received psychosocial support through 73 child friendly spaces and mobile outreach services. However the census data shows that this is still not enough. The question added to the census was the following:

Does the SCS family feel safe?

44% of the respondents said they do not feel safe, which equates to 3,047 people. This cannot be ignored and is a clear message that more needs to be done. Disaggregating the data by location shows that more people in Makwanpur feel unsafe (60%) than in Sindhuli (19%). This could be due to the fact that initially more of the relief efforts were focussed on Sindhuli. Only 1% of the sponsored families in Makwanpur said they live in the same house, which they reconstructed, as opposed to 14% in Sindhuli. The uncertainty of whether they will receive further support might aggregate the feeling of unsafety, as well as having to live in unsafe housing conditions.

The research also looks at whether gender also plays a role with feeling unsafe. This analysis is not done for the combined populations of Makwanpur and Sindhuli, because the safety perception is so different in both locations, making a regional analysis more useful. The data shows that both in Makwanpur and Sindhuli, 3% more girls indicated to feeling unsafe opposed to boys. Hence it can be said that gender only plays a small role.

The feeling of safety depending on type of housing was also explored. The families living in temporary shelter made out of plastic feel most unsafe both in Makwanpur and Sindhuli. Given the little protection that plastic shelter offers this is not surprising. With winter approaching swift action is needed to address both the housing and safety feeling for these families. The feeling of not being safe in relation to other types of housing in Makwanpur remained high amongst all types, but people living in the same house which is damaged or reconstructed stood out with 65% and 63%.

INCOME

To assess the household economic situation of the sponsored families a question was added to the census on income. It is acknowledged that this is a limited way of looking at household economic security, but nevertheless provides interesting insights. The following question was part of the census:

Does the S’s family have a similar income as before the earthquake?

Overall, 49% of the families indicate that they do not have a similar income as before the earthquake. The assumption here is that the change of income is less than before the earthquake.

Interestingly the difference between Makwanpur Sindhuli is again significant, where 64% of the families in Makwanpur indicate they do not have a similar income as before the earthquake, opposed to 25% in Sindhuli. When comparing the income data with the feeling of safety it is perhaps unsurprising that the families who have indicated to feeling unsafe are also the ones who have to a greater degree experienced loss of income.
RELIEF EFFORTS

As the aim of adding questions to the census is to inform the ongoing response and programmatic and advocacy work, two questions were added on relief materials, namely:

? HAVE YOU RECEIVED RELIEF MATERIALS?

? IF YES, WERE THE RELIEF MATERIALS USEFUL?

Again, it should be mentioned that respondent bias is likely to occur because the questions are asked by representatives from Plan International Nepal, who are providing relief materials and the answer provided by the sponsored families, who are in need of support. Therefore the families could think that by answering no, they will receive more materials. Despite this limitation the two additional questions provide Plan with a sense check of how the relief materials are getting through to those in need and whether they are useful. In total, 96% of the sponsored families have received relief materials of whom 95% thought these were useful. No further data is available as to why the remaining 5% did not consider these useful, but this could be due to the timing or the type of materials provided.

When comparing the data between Makwanpur and Sindhuli, it shows that the 7% of families who have not received any relief materials are all based in Makwanpur, which equates to 303 children. From those who did receive relief materials in Makwanpur (93%), all thought they were useful. Whereas in Sindhuli all sponsored children and their families received aid, but 11% (302 people) did not find these useful. It would be beneficial for Plan International Nepal to learn why the relief materials in Sindhuli were not considered useful whereas they were in Makwanpur.

Given that Makwanpur was the only location where not everybody received relief materials, a cross analysis only makes sense for Makwanpur. Those who did not receive relief materials are currently living in all different types of housing/shelter. However the majority live in houses that were undamaged (30%), reconstructed (26%) or whose house was damaged (8%). This is perhaps not surprising and can indicate that relief materials have been provided to those most in need in terms of housing and shelter (particularly as we do not have further data on the type of damaged houses). Nevertheless, going forward it is important that these families are not forgotten. This is even more important considering that for those who have not yet received aid, a higher feeling of unsafety is present.
CONCLUSION

Conclusions can be drawn at various levels. In regards to education the picture is positive with 1% of the sponsored children not being in school. However, of those being left behind, the main reasons are due to disability or having to work or care for family members. As education is a universal right for all children, this is an area of concern. Yet, an even greater priority should be the housing situation due to the winter season: 24% of the sponsored families still live in temporary shelter, a further 25% live in other buildings or shelter and 37% of the sponsored families live in their own houses which have been damaged.

In regards to having access to clean drinking water the picture is not too dire, yet there is scope for improvement: 85% of the sponsored families indicated that their main drinking water is from piped water, yet 8% listed spring as their main drinking water source and 4% rivers /stream /lakes, which according to UNICEF/WHO would be considered as unsafe drinking water. When cross analysing the data on water with the type of housing, it shows that for those living in temporary shelters made of tents and plastic sheeting in Makwanpur, a higher percentage of the families indicated that they have spring water as their main drinking water source. This means that they are not only facing challenges in regards to their housing situation, but also have a water source that is not considered the safest option.

The data on the feeling of safety raises another area of concern, particularly in Makwanpur, where 60% of the respondents said they do not feel safe. In Sindhuli 19% said they do not feel safe. When cross analysing the data with type of housing, a higher percentage of people living in temporary shelter (particularly plastic sheeting), said they feel unsafe. This was the case for both Makwanpur and Sindhuli.

49% of the respondents said their income was not the same as before the earthquake (where the assumption is that this is less then prior to the earthquake). This was higher in Makwanpur with 64% than in Sindhuli with 25%. Unsurprisingly, amongst those who do not feel safe there was a higher percentage of change of income, which was the case in both Makwanpur and Sindhuli.

The relief material investigation shows a better picture with 96% of the sponsored families indicating they have received aid. Those who do not receive aid were all based in Makwanpur, however of those who did receive relief materials all thought they were useful. Whereas in Sindhuli all respondents indicated to have received aid, but 11% did not find these useful. Yet, it should be mentioned that these particular questions are prone to respondent bias.

Last it is worth mentioning that the cooperation between Plan International Nepal and the Sponsorship, Disaster Response and Research Departments at the International Headquarters has been a fruitful undertaking in regards to data collection and evidence-based decision making for the relief work. The data helps to draw lessons and can provide focus in regards to further relief efforts. It is hoped that for future red emergencies a similar exercise can be conducted to inform the ongoing response as well as advocacy.

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