

# OPEN PLAN

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Bringing hearts and minds  
together for children



*Abbiatou, 14,  
with her  
grandmother  
at their home  
in Koulikoro  
region, Mali.*

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## EDITORIAL

Exploring research and evaluation pieces from across the organisation, this edition of OPENplan brings to you a selection of eclectic studies that display a breadth of thematic topics to showcase recent and innovative works from within the global Plan International family. The issue has a focus on good methodological practice and offers a range of insights useful for informing areas of future research, programmatic and emergency response.

Using qualitative research methods in Chiang Mai and Chiang Rai, Northern Thailand, the first study adopts an intersectional approach to consider varying and nuanced climate risks, vulnerabilities, adaptations and resilience measures to uncover a more holistic understanding of climate challenges faced by different young women and girls in the regions. The report highlights and addresses an important gap in both gender-sensitive and child-centred climate change adaption and offers recommendations for more targeted action that could enhance the resilience of young women and girls.

The second study, conducted in the Central Africa Republic, was a final evaluation report which used a mixed methods approach to evaluate the effectiveness of 'soft' conditional cash transfers alongside a comprehensive child protection package,

as a mechanism to improve household resilience and child protection in the context of humanitarian emergencies. The intervention offered an important means to filling an evidence gap on the practicality, effectiveness, and challenges to implementing conditional cash transfers to improve the overall well-being of unaccompanied and separated children (UASC), their families and households over time.

The third report offers a globally focused desk-based review designed to enhance understandings on the intersections between humanitarian crises, gender, age and education. The research primarily uses quantitative data analysis, supplemented by a range of secondary data sources to enrich contextual understandings and challenges to education in contexts of humanitarian crises, and offer evidence-based recommendations.

The final study was based on a robust mid-term evaluation conducted on a multi-country and multi-year gender-transformative project, Strengthening Health Outcomes for Women and Children, which aimed to contribute to the reduction of maternal and child mortality amongst vulnerable women and children. The article, however, goes beyond the scope of the report to offer insightful comparisons on methodologies and use of midline studies across the 5-country evaluation.

We hope you find this issue of OPENPlan insightful. Please contact the MERL team at Global Hub if you have any exciting research reports or evaluations that you would like to see featured in future editions!


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# CLIMATE CHANGE, YOUNG WOMEN AND GIRLS: VULNERABILITY, IMPACTS AND ADAPTATION IN NORTHERN THAILAND

Full report conducted by Plan International Thailand in collaboration  
with the Stockholm Environment Institute (SEI) Asia Centre in Bangkok,  
authored by Karlee Johnson and Michael Boyland

## CONTEXT

The report presents findings of research conducted in the Chiang Rai and Chiang Mai provinces in Northern Thailand, conducted by Plan International in collaboration with the Stockholm Environment Institute as part of an International Climate Initiative (IKI) project.

As mountainous regions, the provinces rely heavily on agriculture for livelihoods and food consumption. The communities, predominantly of ethnic and linguistic minorities, are settled in upland mountain agro-ecosystems and are often water and natural-resource poor. As such, these provinces are highly vulnerable to impacts of climate change, notably shifts in temperature and precipitation.

Vulnerability to climate change, defined by the Intergovernmental Panel on Climate Change (IPCC) as the propensity or predisposition to be adversely affected by climatic risks and other stressors (IPCC, 2012), is socially differentiated and emerges from the intersection of different inequalities and uneven power structures. Despite research into some of the impacts and vulnerabilities of children in this context, there has been a lack of research on the intersectionality of girls and young women's climate vulnerability, particularly in ethnic minority contexts. This study was designed to address this crucial knowledge gap. It does so by decisively employing an intersectional approach to better understand the varying climate risks, vulnerabilities, adaptation and resilience measures among young women and girls in Northern Thailand whose experiences are not only influenced by age and gender, but also by poverty, legal status, ethnicity, language and education.



## METHODOLOGY

Researchers first conducted a literature review, paying attention to themes such as climate change and children, and climate change and gender. This review identified existing findings and knowledge gaps and, informed by Plan International's climate change framework, the research design focused on the following research questions:

### Research Questions

- 1 What are the climate change risks faced by girls and young women in ethnic and linguistic minority communities in Northern Thailand?
- 2 What are the underlying vulnerabilities and impacts of climate change for girls and young women in ethnic and linguistic minority communities in Northern Thailand?
- 3 What adaptation measures are building the resilience of girls and young women in ethnic and linguistic minority communities in Northern Thailand?

The study employed qualitative research methods through key informant interviews (KIIs) and focus group discussions (FGDs) for primary data collection. This research consisted of 26 KIIs which were conducted with young women aged 15-30 and school teachers. 17 FGDs were carried out with; school children aged 10-15; young women aged 15-30; and village child-centred climate change adaptation (CCA) committees, which included both men and women. Data for this study was collected from six schools and six villages across nine different locations in the districts of Mae Fah Luang (Chiang Rai province), Fang and Mae Ai (Chiang Mai province) involving a total of 157 participants. The criteria for the selection of research participants was based on age, gender, voluntary willingness to participate, and familiarity with Plan International programming and staff.

### Ethical considerations

Ethics approval was granted by the Global Hub prior to data collection. Researchers obtained informed consent from all participants and ensured their confidentiality and anonymity. To ensure ethical data collection from children, Plan's Child Protection Policy and SEI's research code of conduct was strictly adhered to. Measures were also taken to ensure participants were free from harm and that no stress was caused to any of the children.

## FINDINGS

### Gender roles and power relations

Gender roles were noted as distinct in most communities, whilst the role of many women was considered to be shifting to include additional responsibilities. Women were increasingly shown to be involved in both income generating activities, including farming, in addition to carrying out household responsibilities such as domestic labour and childcare. Simultaneously handling farming and childcare responsibilities was demonstrated to have increased complications for young women and women without childcare support. Such pressures were shown to result in increased dependency on children, primarily girls, to support in household tasks and farming activities.

A double burden of domestic and non-domestic labour became apparent, which posed implications for girls' schooling and education. Involvement in farming activities was also shown to increase exposure to climate extremes, such as heat and rain. In addition, women and girls were considered to be vulnerable to further impacts of climate change through reduced crop yields, which may place greater burden on women to maintain and cultivate dying or damaged crops.

Despite the increasing level of work for women, men were still found to hold greater decision-making power at household and community levels. While community CCA meetings were primarily attended by women, as village heads were male, women tended to speak out less than men on issues which impacted their daily tasks such as sourcing water.

### Climate change risks

The report described the types of climate change risks present in the study locations. Six climate-related risks were identified by informant groups (CCA committees and young women) and school informants (teachers and school students) in each village, these included; drought/water scarcity, storm, flood, landslide, fire and extreme temperature.

The most commonly identified risk was drought/water scarcity, whilst the least commonly identified risks included forest fires and extreme temperature.



## Vulnerability and impacts

### Water security

Water access and security in the context of climate change is a major challenge faced by all communities, to varying degrees. In periods of drought and acute water insecurity, young women in nearly all target villages reported increased challenges in accessing water. Differential impacts among young women of different socioeconomic statuses and positioning in villages was identified, specifically in relation to inequitable distribution of water.

### Water security: specific implications for young women and girls

- Acute water insecurity impacts on young women and girls in terms of household and job roles, education, health, food and nutritional security, livelihoods, and migration.
- The burden of water insecurity falls predominantly on women, who are largely responsible for sourcing water for household consumption and are sometimes required to travel to find alternative sources (e.g. rivers) on a daily basis.
- Girls are more likely than boys to support their mothers in sourcing water and assisting with household chores, and the time burden and associated risks increase during times of scarcity.
- At school, water consumption is also reduced during times of scarcity, which can have sanitation and hygiene impacts, with girls' facing additional sexual reproductive health and rights (SRHR) risks.

### Livelihoods

Across households involved in the study, agricultural labour was identified as the primary source of livelihood. Both adults and children recognised the negative impacts climate change has had on farming livelihoods with crops damaged by storms, heavy rain, and heat stress, in addition to reduced water availability during droughts for irrigation. These impacts have greatly affected household income and has resulted in seeking alternative sources of income in sectors such as construction and service industries.

### Livelihoods: specific implications for young women and girls

- Reduced/insufficient household income due to climate change increases the pressure on women and children to support in generating income, which for women engaged in domestic labour doubles their responsibilities and can compromise children's education and well-being.
- During rainy season, floods, storms and landslides can often block access roads, damage crops and kill livestock; reducing yields and revenue.
- During times of water scarcity and extreme temperatures (i.e. heat stress) crop quantity and quality is compromised, reducing yields and revenue.

### Food and nutritional security

Across the villages, food and nutritional security is based on households growing their own food and purchasing supplementary goods. However, due to fluctuating prices and unstable incomes, food security often cannot be maintained year-round. Therefore, schools also serve as important providers of food.

Dry seasons typically see a decrease in income through reduced yields as a result of lack of water and extreme heat. Decreases in food supplies exacerbates girls' vulnerability because in these contexts they are often the last member of the household to eat, and the first to go without food.



*Plan staff member helps with dam construction by Aka people as part of training exercise.*

(© Plan International)

### Food and nutritional security: specific implications for young women and girls

- During times of water scarcity, when household incomes are typically down and food prices are inflated, less money is spent on nutritious foods, particularly meat and vegetables.
- At the same time, a lack of water means a reduced yield from household gardens (i.e. rice and vegetables).
- During the rainy seasons, floods, storms and landslides can often damage crops grown in communities and schools.
- Some children, particularly poorer children from migrant families, show signs of being underweight and malnourished, more so during times of water scarcity.

### Health

The different health risks which the communities face primarily relate to water, sanitation and hygiene (WASH), sexual and reproductive health and rights (SRHR), air pollution and diet and nutrition, with these risks likely to be exacerbated by climate change.

Contamination from pesticides and insecticides run-off from nearby farms were also identified as a main cause of water contamination, which limits community access to secure water. Girls and young women are also likely to be most vulnerable to water contamination due to exposure while carrying out water-dependent household chores such as washing clothes and sourcing water.



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## Health: specific implications for young women and girls

- Generally higher sanitation and hygiene risks during dry season water shortages as less water for bathing is available.
  - During times of water scarcity, girls and young women face SRHR related risks due to reduced water supply for sanitation and hygiene.
  - During times of water scarcity, due to a lack of water at home, young women and children bathe and wash clothes in contaminated rivers, causing skin infections.
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## Education

The research revealed school attendance across villages varied, with some villages reporting that not all children under the age of 12 were attending elementary school. Access to further education among ethnic minority communities without citizenship and an identity card is often difficult. Disruption of education, through drop-out or absenteeism, may be attributed to economic migration or to providing support to parents on farms and with income generation. For girls, participation in higher education in some parts of the region is linked to early marriage and parenthood in teenage years, in addition to dropping out to support families with income-generating activities.

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## Education: specific implications for young women and girls

- Girls occasionally miss several days of school due to extreme climate events.
  - During the rainy season, floods, storms and landslides can make schools harder to reach for girls, boys and teachers.
  - Girls not attending secondary school and further education is linked to marriage and/or motherhood in teenage years
- 

## Migration

In Chiang Mai and Chiang Rai, economic migration was linked to decreasing agricultural productivity due to climate change. High rates of out-migration of young, married men, creates a shortage of male labour, particularly on farms, increasing women's responsibilities for paid labour, unpaid household labour and unpaid male village labour. This increase in responsibilities highlighted a reliance of mothers on their children, particularly girls, to support in these tasks.

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## Migration: specific implications for young women and girls

- Economic migration is being driven by declining incomes from agriculture, partly associated with recent periods of water scarcity and impacts on crop yields and revenues.
  - While children may not migrate themselves, the impacts of migration are notable: disruption to education, emotional distress, lack of support networks, and increase in household and caregiving responsibilities.
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## ADAPTATION

In all communities involved in the study, a lack of sufficient knowledge on the causes of climate change and how to adapt to it was evidenced. Despite this, it was found that some actions had been taken to adapt to the changing climate through crop diversification and receipt of some external support provided by the government and municipalities to farmers.

Among many young women, differing levels of awareness of climate change, risks, impacts and ways to adapt were identified. This suggested an inconsistent distribution of climate change learning opportunities.

Many young women, however, expressed an interest in learning more about climate change including issues such as how to address water shortages during droughts, potential health consequences of climate change, and the impacts of climate change on crops. They also identified barriers they may face in future learning and in shaping adaptation strategies such as time investment required for attending trainings and childcare responsibilities.

A greater level of awareness of climate change, and confidence in talking about climate change, was illustrated among girls and boys. In all schools, however, girls showed more interest than boys in learning about climate change and girls were found to share more climate knowledge with their families.

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Some adaptation training topics developed jointly by students and teachers, and by the school principal and Plan International Thailand project teams:

- Building check dams to prevent erosion
  - Planting trees and grass to protect from landslides
  - Practicing water conservation
  - Installing sandbags as flood defences
  - Growing vegetables in school gardens for the school canteen to cope with rising food prices in markets
- 



## RECOMMENDATIONS

The report offers recommendations for more targeted action on climate change that builds the resilience of young women and girls, some of which are outlined below:

- 1 Provide girls with access to education to support climate action and participation** by designing gender-sensitive education programmes on climate change for girls and boys, including those of ethnic minorities, to develop a shared understanding of specific climate risks they each may face now and in the future.
- 2 Empower young women and girls towards leadership in climate action** by creating safe spaces for young women and girls, including those from ethnic minorities, where they become empowered to express their own opinions and can build self-esteem to advocate for change and future leadership.
- 3 Support young women and girls towards sustainable livelihoods** that build resilience through income-generating opportunities, particularly for young mothers, in addition to developing green skills and vocational training, with provision for minority languages.
- 4 Ensure social safety support nets for young mothers and girls affected by migration.** Research social and economic needs of families affected by migration, specifically those who have been “left-behind” and explore the potential of welfare systems and/or different ethnic groups’ rural social safety nets to ensure female-headed households are better supported.
- 5 Actively respond to young women’s and girls’ needs in natural and water resource planning.** Ensuring the needs and uses of women and girls, including those from ethnic minorities, are actively considered and included at local level planning, and ensuring the equitable distribution of resources with decisions made beyond traditional power structures.
- 6 Design interventions that ensure young women and girls are able to lead healthy lives in the face of climate change.** Affordability and accessibility of safe nutritious foods and meals must be ensured and women and girls’ knowledge must be increased on health impacts of climate change, including SRHR issues, and access for all to health services.

## “ACCESS TO FURTHER EDUCATION AMONG ETHNIC MINORITY COMMUNITIES WITHOUT CITIZENSHIP AND AN IDENTITY CARD IS OFTEN DIFFICULT.”



*Malinee, an ethnic Akha 12-year-old girl, reads a textbook on a bamboo bench in Northern Thailand.*

(© Plan Thailand)

## FUTURE USE OF FINDINGS

As the research area of climate change and migration continues to emerge, the report suggests further study and evidence is required to understand relationships between migration and climate change, with a focus on gendered causes and implications of migration.

At the CO level, some of the ways in which findings from this research have been used include:

- To inform gender-inclusive perspectives in the development of new child-centred climate change adaptation and child-led school safety projects in Thailand, targeting indigenous and marginalised children.
- To advocate for gender responsive community-based adaptation (CBA) initiatives among local NGOs and local governments in Thailand.
- To support the dissemination of key messages from the 4CA project, which includes the impacts of climate change on girls and young women, to regional research communities.

Read the full report [here](#).

For any questions on this article, please contact:

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*Children sit on floor at school in the capital Bangui, Central African Republic.*

*(© Plan International)*

# **MONETARY TRANSFER, CHILD PROTECTION AND DIGITAL DATA ANALYSIS: AN INNOVATIVE, INTEGRATED APPROACH ADDRESSING THE NEEDS OF SEPARATED GIRLS AND BOYS IN THE CENTRAL AFRICAN REPUBLIC**

*Final evaluation report conducted by Insight Impact Consulting on behalf of Plan International Belgium,  
authored by Dr. Mari Dumbaugh, PhD & Julia Howland, MPH, February 2020*



Girl on her way home after school in the capital Bangui head home .  
(© Plan International)

## CONTEXT

The Central African Republic (CAR) ranks among some of the lowest human, health and development indicators in the world, rating 188 out of 189 countries on the Human Development Index. Struggling against a history of political, civil and economic instability, recent violent civil conflict and ongoing insecurity has culminated in over 600,000 internally displaced people and 529,000 refugees fleeing to neighbouring countries. Children remain amongst the most vulnerable of those affected. They are at increased risk from communicable and water-borne diseases and malnutrition. In addition, in times of civil conflict and humanitarian emergencies, separation from families leaves children exposed to risks of abduction, recruitment into armed groups, poor physical and mental health outcomes, neglect, serious injury, forced labour and sexual assault and exploitation.

In response to contexts of civil conflict or humanitarian emergency, cash transfers have increasingly been used to substitute, and or supplement, material assistance efforts to support affected populations, and even represent a mechanism for increasing child protection. This approach contends an innovative means of assistance, through ease of delivery and strengthening local markets. However, owing to the recent nature of such interventions coupled with lack of research, an evidence gap was identified around the effectiveness of cash transfers - especially conditional cash transfers - on child well-being in the context or aftermath of humanitarian emergencies.

To respond to the needs of unaccompanied and separated children (UASC) in the Central Africa Republic and address the evidence gap on cash transfers and child protection, Plan International implemented an innovative intervention: *Money transfer and Child Protection : how to best address the needs of unaccompanied or separated girls and boys in Central African Republic.*

## OVERVIEW OF INTERVENTION AND PURPOSE

The intervention took a comprehensive approach to responding to the aforementioned issues facing UASCs. It specifically aimed to provide innovative, holistic and quality support, rigorously evaluated for girls and boys under 18 separated, or at risk of being separated, from their families in the prefecture of Membre Kadei, eastern Central African Republic.

The initiative administered cash transfers for children, arranged via the foster families caring for the children since separation from their biological or primary families. After reunification this arrangement continued via their biological or primary families. Importantly, the cash transfers were provided alongside conditions of foundational child protection strategies. Concurrently, a package of child protection services was implemented, which included case management, family tracing and reunification, psychological support, life skills for adolescents and trainings in positive parenting for foster families and parents/ caregivers.

Due to ethical concerns related to conditional cash assistance, which if fully implemented could risk denying children and households important resources, especially problematic for those living in poverty and/or contexts of humanitarian crisis, programmatic and evaluation approaches were modified to reflect 'soft' conditions for cash transfer. Accordingly, whilst there was an understanding that cash assistance was conditional, it was decided no family would be denied payment if programme conditions were unmet. Instead, any family considered to not be meeting specified standards were provided with additional support from field staff. Field protocols were also established to safeguard well-being and ensure that if families failed to meet conditions, and subsequently placed children at risk, the UASC would be placed with another family.

## EVALUATION METHODOLOGY

The final evaluation report employed a mixed methods evaluation, utilising quantitative and qualitative approaches for primary data collection. These were designed to assess the effectiveness of cash transfers alongside a package of child protection services intended to improve the resilience and well-being of UASC, their families and households over time. The report offers insight into conditional and unconditional cash transfer programmes in the field of child protection, but also provides a unique case study which effectively mediates between meeting both ethical standards, and humanitarian principles of *do no harm*, and programmatic aims and objectives.

### Research themes

- 1 Child well-being and protection:** Investigating overall quality of foster care and quality of reunification for UASC
- 2 Caregiver and parent resilience, and knowledge and practice of child protection strategies:** Effect of package of supportive services combined with conditional cash transfers on caregiver, parent and household resilience + knowledge & practice of child protection strategies
- 3 Knowledge, attitudes and practices for prevention of separation of children from families:** Effect of package of supportive services combined with conditional cash transfers on child, caregiver and parent knowledge and practice of prevention of separation strategies
- 4 Monitoring of cash distribution:** Monitoring & evaluation of beneficiary experiences & safety when receiving cash



## Quantitative methods

Quantitative data collection was conducted via surveys and questionnaires, using digital platforms, which aimed to consider two over-arching themes; first, *children: social-emotional well-being and resilience* and second, *adults and households: household and child resilience, caregiver knowledge and practice of child protection strategies*.

Data management and statistical analysis was conducted by SAS 9.4 software, which allowed results to be disaggregated by child and family characteristics, such as child age, child sex, and family socio-economic status. Index measures were calculated in line with standardised, validated methods common to each tool, whilst statistical testing was completed using a chi-square test.

Before cash distribution, a standardised questionnaire was completed by appointed head of households within the programme to assess whether 'soft' conditions attached to receipt of the cash transfer were being met. Any concerns were followed up by team supervisors.

### Research Tools – Children: social-emotional well-being and resilience

Considering the first category, a longitudinal study design was implemented to measure child well-being and resilience by following them over three time-points. Research tools included surveys which provided assessments against a Child Status Index (CSI) to measure children's access to essential needs and services and Hopkins Symptom Checklist (HSC) to measure child socio-emotional status. Improved use of positive parenting and child protection strategies in the household, as well as children's knowledge of prevention of separation strategies was measured through responses to a series of questions and multiple-choice judgements.

Originally, a minimum sample size of 260 children was suggested however this was not feasible across all time points owing to logistic and security challenges in the field. Instead, data was collected from children enrolled in the program where it was possible and safe for surveyors to do so. Children, aged 10 years and older were asked to complete all survey questions, whilst for children 0-9 years old surveyors only completed the Child Status Index through their own observations.

### Research Tools – Adults and households: household and child resilience, caregiver knowledge and practice of child protection strategies

A pre- / post- survey design was used to measure changes in key adult and household indicators from the start to close of household participation in the program. In both foster and reunified families, the primary caregiver was interviewed at baseline and endline.

A strengths and difficulties questionnaires (SDQ) was used to specifically measure 'emotional problems' of children. Caregivers were presented with 5 questions to answer about children in their care (of all ages), including if they believed the children were experiencing symptoms of emotional distress. Parents/ caregivers were similarly asked to indicate whether statements were in some way true or false in relation to their child/ children.

To assess parent/caregiver's knowledge of child protection strategies, and knowledge and practice of prevention and separation strategies, the participants were read a series of statements in which they were asked to indicate if they agreed or disagreed. In addition, in relation to prevention of separation strategies parents/caregivers were asked to judge whether fictitious scenarios were 'safe', 'unsafe' or 'don't know', as well as if they had established a safe meeting point with their families.

The sampling approach intended that for every child participating in the evaluation, two adults (parent/caregiver's) would be involved. This included the primary caregiver in the foster household, the primary caregiver in the reunified (biological or primary) household, and finally that whomever retrieves the cash transfer in each household would be responsible for answering the post-cash distribution monitoring questionnaire.

## Qualitative methods

Qualitative data was collected via focus group discussions (FGDs) held with child and adult participants using methods of narrative inquiry. Amongst child participants a vignette of a fictional character was used to ground and facilitate discussions on sensitive topics and encourage reflection on personal experiences and aid self-expression.

All focus group discussions were facilitated by a local researcher, and assisted by a notetaker, fluent in both French and the local language, Sango. Facilitators used a standardised guide to lead discussions, which differentiated between those used for children and adult participants. All focus group discussions were conducted in Sango, these were later translated verbatim into French recordings and transcribed in French for analysis.

Focus group discussions were only held with children who had been reunified with their biological/ primary families, and foster and primary/ biological caregivers in Berberati and Gamboula, Mambéré-Kadéï and Bangui.

A purposive sampling strategy was employed to ensure children and adults met the inclusion criteria. Overall, 36 children in Berberati and Bangui, who had been reunified with their biological families, participated in 8 focus group discussions, aged between 8-18 years old. Groups consisted of 3-6 children with both female and male participants, and where possible were divided by age.

Amongst foster and reunified parents/ caregivers 16 focus group discussions were held with 123 participants in Berberati and Gamboula. The caregivers were aged between 20-97 years old, and with the exception of one group, the discussion groups were divided by gender.

Qualitative analysis was conducted using the platform Dedoose.com using an inductive, thematic content analysis approach.



## Ethical considerations

Informed consent, and assent for children under 18 years old, were acquired before qualitative and quantitative data collection. This meant that children under 18 years old gave their assent to participate as well as the informed written consent of their guardian/ parent to participate. Adult participants also provided written consent to participate. This process was repeated for each evaluation activity.

Facilitators and note-takers involved in undertaking qualitative research were also provided with a 6-day training focused on research ethics, participant's rights, how to discuss sensitive topics and how to work with children who have experienced psychological distress. The training also included a pilot experience in the field.

## Limitations and reflections

Quantitative and qualitative data collection occurred in an active conflict zone and, as such, the findings should be interpreted in the context of some limitations. Security concerns, poor infrastructure including impassable roads, and long distances to field sites resulted in delays or incompleteness of data collection over the course of the evaluation, as well as limitations to the sampling and inclusion of participants.

Key learnings however highlighted that quality data collection was enabled by:

- 1 Successful partnership from day one with a highly skilled academic partner (including operational experience)
- 2 Integrated research tools into the project – e.g. quantitative questionnaires were closely linked to the case-management steps, and social workers were the ones to conduct interviews
- 3 Continuous capacity-building to keep project teams on-board with data collection

## OVERVIEW OF FINDINGS

Overall the final evaluation report concluded that a series of three cash payments, combined with a comprehensive package of psycho-social support services, medical referrals and sensitisation sessions on positive parenting, child protection, prevention of separation and income generation, were associated with improved child, adult and household outcomes. Self-reported child well-being improved over time, as did household resiliency and caregiver knowledge and practice of positive parenting strategies. Both children and caregivers demonstrated an increased knowledge of prevention of child separation strategies. Many quantitative findings were triangulated and elaborated by qualitative narratives from both UASCs and foster caregivers.

## A Snapshot of Key Findings

### CHILD WELL-BEING AND PROTECTION

#### Quantitative findings suggested:

- Overtime there was an overall improvement in child access to essential needs and services
- Overall there was a decrease in children experiencing high levels of depression and anxiety

#### Qualitative findings suggested:

- Foster families that integrated children into their households, treated them as their own children and met their material needs improved vulnerable children's well-being and facilitated their mental and physical healing
- Transparency with children about the receipt and use of cash transfers had a positive effect on children's sense of integration, well-being and agency

### CAREGIVER AND PARENT RESILIENCE, AND KNOWLEDGE AND PRACTICE OF CHILD PROTECTION STRATEGIES

#### Quantitative findings suggested:

- The overall mean Household Resiliency Score increased for foster households over time, after at least 1 cash payment
- 85% of children reported that their foster parents' parenting strategies improved from the beginning to the end of their stay

#### Qualitative findings suggested:

- Caregivers identified information and sensitization sessions as key components of the intervention, indicating that these sessions led to their positive behaviour change in child protection, positive parenting and household economy / resilience strategies
- Structure, rules and boundaries imposed by foster and biological parents were appreciated by many children as boundaries and rules offered children a sense of security, stability and the perception that someone was caring for them

### KNOWLEDGE, ATTITUDES AND PRACTICES FOR PREVENTION OF SEPARATION OF CHILDREN FROM FAMILIES

#### Quantitative findings suggested:

- The percentage of children answering questions on the prevention of separation correctly increased over time across all scenarios. The highest percentage increases were for questions regarding travel with an unknown person<sup>1</sup>
- Overall, parents' knowledge of prevention of separation is high. Responses however suggest parents could use more sensitization specifically on the elevated risk to girls in crisis and conflict settings

### MONITORING OF CASH DISTRIBUTION

#### Quantitative findings suggested:

- All but one respondent indicated they preferred cash over food or vouchers
- 97% of beneficiaries reported cash transfers caused 'no' conflicts in their household over who should manage the cash
- Over 74% of beneficiaries indicated that the cash transfer was either 'Sufficient' or 'Very sufficient' in meeting their basic needs

#### Qualitative findings suggested:

- Most foster caregivers indicated that they were able to meet many of their immediate household needs with their first cash transfer as well as investing in income-generating activities and putting some money aside for savings

1. Increased knowledge in this area was shown to be significant due to the high risk for child trafficking, exploitation and sexual abuse in post- and active-conflict settings



## EVIDENCE FOR ACTION AND RECOMMENDATIONS

The findings of the final evaluation report offer an important platform from which future interventions and studies can benefit. The data provides important considerations that could inform future cash transfer interventions and/or evaluation design, relevant to both similar and different contexts and fields.

- **Ethical concerns towards conditions for cash transfers in the context of child protection**, should remain critically engaged with
  - ~ Contexts of extreme poverty can limit household's ability to adhere to strict cash conditions. Withholding cash payments to households who fail to meet stringent cash conditions could place UASC and other children in the household at risk
- **Relatively small amounts of cash can have important impacts** on household and individual well-being including meeting basic needs such as multiple meals a day, medical expenses and clothing
- **Consideration should be given to varying cash payments** relative to household size to increase equity of outcomes and socio-economic resilience of larger households
- **Multiple child participants disclosed experiences of inequitable treatment/mistreatment, neglect and/or exploitation** for labour by host families, in addition to feelings of disempowerment to advocate for themselves as UASC
  - ~ Consistent case management of children could help ensure a trusting, safe and confidential space and aid reporting
- **Child and adult participants linked cash transfers to increased individual and household well-being.** Problematically, some UASC children highlighted an increased '*sense of security*' and protection from mistreatment in the host family because of their direct link to the cash transfer.
  - ~ Consideration for UASC's well-being after the termination of cash payments should be built in to any cash transfer intervention
- **Cash transfers alone may not necessarily be as effective** at improving the well-being and resilience of children and households in the short- and long-term. Cash transfers should therefore be accompanied by intervention through context and population specific support services and sensitization, especially related to child welfare and referral and economic/income generation literacy
- **Long-term impacts of cash transfers** on child, adult and household resiliency and well-being should be investigated
- A number of outcomes indicate a **need for prioritising gender sensitization** and the particular risks to young girls in civil conflicts and humanitarian emergencies



## USE OF FINDINGS

The findings from this evaluation have been discussed as a useful basis to inform future research and programmatic work by Plan International Belgium.

There remains scope for additional investigation into; the differentiated impact of the package of services on girls, on adolescents, on female headed households; investigation into mechanisms through which cash impacts protection outcomes; and longer-term impacts of the package of services after reunification.

From a programmatic perspective an important learning was the significance of 'cash-plus' interventions, referring to integrated packages of services and using cash-assistance as a modality, along with protection specific services, to achieve protection outcomes. Conditionality of cash was evidenced as an important means of impacting knowledge, attitudes and practices towards positive parenting, child protection and prevention of separation.


Finally, Plan International Belgium displays ongoing commitment to considering priority cash plus programmes to fund DRM responses, to achieve protection, education and gender equality outcomes.

**For more information on the final evaluation report, please contact:**

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Monica, 18, hopes that she can stay in school and not be forced to get married (South Sudan).  
(© Plan International)

# LEFT OUT, LEFT BEHIND: ADOLESCENT GIRLS' SECONDARY EDUCATION IN CRISES

*Full report authored by Ben Sadek  
with Plan International UK*

## INTRODUCTION

**This research, conducted by Plan International UK in 2019, aimed to explore the intersection between humanitarian crises, gender, age and education, with a focus on gaps in secondary education. Using Sustainable Development Goal (SDG) 4<sup>2</sup> indicators<sup>3</sup> the report explores global, regional, national and sub-national data to examine progress towards SDG 4 for adolescent girls in contexts affected by humanitarian crises.**

Over the past 5 years, commitments to addressing barriers to girl's and women's education in emergency, conflict and crisis settings have been prioritised in international agendas. However, this report reveals data which illustrates in crisis-affected contexts adolescent girls and refugees at secondary level education are ultimately being left behind. Concerningly, if current trends continue, it is estimated in crisis-affected contexts that by 2030 only 1 in 3 girls will have completed secondary school and 1 in 5 girls will not be able to read a simple sentence. Importantly, evidence reveals a sharp gender contrast whereby girls in all crises-affected contexts were found to fall behind boys across all indicators studied in the report.

2. Sustainable Development Goal (SDG) 4 – Quality Education aims to: 'ensure inclusive and equitable quality education and promote lifelong learning opportunities for all' by 2030.

3. Please see text box in Methodology section on page 13.



## CONTEXT: HUMANITARIAN CRISES AND EDUCATION

Becoming increasingly protracted, humanitarian crises are placing additional strain on the ability of governments and multilateral systems to provide quality education to children and young people. Education is a fundamental right and development tool in all contexts and, significantly, remains important to children themselves, with 99% of children across 17 different crises regarding it as a high priority. In crisis contexts, education can be a safe space which provides social support among peers and critical child protection and psychosocial services. Additionally, increasing adolescent girls' access to secondary school leads to more sustainable, prosperous and healthy societies.

The impact on girl's and boy's education during and after humanitarian crises is significant, with complications including reduced availability of teachers, targeted attacks around schools, and recruitment of girls and boys into armed groups. Humanitarian crises also, however, have unique impacts on adolescent girls which work to exacerbate gender inequalities.

Adolescent girls, defined in the report as aged 10 to 19, face existing challenges which may hinder their ability to continue their education at secondary level. These include, but are not limited to, early marriage, gender-based violence (GBV), harmful social norms and exacerbated gender inequality stemming from changing gender roles during this period of development and transition. Ensuring girls achieve 12 years of quality education is further problematised in contexts of humanitarian crises. Increased rates of early or forced marriage, early pregnancy, and lack of access to information and resources for sexual and reproductive health, including menstrual hygiene management, contribute to adolescent girls being left behind particularly in secondary level education.

## METHODOLOGY

Research was conducted through a desk-based review using quantitative sub-national data analysis. This data was supplemented by assessing a range of different academic studies, reports, programmatic evaluations to develop understanding around contextual challenges in different crises.

44 countries were selected for inclusion in the report. These countries were identified for meeting a pre-set definition of a crisis-affected country, compared with their position in the 2018 Fragile States Index and the 2018 United National Human Development Index (HDI).

For the analysis of girls' education outcomes five data sources, alongside SDG4 education indicators, were used to evaluate education outcomes for each population.

### Data sources used to analyse education outcomes

#### Data sources

- The UNESCO Institute for Statistics
- UNHCR refugee education data
- DHS and MICS household survey data
- UN Office for the Coordination of Humanitarian Affairs (OCHA) needs assessment data
- Literature review

#### SDG4 Indicators

- Out-of-school rates
- Out-of-school numbers
- Net enrolment rates
- Primary completion
- Transition from primary to secondary
- Lower secondary completion
- Upper secondary completion
- Mean years of schooling
- Never been to school
- Youth literacy
- Literacy
- Numeracy

## Limitations

The figures provided in the report represent conservative estimates owing to the difficulty of calculating the number of girls out of school due to humanitarian crises. This was exacerbated by the scarce availability of some data, including specific figures on education of Internally Displaced Persons (IDPs) and data on learning outcomes. The scope of the research also limited the ability to obtain equal detail of sub-national analysis for all countries.

Notable crisis-affected countries not included in the report, for varying reasons, included those hosting large numbers of refugees such as Turkey, Jordan, Lebanon and Iran, and countries which have recently experienced severe crises such as Venezuela.



*Susan in her classroom at her school in Juba, South Sudan.*

(© Plan International)

## FINDINGS

### Global Challenges

The report reveals that if current trends and rates of progress continue, girls in crisis-affected countries would routinely fail to have the opportunity to complete secondary school until 2179, almost 150 years later than the SDG agenda deadline of 2030.

### Inequalities within education

#### Between countries

The report illustrates that across the 44 crisis-affected countries identified, girls living in crisis-affected contexts are half as likely to enrol in secondary school as the global average, with 1 in 4 girls enrolling in education. Figures in the report further reveal that refugees are more than 3.5 times less likely to be enrolled in secondary school than the global average.

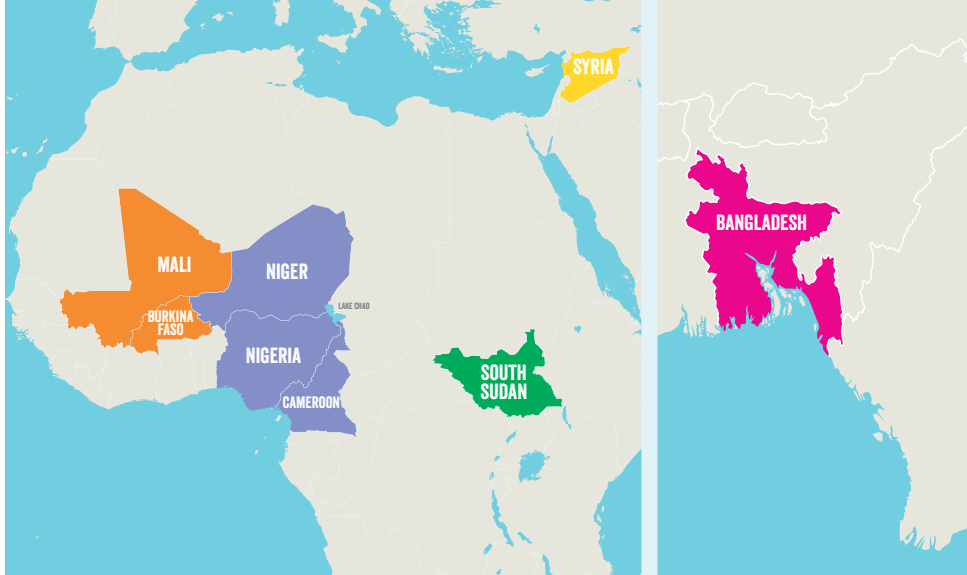
#### Within countries

As girls move through adolescence the barriers they face to education often increase. The education gap and out-of-school-rates between boys and girls widen as they move between primary and secondary education. Amongst girls and boys living with disabilities, it was found that more than half of all school-aged children do not go to school, with these rates being higher in areas experiencing armed conflict or disaster.

### Funding for education in crises

Research on funding for education in crises revealed that national governments are not spending enough money to reach the target set in the Incheon Declaration, including 20% of government expenditure on education. With only 1 in 8 crisis-affected countries spending the required amount on education, not enough is being spent to bring about change and those furthest behind are not being reached.

Additionally, whilst humanitarian aid to education has almost tripled, from US\$135 million in 2012 to US\$451 million in 2017, the share for education in total humanitarian aid has remained relatively constant since the early 2000s. Secondary education is also noted to be especially underfunded during humanitarian crises, with UNHCR's 2019 global programme budget spending three times as much on primary education. Currently, development aid for education is rising, but the share of aid to education going to the poorest countries is decreasing, with Sub-Saharan Africa identified as the hardest hit region.



### Country Case Studies

Covering a wide range of crisis types, five country case studies were examined to explore barriers to education faced by adolescent girls and boys and how these barriers may impact educational attainment. A snapshot of the main challenges within country case studies are outlined here.

#### BANGLADESH CASE STUDY CHALLENGES

- Environmental hazards pose major risks to the education sector, damaging schools and infrastructure. Flooding in 2017 left three million children in need of education and over 4,000 education institutions impacted.
- Floods and cyclones may negatively impact adolescent girls' school attendance through increased dropout rates and rising rates in child labour and child marriage.
- Cox's Bazar hosts the largest refugee settlement in the world, among which 700,000 children and young people including the host community, are not accessing education. Barriers that specifically affected adolescent girls included restrictive patriarchal norms and safety concerns when moving around the camp.

#### LAKE CHAD BASIN (LCB) CASE STUDY CHALLENGES

- Boko Haram's attacks on schools and universities, teachers and students, with specific targeting of female students, has severely damaged education systems across the LCB.
- Girls living in the LCB receive, on average, about two years of schooling in their lifetime. Overall completion rates of secondary education across the LCB were found to be extremely low, at 20%, with girls twice as likely than boys to not complete secondary schooling.
- Transition from primary to secondary school is a risk factor for adolescent girls who were found to be less likely to attend secondary school in almost all locations. However, adolescent girls involved in a study across Niger, Nigeria and Cameroon expressed, that despite the challenges, they wanted to continue attending school, via secondary education or vocational education programmes

#### THE SAHEL CASE STUDY CHALLENGES

- The Sahel was the region that ranked lowest across all education indicators. The upper secondary completion rate in the region falls significantly below the crisis-affected average of 27%. This is likely to be further affected by new outbreaks of violence, further exacerbating existing inequalities between regions.
- Barriers to education include distance to school, poor quality teaching, lack of female teachers, school-related gender-based violence, early marriage and pregnancy, military occupation of school buildings and school attacks.



- Across all three countries, government expenditure does not reach the Incheon Declaration target of 20%. For example, Niger only received 5% of required funding in 2018.
- Insecurity and financial constraints were reported as key barriers to school attendance in Mali, with 88% of the host and displaced households declaring none of their children are attending school.

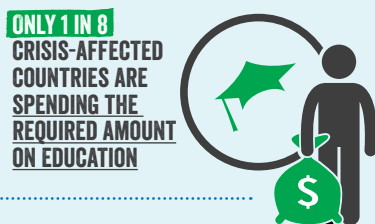
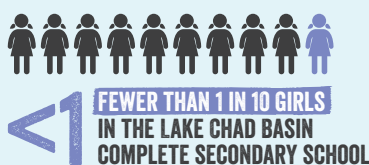
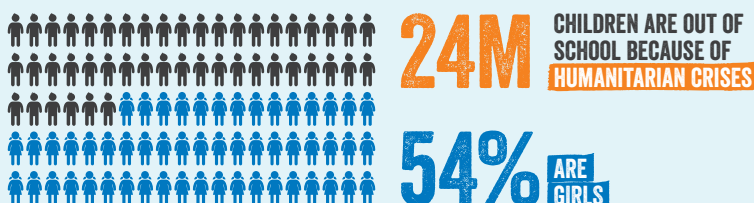
### SOUTH SUDANESE REFUGEES CASE STUDY CHALLENGES

- In South Sudan, conflict, poverty and underdevelopment have limited access to education with only 1% of girls enrolling in upper secondary school.
- Obstacles to education include early marriage, pregnancy, long distances to school, insecurity, forced displacement and financial challenges with the cost of education identified as one of the biggest barriers faced by adolescent girls.
- In refugee camps in Gambella, Ethiopia, over-crowded classrooms, unsafe learning environments and high pupil-to-teacher ratios pose challenges to education. Girls' enrolment rates in education were found to be less than half of the total at 5%, despite increases in refugee secondary education enrolment rates to 12% in 2017-2018.

### SYRIA CASE STUDY CHALLENGES

- Syrian refugee boys were found to be out of school at higher rates, across all levels of education, than their female peers.
- Context specific barriers exist in enrolment to school for Syrian refugee children and young people, particularly at secondary level. This was noted in Lebanon, where registration for secondary education requires refugee status and primary school completion certificates.
- While governments have kept public education systems open to Syrian refugee children, an increasing population of school-aged refugees has seen education systems struggle with the number of Syrian refugees out of school in Iraq increasing from 4% to 31% 2017-2018.

## CONCLUSIONS: THE STORY IN NUMBERS



## PROMISING POLICIES AND PROGRAMMATIC INTERVENTIONS

The report explores approaches which have shown potential for improving girls' education in countries affected by conflict, disaster and other forms of crises. A summary of selected approaches have been detailed below:

### Funding multi-year plans that bridge the gap between emergency responses and long-term education sector plans

The 2018 Government of Uganda's Education Response Plan for Refugees and Host Communities (ERP) is a multi-year education programme aiming to reach all refugees and host community children in Uganda with improved education. It highlights approaches to address gendered barriers to education and low transition rate of girls from primary to secondary education.

### Training and supporting more female teachers

An increased presence of female teachers, particularly in crisis contexts, has demonstrated positive results in terms of increased enrolment and retention of female students. For example, an initiative to bring back female teachers resulted in an increase in girls' participation in education in Pakistan.

### Delivering integrated interventions that meet adolescent girls' unique needs, such as WASH interventions

Interventions which help girls feel comfortable attending school, particularly during their periods are important. Evidence of the distribution of sanitary kits in South Sudan saw the enrolment rate for girls increase from 30-35% to 42% over the school year.

### Mainstreaming protection in education to keep girls safe in and outside of school

Ensuring girls feel safe and protected is essential for improving girls' education during and after crises. An intervention which has been found to have beneficial effects is building walls and fences around school premises.

### Community-based schools and community engagement

Delivery of gender-sensitive and contextually relevant education, and community participation and engagement are critical, especially in conflict and displacement crisis-affected contexts. Working with communities through local advocacy, relationship building, and community engagement interventions can change perceptions and harmful norms about girls' education.

## RECOMMENDATIONS

While progress has been made to improve children's access to education in humanitarian crises, adolescent girls and refugees continue to face specific barriers, particularly at secondary level.

To ensure adolescent girls' voices are amplified at all stages of programme, policy and political decision making and that no girl is left behind, the report proposes a five-part plan for governments, donors, multilaterals, NGOs, the private sector and others which calls for:

- 1 Bold political leadership** at the international level and in countries affected by humanitarian crises to deliver the pledge to **Leave No Girl Behind**.
- 2 Fairer financing** where national governments should adopt the principle of 'progressive universalism' in their budgetary allocations.
- 3 Gender-responsive national and global education systems** to address the complex and distinct challenges faced by different genders.
- 4 Targeted interventions to Leave No Girl Behind in crises** to address the barriers to education faced by adolescent girls in humanitarian crises.
- 5 Listen to and involve adolescent girls** by providing safe spaces to participate in decisions about their education, to exercise their agency, and make their voices heard.



*Children take part in accelerated education programme in Diffa.*  
(© Plan International)

## USE OF FINDINGS

The findings from the report have been used extensively by Plan International UK to influence the UK Government's education agenda, especially to retain focus on adolescent girls' access to secondary education. This has included using the findings within; the Plan UK briefing towards the Governments' Girls Education Action Plan; advocacy briefings calling on the UK Government to pledge \$80 million to the Education Cannot Wait Global Fund; and advocacy efforts to ensure education is prioritised in the Government's response to COVID-19.

The report has further been used to highlight the need for specific programmes and policy commitments for adolescent girls in refugee settings, which fed into a briefing written for the Global Refugee Forum. Finally, there is continued use of the report findings to influence other actors to ensure programmatic focus on adolescent girls living in contexts of crises.

Read the full research report [here](#).

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Madame Badji tends to pregnant woman at health care centre (Senegal).

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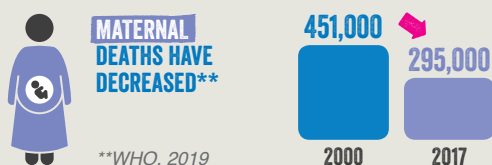
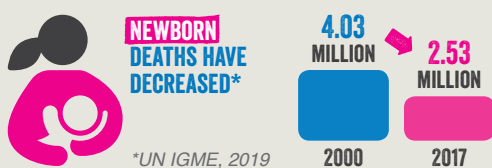
# MEASURING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) OUTCOMES: COMPARING “MIDTERM” METHODOLOGIES

*Written by Colleen Keilty for Plan International Canada*



## INTRODUCTION

Remarkable progress has been made in reducing maternal and child mortality globally.



Still, maternal and neonatal mortality rates remain unacceptably high, with the vast majority of deaths occurring in low-resource settings – and most are preventable, reflecting inequalities in access to services and highlighting gaps between rich and poor. According to WHO (2019) research, these deaths are increasingly concentrated in Sub-Saharan Africa and Central and Southern Asia, respectively, accounting for 86% of the estimated global maternal deaths in 2017, and 79% of estimated global neonatal deaths that same year (Lucia Hug et al., 2019).

Since 2010, Canada has “taken leadership in a global action to end the preventable deaths of mothers, newborns and children” (Global Affairs Canada, 2016). Following a CAD\$2.85 billion commitment on Maternal, Newborn and Child Health (MNCH) under the *Muskoka Initiative*, Global Affairs Canada (GAC) pledged an additional CAD\$3.85 billion towards MNCH and SRHR initiatives for the period 2015–2020. Under this program, Plan International Canada secured funding for four gender-transformative projects, all focused on reducing maternal and neonatal mortality among the most marginalized and vulnerable women, adolescent girls and newborns.

These projects included:

- *Bauchi Opportunities for Responsive Neonatal and Maternal Health (BORN)*, a 4.5-year project implemented in partnership with Plan International Nigeria.
- *Born on Time (BOT)*, a 5-year, public-private partnership focused on the prevention of preterm birth, implemented with Plan International Bangladesh.
- *Strengthening Health Outcomes for Women and Children (SHOW)*, a 4.5-year project implemented with Plan International partners in Bangladesh, Ghana, Haiti, Nigeria and Senegal.
- *Uzazi Salama Rukwa (USR)*, a 3.5-year project implemented in partnership with Plan International Tanzania.



*Nadia, 28, with her newborn baby son whose life was saved thanks to the new ambulance*

(© Plan International)

All four projects are aligned with core components of Plan International’s Early Childhood Development and Sexual and Reproductive Health and Rights Areas of Global Distinctiveness (AOGDs), as well as the UN’s Every Woman Every Child Global Strategy on Women’s, Adolescents’ and Children’s Health, and contribute to progress towards Sustainable Development Goals 3 (Good Health and Well-Being) and 5 (Gender Equality and Women’s Empowerment).

While the BORN, BOT, SHOW and USR projects have tailored interventions to their respective contexts, resources and timelines, they share common elements in their Theories of Change. All four projects address key demand and supply barriers to:

- Improve utilisation of maternal and neonatal health (MNH), and sexual and reproductive health (SRH) services among women, adolescent girls and their families
- Improve quality and availability of gender- and adolescent-responsive MNCH/SRH services
- Improve local health governance, including dissemination and utilisation of data

In line with these outcomes, the four projects also measure similar indicators, including: coverage indicators such as 4+ Antenatal Care visits, Skilled Birth Attendance, Postnatal Care (PNC) within 2 days of birth, and/or Current Use of Modern Contraception; and other knowledge, attitude and practice indicators focused on knowledge of pregnancy danger signs, equitable household decision making practices, health care provider knowledge of key service standards, capture and use of health system data, etc.



# MEASUREMENT APPROACHES

## Baseline Studies

In 2016-2017, each of these four projects conducted baseline studies using a two-pronged methodological approach, customary for measuring MNCH/SRHR outcomes. First, a **Household Survey** was conducted with women of reproductive age (WRA) between 15-49 years old, with a live birth in the two years preceding the survey, and their male partners. The survey modules, similar to UNICEF'S MICS and the DHS survey, used questionnaires which explored health status of respondents and interventions received in order to estimate coverage of services. Additionally, questionnaires explored a variety of knowledge, attitudes and practices to inform gender-transformative interventions at community level. Household data was collected in both intervention and comparison areas in three out of the four projects, to be replicated again in the final evaluation. Second, a Health Facility Assessment was conducted at a sample of health facilities across the project area to explore service availability and readiness, record keeping practices, as well as to collect proxy data from key informants on quality of health service provision.

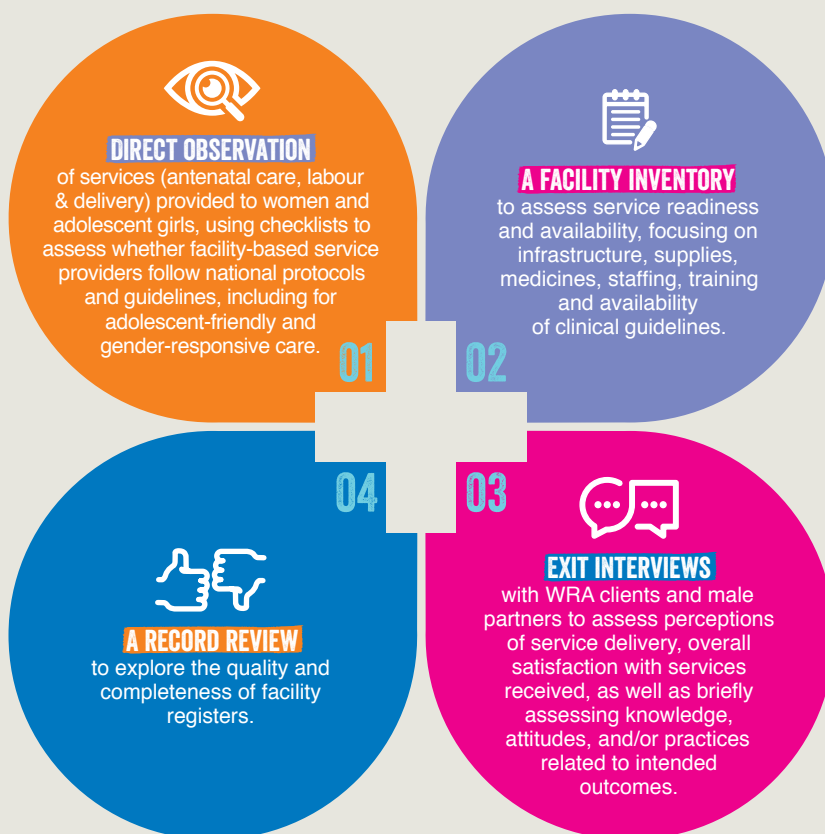
In line with our gender transformative approach, a qualitative Gender Equality Assessment, including focus group discussions (FGDs) and key informant interviews (KIIs), was also conducted with women, men, adolescent girls and boys; to determine the individual, household, community and facility level barriers and opportunities that these groups face in accessing and utilizing MNCH/SRH services, especially as they relate to age and gender norms.

These baseline assessments were led by national Country Study Leads (CSLs) with oversight from Plan International Country Offices and Plan International Canada MERL staff. For the SHOW and BORN projects, an external global consultant was also engaged to lead quality assurance, analysis and reporting. These studies produced critical findings for the validation and/or adjustment of project designs and implementation plans. In addition, data was used to establish baseline figures for *Performance Measurement Frameworks* (PMF), enabling project teams to set programmatic targets and to facilitate tracking of progress towards and achievement of expected outcomes.

## Midterm Studies

While all four projects will replicate the baseline methodology for their respective final evaluations (ongoing at this time), a combination of factors – including rate of implementation and time elapsed between assessments, available financial resources, and other contextual constraints – led to two different methodologies being used for “midterm” assessments, which were again led by CSLs with Plan International oversight. In the SHOW and BORN projects, a household survey and health facility assessment were again used to assess progress against outcomes, allowing for direct comparisons between baseline and midterm values. In the BOT and USR projects, however, a household survey was not feasible; instead, these projects conducted a **Quality of Care (QoC)** study. In the USR project, this midterm QoC study was overseen by JHPIEGO, an implementing partner.

A Quality of Care study is an observation-based assessment of health service provision, designed to explore whether service quality is strong enough to make a difference in health and survival. A QoC study can help to fill important gaps in understanding progress against supply-side outcomes: for while household surveys collect data on services received (counselling, testing, treatment, etc.) from WRA respondents, and health facility assessments collect data on service readiness as well as self-reported data on service components from key informants, many unavoidable biases (recall, non-response, and social desirability, among others) make neither a perfect proxy. The QoC studies implemented under the BOT and USR projects aimed to fill these knowledge gaps using a more rigorous approach, comprised of the following methods:



These core components were complemented by rapid qualitative assessments (including FGDs and KIIs) with project stakeholders, as well as a review of available secondary data (i.e. from national Health Management Information Systems, facility registers, Community Health Workers' registers, etc.) The combination of the QoC study, rapid qualitative assessment, and secondary data review allowed for monitoring of most outcome indicators, including core coverage indicators.

## KEY MIDTERM FINDINGS

### BORN

#### Bauchi Opportunities for Responsive Neonatal and Maternal Health

Results of the BORN midterm study revealed promising increases in coverage across a number of MNH/SRHR indicators. Using a direct comparison of household survey data from baseline to midterm, results indicated statistically significant increases in:

- Antenatal care coverage from 57% at baseline to 64% at midterm
- Skilled birth attendance from 39% at baseline to 45% at midterm
- Postnatal care coverage from 24% at baseline to 53% at midterm
- Current use of modern contraceptive methods from 6% at baseline to 15% at midterm, with similarly large increases observed among both adolescent girls and adult women.

WRA and male partners also demonstrated improvements in knowledge of pregnancy danger signs, reported more equitable decision making practices (including on key health decisions such as visiting facilities for pregnancy check-ups, delivering at a facility, and use of family planning), and reported higher levels of support from male family members for the utilisation of MNH services. Additionally, the health facility assessment revealed an increasing percentage of sampled facilities which met standards for gender responsive and adolescent friendly MNH/SRHR services (4% to 66%), referral services (28% to 76%), and family planning services (16% to 67%), though more work was required in safe waste disposal and record keeping.

### SHOW

#### Strengthening Health Outcomes for Women and Children

Results of the SHOW midterm study indicated statistically significant increases in antenatal care coverage, skilled birth attendance, postnatal care coverage, and current use of modern contraceptive methods across Bangladesh, Ghana, Haiti, Nigeria and Senegal, with adolescent WRA experiencing greater increases than adult women in most instances. While these results proved promising, mixed results across countries were observed across “immediate” outcomes, such as; knowledge of pregnancy danger signs, attitudes towards equitable decision making, perceived male support for health service utilisation and women’s participation in community groups.

With regards to health facility assessments, similarly mixed trends were observed across countries in the percentage of facilities achieving standards for adolescent-friendly and gender-responsive MNCH/SRHR services, family planning services, and referral services, respectively. Improvements in safe waste disposal and record keeping were also required and still ongoing in some countries.



*Health worker takes Halima's arm measurement at health facility supported by Plan International.*  
(© Plan International)



## BOT

### Born on Time

As results of the midterm QoC study were not directly comparable to baseline, nor did they focus primarily on coverage of services, the BOT midterm report described the *current status* of antenatal care (ANC) service readiness and quality at sampled facilities as well as findings indicative of progress towards outcomes. With regards to service readiness, most sampled facilities had relevant guidelines and protocols, appropriately trained staff, and essential equipment and supplies available on site. Sampled facilities regularly recorded pre-term related data, and shared facility data with community and government stakeholders. With regards to service quality, ANC observations revealed that:

- Health care providers regularly conducted necessary screening and counselling
- Most clients received preventative screening, testing and treatment
- That improvements were required in screening and counselling for intimate partner violence (IPV) and post-partum family planning

Results also suggested increasing facility capacity to meet standards for adolescent friendly and gender responsive service provision, through gaps identified in availability of separate toilets, trained staff, and adolescent health literacy materials.

Quantitative and qualitative data from women, adolescent girls and male partners also suggested progress towards a variety of knowledge, attitude and practice outcomes. More than half of the respondents across all groups were aware of pregnancy danger signs, though only a small minority could identify risk factors for preterm birth. Respondents observed that male partners and other family members regularly accompany pregnant women to health facilities, and increasingly assist or relieve WRA of household work, though WRA perceptions of the overall “level” of support provided remained stagnant. Exit interview results suggest that while respondents across all groups observed more equitable decision-making practices at the household level, including for decisions on access and use of health information, supplies and services, women and adolescent girls face persistent barriers to participation in community groups and decision-making bodies. And finally, while WRA observed that men were increasingly aware of the harms of IPV, male attitudes regarding IPV continue to condone physical violence against women for a variety of reasons.



*Woman and children wait to be seen at health centre supported by Plan International.*  
(© Plan International)

## USR

### Uzazi Salama Rukwa

Similar to BOT, the USR midterm findings were not directly comparable to baseline; the report instead focused on describing the current status of Labour and Delivery (L&D) service readiness and quality, and on qualitative analysis to explore progress towards outcomes. With regards to L&D service readiness, sampled facilities had core MNH services available, had functional essential equipment and supplies, and followed infection prevention and control procedures; but struggled to meet referral system standards due to gaps in transportation and feedback mechanisms. And while facilities increasingly demonstrated capacity to provide adolescent friendly services, gaps were observed in gender-responsiveness. With regards to L&D service quality, results suggested reasonable performance according to standards, including adequate management of maternal and newborn complications, with some gaps (client privacy, screening, management of pre-eclampsia complications, etc.) observed. And while facilities increasingly had basic service in water supply, met environmentally safe waste disposal standards, and regularly maintained and shared records, there was room for improvement in technical and management capacity, including in use of data to track facility performance.

Qualitative data from women, adolescent girls, male partners and community members also revealed both positive indications of progress towards outcomes and areas for further improvement. While respondents observed increased participation of women in community leadership roles, barriers to gender equality – such as harmful norms and traditional practices – continue to be observed. Respondents also observed increased utilisation of facility-based MNH/SRH services by WRA (specifically, of ANC and L&D services) – but these increases were observed primarily among adult women, while adolescent girls expressed an ongoing reluctance to access facility-based services due to persistent social stigma. While male accompaniment to ANC services reportedly increased, accompaniment to other services (i.e. postnatal care) remains uncommon; and local bylaws appear to contribute to the unintended negative outcome of preferential treatment for accompanied WRA over their unaccompanied peers. Finally, while the USR project has made numerous efforts towards improving the adolescent friendliness of facility services, adolescent respondents demonstrated low awareness of available services/associated improvements, and continue to instead seek SRH information and counseling from schools, at home, through community meetings, and through the USR project’s trained peer educators.

## DATA UTILISATION AND LIMITATIONS

Plan International project teams from Bangladesh, Canada, Ghana, Haiti, Nigeria, Senegal and Tanzania participated in data validation workshops prior to the finalisation of each respective midterm report, and facilitated results interpretation meetings with implementing partners, government officials, and community stakeholders to generate lessons learned and recommendations for course correction. While these interpretation and validation exercises were essential for maintaining relevant and impactful programming to meet community needs, they encountered various limitations depending on the methodology used.

For the BORN and SHOW projects, stakeholders faced challenges interpreting health facility assessment results considering relatively small sample sizes and wide confidence intervals. And while household surveys allowed for a direct comparison between baseline and midterm values across a variety of indicators, mixed results across “immediate” level outcome indicators, contrasted with significant improvements in “intermediate” level coverage indicators, combined with a lack of qualitative data for triangulation and contextualization of results, all limited stakeholders’ understanding of the project’s impact – positive or negative – on observed outcomes.

For BOT and Uzazi projects, QoC study findings allowed for deeper conversations on progress towards supply-side outcomes, and generated specific recommendations for project, government, and civil society stakeholders to improve the quality, adolescent- and gender-responsiveness of ANC and L&D service delivery. With that being said, differing methodologies at baseline and midterm limited stakeholders’ understanding of progress achieved. While the absence of a household survey prohibited any direct comparison between baseline and midterm results for a variety of quantitative indicators, the use of qualitative methods enabled stakeholders to explore beneficiaries’ exposure to project interventions, and to understand the strengths and gaps in these activities from the perspective of women, men, adolescent girls and boys – which proved invaluable for compiling lessons learned and generating recommendations for activity design and implementation.



*Nadia, 28, with her newborn baby son whose life was saved thanks to the new ambulance*

(© Plan International)



## CONCLUSION AND RECOMMENDATIONS

While household surveys and health facility assessments are, and will continue to be, the standard for assessing MNCH and SRHR outcomes, Plan International teams working towards improved Sexual and Reproductive Health and Rights should consider the full range of evaluation methods that are feasible in their respective contexts. Household surveys yield the data required for estimating *coverage* of essential MNH/SRH services, while other methodologies such as *Quality of Care* studies allow for more rigorous assessment of service *quality* – a foundational outcome on the path to reduced maternal and neonatal mortality. Deeper insight into supply-side outcomes, normally limited by the household survey and health facility assessment methods, can ensure relevant and impactful interventions throughout the SRHR project life cycle.

A participatory, mixed-methods approach is also recommended for midterm studies. Triangulation of data strengthens data interpretation and utilisation, especially where mixed trends in demand-side and gender-focused knowledge and attitude outcomes,

combined with uncertainty about the rate and speed of uptake across project contexts, do not lend themselves easily to interpretation and action. A mixed-methods approach enables evaluation users to have a more nuanced understanding of study findings, and to achieve customary midterm study objectives of generating lessons learned and concrete recommendations for course correction. These objectives are even better served by the exploration of unintended outcomes, both positive and negative, which is sometimes de-prioritized under donor-driven results-based management frameworks.

Finally, while each project's evaluation plan is rightly shaped by implementation timeframes and availability of resources, evaluators should ensure that the recommendations above are incorporated into *all* planned evaluations – baseline, midterm, endline, and beyond – so that a consistent methodology is applied in each assessment. This helps to ensure that stakeholders can easily compare data points, interpret findings, and track progress towards outcome targets.

Read the full SHOW midterm survey report [here](#).

For any questions on this article, please contact:

**COLLEEN KEILTY**

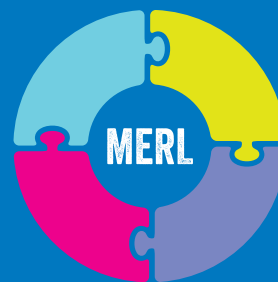
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## ETHICS AND SAFEGUARDING

**As a global child-rights organisation we are strongly committed to keeping all participants, and especially children and young people, safe during their participation in Monitoring, Evaluation and Research (MER) initiatives.**



While there is no 'one-size-fits-all' model for how to conduct ethical MER in the many different contexts that Plan International is working in, all MER initiatives must adhere to Plan International's ethical principles and implement appropriate safeguarding measures to ensure that the well-being, dignity, rights and safety of participants in data collection initiatives are respected and protected and to ensure that the products of our data collection are valid, robust and well-respected across the sector.

In order to support all offices in integrating ethics into their MER initiatives, we have created a MER Ethics & Safeguarding package that includes guidelines, templates and trainings. The MER Ethics & Safeguarding package is available in English, French and Spanish and can be accessed via our Planet Page.

In addition to the updated documentation, Plan International's Ethics Review Team supports offices in gaining ethical approval for their MER initiatives.

If you have any questions regarding the MER Ethics & Safeguarding package or the Ethics Review Team, please email us at [research@plan-international.org](mailto:research@plan-international.org).



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