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Bringing hearts and minds
together for children



Teacher uses gender-transformative approach at ECD centre, Bangladesh.
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EDITORIAL

Bringing you research and evaluation studies from across the organisation, this edition of OPENPlan explores four distinct and recently published studies from APAC, ROA, MEESA and WACA that focus on thematic and cross-cutting areas including disaster risk management (DRM), with two studies focused on natural hazards, protection from violence, and gender and inclusion. The studies demonstrate examples of good methodological practice, including ethical standards, and importantly provide a wealth of recommendations and learnings that may prove useful for colleagues across Plan International.

The first report is a qualitative study on 'Women and Girls Participation in Community Disaster Risk Management in Bangladesh'. The study is part of Plan International's Inclusive Community Disaster Risk Reduction and Management (ICDRM) project which aims to increase the level of inclusion

and participation of women, girls and marginalized groups in DRM. The research intended to explore a detailed and contextual understanding of the DRM needs of women and girls in the Bhola district and how successful community-based organisations (CBOs) can be in addressing gender inequalities, which may lead to the increased suffering of women and girls during disasters.

The second report is a post-flood study conducted in El Majahaul, El Salvador, intended to assess the impact of the tropical storm Amanda-Cristobal on the community using the Community Resilience Measurement Tool (CRMF). The study used qualitative methods for primary data collection including focus group discussions (FGDs) and key informant interviews (KIIs), in addition to cross-evaluation of the data using the CRMF tool. The results of the study were intended to develop actions to influence and strengthen the community processes to build resilience to future flood emergencies.

The third report, *Safer Cities Final Evaluation Report: Plan International Egypt*, is a mixed-methods final evaluation used to assess the extent to which the project had achieved its planned results, with the overall project goal of girls and young women in Egypt collectively leading on safe, accountable and inclusive cities. The project was implemented in two districts in urban Cairo, and used a desk-based review, survey, focus group discussions, key information interviews and participatory group assessments.

The final study takes us to Guinea for a mixed-methods research on 'Gender and Endemic diseases: Analysis of gender barriers related to inclusion and human rights issues in the fight against Malaria, Tuberculosis, and HIV/AIDS in Guinea'. The research aimed to understand root causes of disparities that may exist in relation to access to Malaria, HIV/AIDS and Tuberculosis interventions among the general population and target groups and to provide necessary data to facilitate the development of a country strategy that may integrate gender and human rights aspects into the planning and implementation of Malaria, Tuberculosis and HIV/AIDS interventions.

We hope you find this issue of OPENPlan insightful! Please see our noticeboard on page 24 for details on how to get in touch to collaborate on future editions, as well as details on the new Research and Evaluation Agenda Package and Ethics and Safeguarding in MERL.

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Girl teaches swimming lesson to children in her community, Bangladesh.

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STUDY ON WOMEN AND GIRLS' PARTICIPATION IN COMMUNITY DISASTER RISK MANAGEMENT IN BANGLADESH

Full report written by Dewi Ratnawulan, Senior Gender and Human Rights Adviser from Rapid Asia for Plan International Asia-Pacific Regional Hub, Plan International Bangladesh and Plan International USA.

BACKGROUND/ CONTEXT

Bangladesh is recognized as one of the most susceptible countries to natural hazards. Situated next to the Bay of Bengal, with flat, low-lying terrain and wide rivers, coupled with high population density and extreme poverty, the country has been greatly affected by natural hazards such as floods and cyclones and over the past three decades experienced over 300 natural disasters. The Bhola district, a rural region in southern Bangladesh, is particularly vulnerable to an array of environmental hazards. Located on the coast, and surrounded by rivers, it is affected almost yearly by disasters ranging from floods, cyclones, storm surges, to rising sea levels and salinity intrusion.

Vulnerability to natural disaster is multi-layered and multi-dimensional, impacted by intersecting characteristics such as gender, age, ethnicity, disability, and wealth. Women in Bangladesh are being pushed into more vulnerable and marginalised positions as the frequency and magnitude of natural disasters continues to increase, with higher death rates reported among women in natural disasters. Bangladesh is ranked 133 out of 162 on the UN Gender Inequality Index, with inequality between women and men highlighted in three particular dimensions; reproductive health, empowerment and the labour market. Structural inequalities in Bangladeshi society result in different capacities of men and women to prepare for, respond to and recover from disasters, as well as distinct vulnerabilities and exposure to risks. For example, in Bangladesh, women do not have the right to property, have less access to education than men and have less control over their financial assets. Disasters exacerbate economic inequality between men and women and hamper women's capacity to recover and restart economic activities. This situation exists in most of Bangladesh, and is even more embedded and severe in rural, ecologically marginal areas, such as Bhola.

This study is part of Plan International's Inclusive Community Disaster Risk Reduction and Management (ICDRM) project which aims to increase the level of inclusion and participation of women, girls and marginalized groups in DRM.¹ In cooperation with local NGO Jago Nari, the project has successfully set up community-based organisations (CBOs) in Bhola which are mandated to have gender parity as a first step to including women and girls in decision-making and planning for disaster risk reduction (DRR) at the community level. The CBOs also provide training on gender equality, women's and girls' rights and inclusiveness of marginalized groups in disaster planning and response.

1. Plan International USA in collaboration with Plan's Asia Pacific Regional Office (APAC) is implementing the Inclusive Community Disaster Risk Reduction and Management (ICDRM) Project, a four-year project (October 2017-September 2021) funded by Margaret A. Cargill Philanthropies, in Bangladesh and the Philippines. Through Plan Bangladesh and local NGO Jago Nari, the project seeks to increase the natural disaster preparedness capabilities of communities in Bhola Sadar, Bangladesh and identify elements of a replicable model for building inclusive community-level natural disaster preparedness.

PURPOSE

The purpose of the study was to gain a detailed, contextual understanding of the DRM needs of women and girls in Bhola. It intended to understand how successful CBOs are in addressing the gender inequalities which result in women and girls suffering more than men and boys during disasters, the extent to which social norms and gender barriers persist within DRM once women are included in CBOs, and the extent to which this inclusion has a positive effect on women and girls' capacity to mitigate and survive disasters.

The study, therefore, aimed to understand; the extent to which two community groups established by the project — (i) the Ward Disaster Management Committees (WDMCs) and (ii) children and youth groups (C&Ys) — encouraged and increased the active participation, including leadership and decision-making, of women and girls; the effectiveness of the WDMCs and C&Ys in improving the diversity and inclusiveness in community disaster risk planning and preparedness; the extent to which CBOs serve as bridges for vulnerable and stigmatized groups, such as the elderly, children, people with disabilities and the transgender community, and finally; the extent to which CBO membership has become more diverse, along with how trainings on inclusivity and human rights has impacted perceptions and behaviour towards the most marginalized.

The study sought to address the following six specific aims:

- 1 Ascertain and describe the root causes of exclusion and marginalization of women and adolescent girls in Bhola that hinder them from participating in DRM and ways that these barriers have been and/or could be overcome.
- 2 Assess the degree to which adolescent girls participate in the C&Y groups, whether they are active or passive participants and if and to what extent their leadership capabilities are expressed.
- 3 Understand how women and girls perceive WDMCs and C&Y groups as welcoming places for them to participate and voice their views, and what more could be done to increase their participation.
- 4 Ascertain how, and to what degree, C&Y groups have served as bridges between vulnerable and stigmatized groups, such as Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning (LGBTIQ+) individuals, and the community to encourage inclusion in the WDMC and C&Y group.
- 5 Determine if and how the ICDRM trainings on inclusiveness have affected the membership of the WDMC and C&Y groups.
- 6 Explore if and how much the trainings on mainstreaming of gender, disability and culture sensitivity have made DRR planning more inclusive and adapted to the needs of women and girls, and how excluded groups have responded to these changes.

METHODOLOGY AND ETHICAL CONSIDERATIONS

Methodology

The study used qualitative methods for primary data collection including in-depth interviews (IDIs), key informant interviews (KIIs), focus group discussions (FGDs), and field observation. The primary data collection took place over 12 days in three areas within Bhola Sadar; Kaachia, Rajapur and Bheduria. All interviews were conducted in Bangla.

Three field observations were conducted by the field team along a predefined path. The field observations intended to gain insight into local people's behaviour and activities by walking through neighbourhoods and talking with passers-by, observing and exploring the conditions of cyclone shelters, housing conditions, public spaces and WASH facilities.

Ten KIIs were conducted with key stakeholders (six males, three females, and one transgender person) including local government officials, local NGOs, experts and representatives of Union Disaster Management Committees (UDMC). These were semi-structured interviews conducted both on the phone and in person. The KIIs intended to explore the context of women and girls' participation in DRM as well as to assess the effectiveness of the WDMCs and C&Ys in improving the diversity and inclusiveness in community disaster risk planning and preparedness.

Sixteen semi-structured face-to-face IDIs were conducted with nine females and seven males, of these 5 were active members of WDMCs, four active members and four inactive members of C&Ys, and three non-members. These interviews intended to explore the roles of women and adolescent girls and their experiences as members and non-members of local disaster management committees, including understanding barriers and enablers for participation.

Eighteen face-to-face FGDs were conducted with active and inactive, male and female, members of UDRMs, WDMCs and C&Ys. There were approximately eight participants in each group, the FGDs were intended to capture more in-depth information around gendered issues and gender roles in local DRM.

The primary and secondary research findings were reviewed in a triangulation workshop held in April 2021. The project team used the multilevel combinations approach to triangulate data. First, data from the desk review, stakeholders' interviews, FGDs and IDIs were analysed separately, and the core findings were agreed upon by the project team. Second, all core findings were linked to the seven key research objectives. Finally, data triangulation was accomplished by examining the key findings across the different information sources.

Ethics

Ethics approval was sought from Plan International's Ethics Review Team (ERT), ensuring the study was in line with Plan International's [MERL Policy](#), [MERL Standards](#), the [Global Policy on Safeguarding Children and Young People](#), as well as key ethical principles as outlined in the [Framework for Ethical MER](#).

The data collection team followed WHO guidelines for COVID-19 prevention measures in relation to the face-to-face data collection. Data collectors also received training on the research study, objectives, how to conduct the discussion guides to ensure consistency of questioning, and 'do no harm' principles as well as Plan International's Global Policy on Safeguarding Children and Young People. All interviews and FGDs with women were conducted by female data collectors.

KEY FINDINGS

Overall, the research suggested that CBOs had made an initial impact on gender equality and inclusion in relation to DRM in Bhola. The CBOs were seen to create successful opportunities for women and girls' involvement in DRM, which had previously not existed. The extent, however, to which CBOs will be able to affect meaningful gender transformative change, through women and girls' increased agency and leadership in community-based processes and decision making in DRM, remains unclear with CBOs still in their early stages.

Whilst CBOs have opened opportunities for women and girls' involvement in DRM, the nature and extent of this participation parallels existing gender norms and gendered roles in disaster preparation, mitigation and response. Male and female research participants consistently highlighted that women and girl's most valued ability in disasters was to mobilise other women, girls, and marginalised groups previously left in the home.

Due to the detail and depth of this report, only a summary of findings which relate to the 6 study objectives listed in textbox one have been included, we encourage you for further details to review the full report [here](#).



The findings below correspond to the six specific study aims outlined in textbox one on page 3:

1 Ascertain and describe the root causes of exclusions and marginalization of women and adolescent girls in Bhola that hinder them from participating in DRM and ways that these barriers have been and/or could be overcome.

Findings confirmed how harmful gender norms can cause negative gender outcomes during disasters. Prescribed domestic care roles can prevent women's ability to evacuate from their homes in times of disaster, women are tasked with helping children, the elderly, and people with disabilities to survive events, ensure minimal damage is done to the home and important documents are kept safe. Barriers, including clothing and societal shame for skin exposure can also play a powerful role in preventing freedom of movement and impacting the ability for women to run, swim or climb their way to safety and evacuation. Lack of consideration for women in the design of evacuation centres may also prevent them from feeling safe or confident in reaching or staying in them. Overall, the barriers to women and girl's participation in DRM are closely linked to the same gender norms which prevent women from effectively evacuating their homes during disasters. Women's lack of agency, power and free movement in public results in a lack of participation in public and community life and in the failure to consider their specific needs and vulnerabilities during disasters.

2 Assess the degree to which adolescent girls participate in the C&Y groups, whether they are active or passive participants and if and to what extent their leadership capabilities are expressed.

Significant improvements can be seen in terms of participation, demonstrated by nearly all of the WDMCs and C&Y meetings and trainings reaching gender parity. Positively, most participants strongly believed that women and girls should participate and were pleased to see them participating in meetings. Nearly all participants recognised women and girls suffer more during disasters and should therefore be included in disaster preparation and mitigation. Adolescent girls' ability to raise awareness of how to prepare for and respond to disasters, as well as increasing participation in C&Ys and WDMCs for other girls and women was considered their strongest contribution in DRM. Whilst some respondents believed decisions were made collectively, overall leadership and decision-making in DRM CBOs, for example in facilitating training or key decision-making, remained an area in which women and girls continued to lack confidence.

3 Understand how women and girls perceive WDMCs and C&Y groups as welcoming places for them to participate and voice their views, and what more could be done to increase their participation.

Virtually all participants saw women and girls' participation in DRM as critical, recognising that they suffer more during disasters, in addition many participants believed that women and girls' opinions and voices were equally respected. Some, however, believed that men retained more decision-making power. Women and girl members of WDMCs and C&Y groups largely saw the groups as welcoming. Meeting discussions were often operationally focused in relation to task distribution, this was reflective of gender societal norms with women and girls tasked with taking care of the most vulnerable to evacuation centres. Gender parity in the groups was seen to be met for children, youth and adults, however there was a comparative lack of elderly women's participation to elderly men's participation.

4 Ascertain how, and to what degree, C&Y groups have served as bridges between vulnerable and stigmatized groups, such as LGBTIQ+ individuals, and the community to encourage inclusion in the WDMC and C&Y group.

Among those interviewed, the ICDRM trainings on disaster preparedness and inclusion had a positive impact on membership. For many, it was the first time to see girls and women actively engaged in their community. However, there remained a lack of representation and participation from transgender individuals and people with disabilities in committee meetings and trainings. While the training content did attempt to raise awareness of marginalized groups' rights and it was reported that members' views had changed, particularly towards transgender individuals, more action is needed to include the most marginalized in decision-making and leading.

5 Determine if and how the ICDRM trainings on inclusiveness have affected the membership of the WDMC and C&Y groups.

The majority of the participants believed strongly in the value of the trainings, both through their tangible and practical application but also due to the content on gender, women's rights, and early marriage. Participants believed these topics were crucial in shifting views about women and girls in their communities. It is important to note, however, that trainings are only an initial step towards gender equality and the inclusion of marginalised groups.

6 Explore if and how much the trainings on mainstreaming of gender, disability and culture sensitivity have made DRR planning more inclusive and adapted to the needs of women and girls, and how excluded groups have responded to these changes.

Whilst more actions are required to enable substantive gender transformative change, a key value of the ICDRM trainings was the visibility it offered women and girls in their communities. KIIs and IDIs indicated that the inclusion of women and girls was an improvement and only initial step towards more significant change, with increased visibility and representation allowing for value and awareness of the contribution women and girls can offer their communities. Greater and long term impact is likely to come from continued C&Y groups, where girls can witness active women taking on greater responsibilities in their communities and act as role models, inspiring young girls and women whilst they also receive trainings on leadership and inclusivity in DRM.

Community fear for their future as their island home is constantly being eroded.

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RECOMMENDATIONS

The following recommendations were made for integrating gender and inclusion and increasing women, girls and vulnerable groups' leadership and decision-making into community disaster risk management.

Recognize unequal gender experiences in disasters. Acknowledging the differential risks, experiences and impact of disasters based on gender and social tradition can be translated into operational steps at the local level. Develop a clear, step-by-step mitigation plan for emergency situations, considering both short- and long-term impacts.

Service providers should:

- Raise awareness of gender-based violence (GBV) in conjunction with strengthening community DRM; enforce laws and policies that help to prevent GBV for vulnerable groups.
- Ensure better access to care and timely treatment by encouraging health staff and DRM to become more sensitive to the needs of specific groups of women and girls, especially around reproductive health.
- Seek ways to expand basic training on practical disaster preparedness and resilience, including on WASH.
- Recognize women's abilities and incorporate them into disaster relief efforts with the goal of changing gendered roles and perception of rights.
- Teach children (boy and girls) about how to protect themselves in disaster prone areas, including life-skills such as swimming and understanding cyclone signals.
- Encourage new studies to strengthen data and evidence regarding gender, age inequality and disaster risk at local levels through coordination with local authorities.
- Improve access to critical services and facilities, shelters with adequate spaces for women and girls with proper sanitation and separate halls for men and women.
- Design education and empowerment programs to address the increase in the domestic burdens of women following disasters.

Reduce barriers to women and girls' active participation and inclusion in DRM.

- Time activities and schedules (in terms of hour of day and distance) to allow women and girls to attend.
- Promote women trainers and women's-only groups for meetings and trainings.
- Set an example for local DRM committees by maintaining gender parity in DRM committees at the Union, Upazila and District levels.
- Expand training programs to other community members and to other communities and make them more inclusive and relevant.
- Encourage LGBTIQ+ individuals to participate in DRM at community events or similar activities, ensuring their safety and collaboration through innovative and inclusive activities.
- Foster discussion on the redistribution of roles and responsibilities before and during disasters to reduce risks among women, children and other vulnerable groups.

Increase women and girls' leadership in community-based DRM groups.

- Expand quotas on women and girl's participation in DRM leadership and amplify women's voices in local communities, as well as in open dialogue at the community level.
- Promote the use of creative media including social media, radio, television, and popular drama and theatre for disaster preparedness planning and early warning.
- Challenge social norms and cultural beliefs related to the acceptance of inequality, like women's status in the family and society.
- Develop a better understanding of the traditions embedded in social norms that encourage or discourage women's leadership, as this is likely to enhance women's leadership program initiatives.
- Promote cooperation and networking with women and youth on climate change at the local, regional and national levels



[CLICK HERE TO READ THE FULL REPORT.](#)

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BUILDING RESILIENCE TO FLOODS

POST-FLOOD STUDY IN THE COMMUNITY OF EL MAJAHUAL FOLLOWING THE IMPACT OF THE STORM AMANDA- CRISTOBAL JUNE 2020

Full report written by Carlos Tejada, National Project Coordinator, Plan El Salvador, for Plan El Salvador, Flood Resilience Alliance and ZURICH.

BACKGROUND/ CONTEXT

The tropical storm Amanda-Cristobal, originated on the coasts of El Salvador and Guatemala in May 2020, impacting an approximated 149,800 people, in addition to 2,800 hectares of crop and a total of 392 schools were damaged.

A post-flood study was carried out in the communities of Colima and El Majahual, Municipality of La Libertad, Department of La Libertad one year after the implementation of a community resilience-building action plan, developed from the baseline results of the Increasing Resilience to Floods in Central America project. The baseline results established that the Majahual community had experienced between one to three floods in the last decade, and had few measures in place to protect against the effect of flooding. Flooding was shown to particularly impact economic activities as well education, with 38% of girls and 27% of boys being absent from school during flood emergencies. The community neither had a risk management plan nor community evacuation plan in place. The action plan was therefore designed to strengthen resilience and reduce vulnerability factors of the community through enhancing their capacity for flood preparedness, response and rehabilitation, incorporating a gender and protection approach. The plan was developed with broad community participation using the flood resilience framework approach (Zurich Flood Resilience Alliance 2.0).

PURPOSE

The objective of carrying out the post-flood study was to assess the impact of Tropical Storm Amanda-Cristobal on the communities El Majahaul and Colima using the Community Resilience Measurement Tool (FRMC) to better understand the flood resilience level reached to-date through comparison with the baseline study results.

The results of the post-flood study were intended to enable the development of actions to influence and strengthen the community processes developed to build resilience to floods.

METHODOLOGY AND ETHICS

Methodology

The Community Resilience Measurement Tool (FRMC), also called the 5C-4R framework, comprises 44 indicators. The indicators are called sources of resilience, with five complementary 'capitals' (5Cs), and four properties derived from resilient systems (4Rs). The 5Cs include human, social, physical, financial and natural capital and provide a range of data on the sources of a community's resilience. The post-flood study was conducted through the analysis of 29 outcome variables, analysed through three dimensions; context, revealed resilience, and 7 resilience themes (assets and property, governance, life and health, lifelines, livelihoods, natural environment, and social norms).

TABLE 1: 29 INDICATORS

1 FLOOD RETURN PERIOD	15 FOOD SECURITY
2 TYPE OF FLOODING	16 COMMUNICATIONS PERFORMANCE
3 PERCENTAGE OF THE COMMUNITY DIRECTLY AFFECTED	17 TRANSPORT PERFORMANCE
4 PREVENTING FATALITIES	18 DRINKING WATER
5 PREVENTION OF SERIOUS INJURIES	19 WASTE MANAGEMENT PERFORMANCE
6 DAMAGE TO BUILDINGS AND PRIVATE LAND	20 CONTINUITY OF ENERGY AND FUEL SUPPLY
7 DAMAGE TO PUBLIC BUILDINGS AND LAND	21 PROPERTY CRIME
8 LOSS OF CONTENTS AND EQUIPMENT	22 LEARNING FROM FLOODS
9 PERFORMANCE OF LARGE-SCALE PROTECTION INFRASTRUCTURE	23 EARLY WARNING SYSTEM PERFORMANCE
10 ENVIRONMENTAL POLLUTION	24 MUTUAL SUPPORT
11 POST-FLOOD DISEASES	25 EXTERNAL ASSISTANCE
12 CONTINUITY OF HEALTH SERVICES IN THE EVENT OF FLOODING	26 SALE OF PRODUCTIVE ASSETS
13 CONTINUITY OF EDUCATION	27 RISKY LIVELIHOODS
14 STABILITY OF HOUSEHOLD INCOME	28 HIGH-INTEREST CREDIT
	29 INSURANCE PAYMENTS

Qualitative methods were used for primary data collection, involving focus group discussions and nine key informant interviews.

The focus group discussions involved members of the Community Civil Protection Commission, the Board of Directors of the Community Development Association, shopkeepers, children and youth from both communities. In total, 78 people participated in the group discussions. Key informant interviews were conducted with health promoters, school principals, community leaders, technical staff from the Municipal Environmental Unit, the General Directorate of Civil Protection and a forecasting specialist from the Ministry of Environment and Natural Resources.

Due to being conducted during the COVID-19 pandemic with respective lockdowns and restrictions, the data collection was conducted virtually using the platform Zoom. The findings were analysed and cross-checked against 26 of the above indicators from the community resilience measurement tool (CRMF), analysed from A to D.¹

A TO D GRADING

- A** » GOOD PRACTICES TO MANAGE RISK
- B** » GOOD STANDARD OF THE SECTOR, NO IMMEDIATE NEED FOR IMPROVEMENT
- C** » DEFICIENCIES, POSSIBILITY OF VISIBLE IMPROVEMENT
- D** » FAR BELOW GOOD STANDARD, POSSIBILITY OF IMMINENT LOSS.

Ethics

The study was conducted in adherence with ethical standards outlined in Plan International's [MERL Policy](#), [MERL Standards](#), and the [Global Policy on Safeguarding Children and Young People](#), and code of conduct. Informed consent was obtained from all participants, with consideration given to respecting and protecting the rights of study participants including to ensuring anonymity and confidentiality. Finally, response mechanisms were put in place throughout the duration of the study.

1. The findings were not analysed against the remaining 3 indicators out of the 29 because they focused on the community context and the characterisation of the impact of the event.

KEY FINDINGS

+20%

Overall, the study found that the level of resilience of the Majahual community after the flood has increased by 20%. This increase is influenced by the implementation of existing action plans developed in the community with the aim of strengthening the initial conditions of resilience and reducing vulnerability factors, foregrounding the importance of facilitating processes that accompany the community in the promotion of resilience under a holistic approach.

For an in-depth overview of the findings please visit the full report. Key findings are presented below through the seven resilience themes.

Assets and Property

- According to the baseline, in the context of floods, few measures were implemented by the community to protect their assets.
- In terms of damage to buildings and private land, less than 40% of all houses, business premises and agricultural land were severely damaged during the flooding and repairs were achievable within one year.
- In terms of damage to public buildings and land, only the school had significant damage to the school field and toilets, which are expected to be repaired within one year.
- However, the post-flood study showed that 60% of homes and businesses were affected in their contents and equipment such as machinery, tools, household goods and appliances.

Livelihoods

- The level of resilience obtained in the theme of livelihoods has increased by only 2% compared to the baseline study. This result is influenced by the context of the double emergency which has severely impacted more than 5% of the families.
- Between 20% and 50% of the families were forced to sell their assets to cope with the impact of the double emergency.
- More than 5% of the families had to resort to precarious jobs in order to obtain income and cope with the impact of the flood.

Governance

- The level of resilience for the governance theme has increased by 17% with respect to the baseline results.
- Participation of leaders in the response structures has decreased due to the impact of COVID-19, as many leaders have had to dedicate more effort to economic recovery and even work outside their community.
- Importantly, not all the community had access to external assistance in response to the emergency and that it decreased more in the recovery phase.

Social Norms

- For social norms, there was a significant increase of 52% compared to the baseline study since there was no theft or looting in the context of the floods. However, this increase should be interpreted with caution because the baseline study took into account broader aspects than crimes against property, so that when analysing the same variable from a broader perspective it is likely that the score will slightly decrease.
- Another important aspect to highlight is that when faced with the impact of the flood, the community showed a high level of mutual support to provide assistance to the most affected families. The community's formal and informal networks were mobilized to support the response to the impact of the flood.

Life and Health

- For life and health, resilience increased by 18% compared to the baseline study.
- The level of resilience shown by the community has increased by 24% compared to the baseline study. Communications performance, transportation performance and the continuity of power and fuel supplies were not significantly interrupted during the flood.
- There remains areas for improvement however, for example in the area of food security over 50% of the community did not have enough nutritious and varied food due to the impact of the flooding and the COVID-19 pandemic for more than one month. In addition, drinking water services failed for a month due to the flooding.

Natural environment

- Regarding the natural environment, there was an increase of 24% compared to the baseline study. These results are positive because they show that the community is promoting actions for solid waste management. For example, the construction of a station for temporary storage that allows sorting waste and selling it, obtaining some funds to promote other community actions, etc.

RECOMMENDATIONS

Overall, the study recommends the continued implementation and strengthening of action plans for the promotion of resilience with a gender-transformative approach. A range of recommendations in relation to assets and property, governance, lifelines, life and health, livelihoods, natural environment, and social norms can be found in the full report, whilst a summary of some key actions are highlighted below:

- Develop together with the Municipality and other local actors initiatives for the construction of a large-scale flood protection infrastructure using nature and the endogenous resources of the territory.
- Strengthen the early warning system at Municipal and Community level, as well as the definition of an action protocol with the Municipal Protection Commission, and develop education, information and communication actions on the functioning and importance of the system.
- Consolidate a solid waste collection strategy in conjunction with the Municipality that also defines actions to respond to the impact of floods.
- Implement programme to strengthen the local economy in coordination with the Municipality and CONAMYPE (National Commission for Micro and Small Enterprises) through technical training and life skills, as well as support to existing business initiatives heavily affected by the double emergency.
- Develop initiatives in coordination with CONAMYPE for the diversification of enterprises in order to improve the local economy and early recovery.
- In conjunction with the Water Boards, design a strategy for the supply of drinking water in an emergency context, mainly in the centres identified as temporary shelters.
- In coordination with the Municipality, strengthen the community fabric through community organisation and support networks to improve response and integration in emergencies and crisis contexts.



USE OF FINDINGS

The results of the study were used to broaden the understanding of resilience after the impact of a flood, to make decisions regarding opportunities for improvement identified for each source of resilience, and to identify strengths and best practices for resilience building. The project team has developed various knowledge products (infographics, videos and reports) to promote the dissemination of results in the communities and with government institutions, with the aim of broadening the understanding of resilience and promoting influential actions, this action has been well received by both communities and government institutions and has allowed promoting some interventions in conjunction with government institutions at the national level.

On the other hand, the results of the study strengthened the influencing strategy promoted in the framework of the project with institutions leading disaster risk management, achieving some citations by institutions such as the Ministry of Environment and Natural Resources.



[CLICK HERE FOR THE FULL REPORT.](#)

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SAFER CITIES FINAL EVALUATION REPORT

Full report written by Bassant Bahaa, MERL Coordinator, Plan International Egypt.

A young girl makes her way through rubble from collapsed buildings in Khairallah slum in Cairo, Egypt.

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BACKGROUND/CONTEXT

The Safer Cities for Girls programme believes that all girls and young women should have the right to feel safe and free to move about urban spaces without the fear of sexual harassment. It aims to increase safety and access to public spaces for girls and women; including autonomous mobility in the city – such as independent and unrestricted use of public transport, and meaningful participation in urban governance, planning and management. It also aims to create spaces and opportunities to ensure decisions are made in partnership with diverse adolescents. The programme utilises an integrated community-based approach to address issues of girl's safety in public spaces, and engages with local self-government institutions or local bodies- that directly influence the welfare of the people by providing social, economic and civic infrastructure services and facilities in urban settings.

The Safer Cities for Girls programme utilises the following strategies:

- **Girl-centred programming**
- **Strengthening the frameworks** that act as enablers to gender equality and girls' safety (e.g. undertaking policy review, organizing consultative meetings)
- **Building capacities and skills** to promote girl's safety and inclusion in cities (e.g. gender transformative trainings of caregivers, and institutions to prepare them for working in partnership with adolescents)
- **Knowledge generation and dissemination** (e.g. making use of best and promising practices, using participatory action research to build local ownership)
- Creating multi-level, multi-stakeholder, and multi-sectoral **partnerships** for an integrated approach to girls safety in cities (e.g. establishing a core team of supportive individuals and organizations, developing a common vision)
- **Engaging men and boys** (e.g. active participation in participatory tools; positioning men and boys as ambassadors for change)

The project was implemented in two districts in urban Cairo: Al Khirallah community located in Old Egypt district where Safer Cities 1.0 was implemented in collaboration with the partnering civil society organisation (CSO) “el Nour” and Al Asmarat community located in Al Asmarat district where some of the youth who participated in Safer Cities 1.0 had relocated in collaboration with the partnering CSO “Kheir w Baraka”. Key beneficiaries for the programme were adolescent girls aged 13 to 18 and young women aged 19 to 24, who are among the most marginalised in their communities. The project sought to work with girls in school, out of school, girls living in informal settlements and working girls and where possible, girls with disabilities.

Primary Beneficiaries that are directly involved in implementing and engaging in the project activities numbered 800 girls and young women and 400 boys and young men. In addition to mothers, fathers, youth advisory panel members, community members and CSOs staff, governmental authorities at local and national level as well as media workers and local transportation actors.

PURPOSE

Project Purpose

The projects’ overall goal, aligned with the revised log-frame for the Girls Lead Safe Cities global programme, was that girls and young women in Egypt collectively lead on safe, accountable, and inclusive cities. Further objectives included:

Objective 1: Groups of adolescent girls and boys (aged 13 to 24 years) are supported by their families and communities to contribute to change social norms around safety and participation of girls in cities.

Objective 2: The participating youth groups gain the essential skills and have access to resources and spaces to meaningfully engage in decision making at various levels.

Objective 3: Government authorities at local, district and national level strengthen the policy framework on girls’ safety and participation in cities.

The theory of change focused on mobilizing CSOs and communities toward supporting safer cities for girls and young women, and to create and sustain spaces for youth decision making. The activities aimed to increase the safety of girls and young women in urban public spaces in Cairo and facilitate the active participation of girls and young women supported by boys and young men in urban governance.

Final Evaluation Purpose

The purpose of the final evaluation was to assess the extent to which the project had achieved its planned results and to identify the unintended results. It was designed to consider the following objectives:

- To assess the Safer Cities project’s performance and achievements vis-à-vis the objectives, results, and indicators planned on the logical framework.
- To evaluate the contribution of the project towards the thematic strategic objective laid out in Plan Egypt’s Country Strategic Plan (CSP) and the relevant indicators defined in the CSP Monitoring and Evaluation Framework.
- To generate lessons learned from the implementation of the project’s activities to improve delivery in the upcoming/other projects that are part of the global program or other projects that fall under Lead thematic areas.
- To develop specific recommendations to guide project implementation and management in order to achieve the outcomes, objectives, and indicators of the projects and for guiding future programme management and design.

In relation to the OECD/DAC evaluation criteria, the study focused on two priority areas which included effectiveness and impact. It explored effectiveness through whether the project had realised what was originally planned, including changes against indicators, and impact through the review of positive and negative perceived changes by the beneficiaries after enrolment within the project.



Murals and lighting have been installed in the area around the bus station in the El Asmarat district in Egypt.

(© Plan International)



Girls use tuk tuk in Egypt's capital city, Cairo.
(© Plan International)

METHODOLOGY, LIMITATIONS AND ETHICS

Methodology

The final evaluation used a mixed-methods approach which included a desk-based review, survey, focus group discussions, key informant interviews and participatory group assessments.

The FGDs were conducted with youth, parents, and transport staff with approximately 6-8 people within a group, disaggregated by gender and location. The FGDs conducted with youth, parents and caregivers used the FGD tools from the Champions of Change (CoC) package, for the FGDs with drivers these were intended to explore to what extent they were aware of the safety and harassment issues within the communities. The FGDs conducted with CoC ambassadors used a participatory approach, whereby the participants conducted the tool and led the discussions themselves supported by data collectors.

Key informant interviews were held with CSOs and government representatives, and respectively aimed to assess the extent to which CSOs include youth in their processes, assess joint actions, assess girls' safety in public areas, related public initiatives and strategies, and youth inclusion in decision-making.

The survey was administered to children, adolescents and youth, as well as parents and caregivers using a stratified random sampling approach.

The quantitative data was analysed using Microsoft Excel following the CoC analysis framework. The qualitative data underwent content analysis, through initially identifying common themes and then employing an exploratory or inductive analysis approach.

TABLE 2: SAMPLE SIZE SUMMARY

DATA COLLECTION ACTIVITY	SAMPLE
FGDS – PARTICIPATORY GROUP OF COC AMBASSADORS	Both tool 4.1a-4.2. and 1.3a.b. <ul style="list-style-type: none"> Asmarat: 1 group of 5 COC ambassadors Khairallh: 1 group of 6 COC ambassadors
FGDS – CHILDREN AND YOUTH	<ul style="list-style-type: none"> Asmarat: 1 FGD with 6 girls and 1 FGD with 6 boys Khairallh: 1 FGD with 8 girls and 1 FGD with 6 boys
FGDS – PARENTS AND CAREGIVERS	<ul style="list-style-type: none"> Asmarat: 1 FGD with 6 mothers Khairallh: 1 FGD with 6 mothers
FGDS – DRIVERS	<ul style="list-style-type: none"> Asmarat: none Khairallh: 1 FGD with 7 drivers
SURVEY – CHILDREN, ADOLESCENTS AND YOUTH	<ul style="list-style-type: none"> Asmarat: 101 CAYs (81 female; 20 male) Khairallh: 90 CAYs (68 femal; 22 male)
SURVEY – PARENTS	<ul style="list-style-type: none"> Asmarat: 32 mothers Khairallh: 30 mothers
INTERVIEW – CIVIL SOCIETY ORGANISATIONS (CSO)	1 joint FGD with el Nour and Kher w Baraka CSOs of 4 staff members
INTERVIEW- GOVERNMENT REPRESENTATIVES	<ul style="list-style-type: none"> Asmarat: 3 Khairallh: 6

Limitations

The final evaluation faced several challenges which included:

- **COVID-19 related limitations:** Due to the risks imposed by COVID-19, the data collection took place while considering all precautionary measures and using hygiene kits for the in-person activities, such as during the implementation of FGDs and surveys. Moreover, limiting the number of participants per FGD and adopting 1 participant to 1 data-collector approach for the surveys to ensure data-quality while minimising the risk of infection.
- **Time related limitations:** This evaluation was initially planned to take place and be finished earlier; however, due to many challenges including opening the terms of reference (ToR) for data-collectors more than once, the project's process was delayed.
- **Sample/population related limitations:** This evaluation initially planned for bigger sample size with a 5% margin of error, however, due to some challenges related to budget and timeline, it was necessary to minimize the sample, yet ensuring data-quality. On another note, there was also another challenge related to male participants as it was challenging to attract boys and especially men and convince them to leave their work and study for the activities' time duration, which also affected this final evaluation's sampled participants in terms of gender.
- **Drivers-related limitations:** The project initially planned to target the formal transportation sector; however, the project encountered major challenges to conduct the initially planned activities with them. Therefore, after discussing the relevant stakeholders, the project converted their focus on the informal transportation sector, implementing the activities with TUKTUK/ minibuses drivers.
- **Desk Review-related limitations:** While collecting the documents from the community development associations (CDAs) for desk review, some activity reports and pre/post-tests were not done. This negatively affected the evaluator's capacity to measure the progress on some indicators that were dependent on the archived documents to be measured.

Ethics

Ethics and safeguarding principles were adhered to during the final evaluation. Informed verbal and written consent was gained from all participants, including parental/guardian consent for participants under 18 years old and child friendly consent forms were used for participants under 18. Data collectors were trained by the MERL Coordinator and Safeguarding focal points on obtaining consent, the rights of participants during data collection processes including the right to withdraw at any time, and the importance of providing accurate information to participants at the beginning of each data collection exercise, including the rationale of the study and objectives and the reason for their participation. This information was also provided to participants ahead of data collection including an opportunity to ask any questions.

The FGDs which were disaggregated by gender, age and location, to ensure participants were comfortable amongst peers to freely express their opinions. Female data collectors were also responsible for leading female interviews, in line with safeguarding principles.

The survey was conducted anonymously to ensure confidentiality, and raw qualitative data was transcribed, processed and shared securely to ensure data privacy.

Girls take part in a danger zones mapping exercise for the Safer Cities project in Egypt.

(© Plan International)



KEY FINDINGS

The findings were presented against the outcome indicators within the results matrix (available in the reports appendix), particularly as they pertain to the OECD/DAC criteria for impact and effectiveness. A full breakdown of the results can be found in the report, with a selection of key findings summarised below.

Impact

Number and quality of collective actions by each youth group (COC + other youth groups) contributing to gender equality (LEAD indicator)

Within the FGDs and group assessments the youth reported that they had formed collaborations with different stakeholders and achieved positive impacts through their joint actions with the community development associations. Examples of this included implementing initiatives on violence, bullying against girls and people with disabilities, and promoting gender equality with the Directorate of Education and Neighbourhood, as well as working with CSOs to provide street lighting and garbage-collection. Participants concurred that the most important impact was the change to participants personalities and self-development that was enabled through contributing to solving community problems.

Extent to which relevant public authorities provide meaningful support to issues and initiatives of youth groups (COC groups and youth groups) (LEAD indicator)

During the FGD with officials it was discussed that all problems are either reported to the Safer Cities project or raised in the protection committee meetings, where the participants address these in terms of their areas of expertise e.g. health, education, youth etc. For example, a problem reported through the Safer Cities project, was around boys harassing girls in the neighbourhood and was addressed by police cars moving around the streets. The officials reported that they try to involve the youth so they are able to express their opinions and needs. Participants agreed that the head of the neighbourhood meets the youth and has an open-door policy.

Officials from the FGD also recommended that for CSOs to guarantee meaningful participation of youth in decision-making, they could include the youth by implementing some activities that attract youth as well as creating a market for jobs either through provision of jobs or handicraft and then a marketing channel. CSOs should also continue to promote for gender equality and girls' safety in the cities through the awareness raising sessions and activities they hold.

Effectiveness

Percentages of CoCs who show change in knowledge, attitudes and practices in critical change areas (violence; gender roles and relationships; confidence and influencing skills; gender equality and girls' rights) consistent with gender equality and girls' rights (COC indicator)

In the COC knowledge, attitudes and practices post-test, the youth scored an indicator value of 69.5% (72% females and 67% males), compared to baseline indicator value 53% (58% females and 48% males) with a growth rate of 43% for girls and 57% for boys. In the area of 'valuing gender equality and girls rights' there was a growth rate of 30% for females and 49% for males, in the area of 'gender roles and stereotypes' there was a growth in knowledge, attitudes and practices of 37% for females and 64% for males, the area of 'change of violence' there was a growth rate of 44% females and 50% for males, and in 'confidence and skills' there was a growth rate of 57% for females and 66% for males.

Degree of effectiveness of the case management service, psychosocial services, referral mechanisms and service mapping directory

Case management service and service mapping have been provided to different target beneficiaries, community promoters, CoC facilitators, and relative community actors. In regard to psychological first aid, for example, 17 trainees from the technical team of the Protection Unit and the working group of the Safe Cities for Girls project, underwent a two day training course. In addition, a one-day psychosocial workshop was held for all promoters of Safer Cities, which focused on the main steps of referral mechanisms, spotting recurrent issues they receive, and thinking through how these should be dealt with. Face to face psychological support sessions were offered, and expanded to include free sessions for children, as well as mothers of CoC youth. A post-implementation monitoring tool was used with the participants after the psychosocial support sessions. After reviewing a sample, the participants reported being satisfied with the specialist that carried out the session with them and expressed they felt comfortable and encouraged to talk, and discuss the matters concerning them, and the specialists managed to provide support, advice, and approaches to mitigate the matters of concern, the participants also reported that they would return to the specialists.



Girls take part in safety walk in a Cairo suburb, Egypt.
(© Plan International)

Parents and caregivers report that their knowledge on girls rights to participate in public spaces, gender-equality, gender-based violence has increased

Parents and the caregivers, in the different locations of the project, showed support for youth participation at various levels, which include: youth participation in decision-making within the family, youth/youth-groups participation in the public sphere, young people as agents of change (access to Information and networking), permitting young people to participate in decision-making process, and defending young people involved in political processes. This was further confirmed by the parents' post-test, which showed that their support level witnessed a growth rate of 86%.

Proportion of CSOs networks who are institutionalizing meaningful youth participation in their own decision-making and influencing processes (GIRLS LEAD indicator)

The COC ambassadors used their networking mapping done under Outcome Indicator 1.2.b as a starting point to evaluate the joint actions they carried out with CSOs in their communities. For this indicator, each team started by defining the criteria of 'relevance of action, effectivity of action, and quality of collaboration'. After that, each team listed examples of their joint actions and evaluated them against the criteria from 1 to 4. In both communities, they carried out various joint actions with different CSOs in their communities and oftentimes around Cairo.

When the youth were discussing the criteria to evaluate their joint actions, they highlighted the importance of:

On Relevance

- Going outside the CSOs, avoiding the idea of implementing the training inside the association
- Availability of games, activities, and outings
- Equal opportunities and equality in general for boys and girls
- Relevance to their needs and expectations

On Effectiveness

- Participation in planning and implementation of activities
- Discussions and exchange of points of view

Quality of Cooperation

- Continuous regular cooperation
- Respect and Trust
- Exchanging ideas and opinions
- Responsiveness to their requirements/needs

All participants' answers/evaluations for the joint actions were similar whether in Khairallah or Asmarat. The youth highlighted how their participation in the project activities and joint actions had led to significant positive changes in their personalities. Their abilities and capacities to address problems and issues in their community, which has made their families proud of them. They believe they are now able to make changes and achievements.

Number of media reps who report that their knowledge about advocating for girls' rights and safety and against harassment have increased after their involvement in the project

A training on 'Gender Sensitivity Journalism' was conducted on behalf of Plan International Egypt for 14 journalists from different organisations between 3-5th August 2021. The training focused on the sensitive reporting on gender and women rights issue. Overall comments from the attendees were positive and showed that the training had been helpful, recommendations included:

- Expanding the training time to be more than two days.
- Developing the training material and provide printed hand-outs after the training.
- More focus on digital media and its relation with gender.
- More focus on interview techniques for violence survivors/victims.
- Provide a gender-sensitive journalism guideline to be available for journalists.
- Provide the same training for leadership and decision makers in media organizations.

Extent to which prioritized government decision-making processes include meaningful participation of youth associations (Girls LEAD indicator) / participation

In both locations, Asmarat and Khairallah, officials suggested there was a high percentage of participation in civil-society and decision-making processes from children and youth through the Safer Cities project. Both locations suggested this had positive effects on the youths confidence and self-development, and although it amounted to an addition responsibility for the officials it was something they enjoyed facilitating.

Number of Relevant formal transport authorities representatives with increased knowledge on training topics

The project could not target the public formal transport authorities and staff, so they only worked with the informal transportation sector and provided trainings and workshops for them, and the drivers showed a big change in their perception and behaviour, and also showed eagerness to keep working on the objectives and advocating among their peers. They also were very interested to participate in any further opportunities (trainings, workshops, awareness-raising campaign, etc.).

For example in Al-Asmarat, a training was conducted with 15 informal transport drivers which covered the following topics:

- Awareness-raising for informal transport drivers in Al-Asmarat of violence against girls, its types, its reasons and its results.
- Participants' awareness-raising regarding girls' rights and their safer areas.
- Gain the support of transport drivers to reduce violence against girls.

Whilst in Kkairallah a campaign with inform Tuk Tuk drivers aimed to raise awareness about harmful and unsafe acts towards girls, such as: smoking, local/high volume songs, sexual harassment, disagreement on the fees, and dealing with passenger in an indecent way; especially with girls and elder people.

RECOMMENDATIONS

A range of recommendations and lessons learned were discussed in the report, a selection from the different stakeholders have been included below.

Summary of key recommendations and lessons learned from the youth participants:

Participants mentioned that exchange visits are the most important kind of opportunities to support the development of relationships as they aim to exchange ideas. They recommended increasing the exchange visits and joint activities to see new experiences and be able to describe the experience of their community.

- For youth to work closely and directly with the media, in addition to social media platforms.
- Continue the awareness raising activities for the community members and to highlight the importance of the support from religious leaders and specialists (physicians) to face the interceptions of families and community.
- Work on adjusting the school curriculum in order to include specific content on violence.
- Provision of psychosocial support services.
- To expand the idea of Safer Cities project to other groups and implement the youth's activities outside the community, the governorate, and Egypt.
- Ministry of Education to implement initiatives and activities related to nutrition, youth health and sports.

Summary of key recommendations from drivers:

- Create a Facebook page for them where they can add their fellows and raise their awareness about women and girls' safety.
- Conduct more trainings for them where they can express themselves more and be more able to interact with their peer drivers and educate them about sexual harassment.
- As many of them turned out to be talented whether in signing, drawing or acting, they suggested to have more specialized trainings to use these talents in advocating for girls' and women safety.

Summary of key recommendations from media representatives:

- Expand the trainings' time to be more than two days.
- Develop the training material and hand it out printed after the training.
- More focus on digital media and its relation with gender.
- More focus on the interview's techniques for violence survivors/victims.
- Provide a gender-sensitive journalism guideline to be available for journalists.
- Provide the same training for leadership and decision makers in media organizations.

USE OF FINDINGS

Since the finalisation of the report, it has been translated and shared with the community development associations to be cascaded within the participating communities. The key findings were presented in the project's closure event and key learnings have also been included in an internal evaluation Learning Tracker.



[CLICK HERE TO READ THE FULL REPORT.](#)

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GENDER AND ENDEMIC DISEASES STUDY

ANALYSIS OF GENDER BARRIERS RELATED TO INCLUSION AND HUMAN RIGHTS ISSUES IN THE FIGHT AGAINST MALARIA, TUBERCULOSIS, AND HIV/AIDS IN GUINEA

BACKGROUND/CONTEXT

Exposure to disease, as well as access to respective care, treatment and prevention may differ according to gender and sexual orientation. In 2016, Plan International conducted a study on gender mainstreaming in relation to Malaria within two regions of Guinea, Kankan and Nzérékoré. The study sought to understand gender-related barriers in the experience of women, girls, men and boys accessing Malaria services, and managing the illness at a household and community level. The findings indicated a gender gap in access to care, both curative and preventative, and through the studies recommendations enabled the integration of a gender-sensitive approach into existing interventions to better address the needs of women, girls, men and boys in relation to Malaria. This study sought to expand on such findings, broadening the scope to include focus on Tuberculosis (TB) and HIV/AIDS in addition to deepening the methodology to use a mixed-methods approach. It was conducted in coordination with Catholic Relief Service with financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Full report written by Cabinet Diagnostic-SARL for Plan International Guinea and Catholic Relief Service.

PURPOSE

The study on gender barriers in the fight against Malaria, HIV/AIDS and tuberculosis aimed to gain a better understanding of the root causes of the disparities in access to malaria, HIV/AIDS and tuberculosis interventions among the general population and target groups. It intended to provide necessary data to facilitate and enable the development of a country strategy in the process of integrating gender and human rights aspects in the planning and implementation of malaria, TB and HIV/AIDS interventions.

The overall objective of the study was to contribute to improving access to malaria, HIV/AIDS and TB services by taking into account gender, human rights and inclusion dimensions in Guinea. More specifically, the study had the following objectives

- 1 Identify risk factors and vulnerability to the three diseases (malaria, tuberculosis and HIV/AIDS);**
- 2 Define gender roles and responsibilities within the household and their impact on the control of the three diseases;**
- 3 Assess access to and control of resources and its impact on the fight against the three diseases;**
- 4 To identify gender-related social norms, attitudes and values and their impact on the fight against the three diseases;**
- 5 To assess women's/girls' participation in decision-making in the household and community and its impact on the fight against the three diseases;**
- 6 To identify perceptions of accessibility and quality of health services by gender and age and other relevant social factors and their impact on the control of the three diseases;**
- 7 Identify other issues related to gender, exclusion and human rights that have an impact on the fight against the three diseases;**
- 8 Improving knowledge on beneficiaries' perceptions of barriers to access to gender, human rights and inclusion.**



Antimalarial medicine issued to young boy in Guinea.

(© Plan International)

METHODOLOGY, LIMITATIONS, AND ETHICS

Methodology

The study used a mixed-methods approach, drawing on a survey for the quantitative component of the study used to investigate the values of quantitative indicators in relation to the three diseases. The qualitative component comprised focus group discussions and semi-structured interviews, together these were intended to better understand gender-related barriers and human rights violations in the experience of Malaria, Tuberculosis and HIV/AIDS.

Quantitative

The survey was distributed between women aged 15-49 and male heads of household aged 18 years and over. Three questionnaires were used for data collection which included; a household questionnaire used to collect information on all members of the household, an individual questionnaire for women aged 15-49, and an individual questionnaire for male heads of households aged 18 years and above. The survey was conducted using electronic data collection forms on tablets using Survey Solution.

Data collection for the survey was conducted between September to October 2021, involving 1,240 households including 1,793 women aged 15-49, and 1153 male heads of households. The survey was conducted in seven prefectures: Kindia, Pita, Faranah, Siguiri, Kérouané, Gueckedou and N'Zérékoré. In most of the prefectures, two communes were chosen for the survey; the chief town of the prefecture and a rural commune that was relatively difficult to access. In addition to these seven prefectures, all regional capitals were selected for the survey of key populations at risk of HIV/AIDS and TB. In total quantitative data collection occurred in 25 sites, including 14 urban sites.

The quantitative data was processed and analysed using Stata software.

Qualitative

The qualitative tools were intended for eight target categories which included; institutional actors, local and community authorities, healthcare providers, civil society actors, members of the general population (men/ women/ adolescent and youth), people living with a disability and women in categories deemed more vulnerable to the 3 diseases (including young women aged 15 to 24 who have had births out of wedlock, women who were pregnant at the time of the survey, and widowed or separated women with children in their care), groups of people with risk and vulnerability factors to TB and HIV/AIDS, and key populations at risk for HIV/AIDS.

Of the 62 focus group discussions planned, 61 were successfully carried out, which included 444 participants (227 were women). 253 semi-structured interviews were conducted (149 female participants). Individual face-to-face interviews, with male heads of households aged over 18 and women aged 15-49, were also undertaken with randomly selected households where the survey was conducted.

18 interview guides were used which encompassed the different target groups and methodologies. The guides were structured around the key themes of the study, and were accompanied by a note-taking plan, intended to aid both the data collection and analysis processes. Thematic content analysis was conducted manually for the qualitative data.

Limitations

Difficulties were encountered in relation to data collection, and throughout other phases of the study. Key challenges and limitations are summarised below:

- Difficult accessibility in some localities
- Low availability of people in rural areas
- Difficulty in mobilising some target populations
- Equipment failure e.g. Dictaphone breakdown
- Limited availability of Steering Committee members
- Length of qualitative interview guides and high number of target groups
- Limitation inherent in the sample size of the quantitative part of the survey, meaning not all indicators can be disaggregated according to all target groups
- Social desirability bias

Ethics

The study received ethics approval through the National Research Ethics Committee of the Guinean Ministry of Health. Informed consent was gained from all participants before participating in the study, including parental/ guardian consent and assent for participants under 18 years of age. Plan International's policy for safeguarding children and young people was adhered to. Anonymity of participants was preserved to ensure confidentiality, and only essential data in relation to socio-demographic characteristics necessary for data analysis were collected. Data was stored securely, with access only available for designated technical staff.

KEY FINDINGS

Please note that due to the depth of the study only a high level summary of findings and conclusions are presented below, please refer to the [full report](#) for further details.



Group photo with some of the children who received the antimalarial drugs, Guinea.
(© Plan International)

Malaria

- Malaria remains a neglected disease because it is perceived as not dangerous.
- There are several barriers to pregnant women taking the three doses of IPT: ignorance of the importance of taking the three doses, lack of means (low economic power), delay in starting ANC, difficulties in getting permission from husbands/husbands in rural areas in particular, fear of side effects, persistence of misperceptions about IPT (makes the child in the womb bigger; disturbs the child in the womb).
- There are still misperceptions among the population about mosquito nets (which some people regard as coffins) and the modes of transmission of malaria.
- Free treatment for malaria is not effective in health facilities of the country in almost all areas.
- Inadequate implementation of some strategies to catch up with women who start ANC late. This would explain the fact that delay in starting ANC is cited as a barrier to taking the three doses of IPT.

HIV

The fight against HIV has shortcomings related to the quality of services and programmatic strategies: frequent drug shortages, long waiting times in health facilities, poor behaviour of health workers, fear of disclosing patients' status, low awareness of HIV among men, denial of the disease. Fear of knowing one's HIV status, the fact that testing is not free of charge, lack of knowledge and the remoteness of testing sites are major barriers to accessing HIV testing.

Tuberculosis

- Women with TB are more stigmatised and rejected than their male counterparts.
- TB patients face several difficulties in finding help, including lack of resources and lack of information about the disease (where to go for testing, access to treatment, etc.).
- TB is less well known among the population and is subject to misconceptions: "Testing for TB gives you HIV"; "TB is the first sign of HIV".
- Women and girls face several barriers to accessing TB prevention and treatment, including lack of awareness, lack of medical follow-up, refusal to be tested, fear of being stigmatised/discriminated against, lack of knowledge of free treatment, abandonment of treatment, negligence, insufficient community outreach workers to raise awareness, lack of budgetary support, lack of accommodation in town, lack of trust between the population and health workers and non-compliance with product use measures.

Across the three diseases

- Access to health facilities is subject to major problems related to the quality of services. Indeed, all the social categories surveyed unanimously complained about the following problems: poor reception, disrespectful behaviour by health workers, failure to listen to their needs, failure to answer their questions, judgements, criticisms and verbal violence, as well as disclosure of patients' health status.
- Cost continues to be a barrier to access to prevention and treatment across the three diseases studied. This fact seems to result from the combination of two effects: widespread poverty/precariousness and the non-application of certain free health care measures announced by the authorities.
- Lack of information is a major barrier to accessing TB and HIV testing. This raises questions about the effectiveness of current communication strategies on TB and HIV.
- Fear of knowing one's HIV status is a major barrier to accessing services. TB and HIV testing and treatment.
- Community centres are an important means of improving access to disease prevention and treatment for members of highly stigmatised populations. They provide a place where highly stigmatised populations feel comfortable and can clearly ask questions without embarrassment and express their difficulties and needs in accessing health care. They remove the reticence associated with stigma (perceived or real).
- HIV and/or TB patients are victims of several types of stigma/discrimination, the most common of which would be rejection, abandonment, mistrust, verbal abuse, avoidance and divorce. Young people, the elderly and those who refuse to follow their treatment, HIV/TB patients, drug and/or alcohol users, NSPs and adolescents would be the categories of patients particularly exposed to the risk of stigma/discrimination.



A Guinean mother helps her son take antimalarial drugs.

(© Plan International)

Gender and human rights issues

- The negative perception of society towards members of certain groups combined with stigmatisation (perceived or real) negatively impacts on their access to health care. This is particularly the case for key HIV populations.
- Certain social norms linked to unequal gender relations negatively influence the access of some women (including pregnant women) to the prevention and treatment of the diseases studied. For example, the obligation for women to obtain permission from their husband/spouse to visit a health facility.
- The perceived superiority of men over women, the negative perception of women's ability to make good decisions and women's dependence on their husbands are some of the reasons for women's limited room for manoeuvre in making decisions about their health.
- Women have little power to attend, speak out and be heard during public talks on the diseases, especially for HIV.
- Half of the people (men and women) face difficulties in reaching a health facility, mainly due to the distance to the health facilities and the lack of means of travel.
- Prejudices prevent the involvement of young people and women in community decision making.
- Men's unwillingness to use condoms is one of the major barriers to women and girls' access to HIV prevention.
- Unmarried pregnant women, girl mothers, widows/separated women and people living with a disability are generally poorly perceived by society and this impacts on their quality of life and health care seeking, as they are subjected to verbal abuse in their daily lives, including from health care staff.
- People living with disabilities face specific barriers that contribute to their greater exposure to malaria: lack of resources, lack of assistance in using mosquito nets, difficulties in keeping their environment clean, difficulties in getting around, lack of people to collect the means of protection, rejection, discrimination and lack of consideration from health workers.
- Lack of knowledge about testing centres, lack of time, lack of respect for confidentiality by health workers, and fear of knowing one's serological status are barriers to accessing HIV and TB testing.
- Lack of support persons to accompany them, difficulties in moving, poverty, rejection, illiteracy and stigma/discrimination due to their disability status are, among others, important barriers to accessing HIV and TB testing for people living with disabilities.

RECOMMENDATIONS

A summary of key recommendations can be found below:

Recommendations for Malaria control

- Strengthen outreach to the population in general and to women of childbearing age and pregnant women in particular, through Community Relais, CHWs, opinion leaders and other channels. Awareness raising should focus on misperceptions about IPT as well as the importance of using LLINs, modes of malaria infection, gender relations and free malaria treatment.
- Strengthen the implementation of advanced strategies to catch up with pregnant women starting late for ANCs.
- Increase awareness and training of physicians on professional ethics and deontology to remove some of the barriers to access to prevention and treatment of diseases.

Recommendations on the fight against HIV/AIDs

- Train/retrain providers on issues of confidentiality, adherence to disease management protocol, ethics, and human rights in health (PNLSH).
- Ensure enforcement of laws against providers who disclose the medical status of patients.
- Strengthen the capacity of health care providers and pharmacists at HIV service sites to draw up order forms (PNLSH) and encourage them to draw up and submit order forms on time.
- Adhere to drug distribution plans at regional depots and HIV drug delivery sites (PCG) and comply with purchase orders issued by providers (PCG).
- Increase the number of HIV treatment points and recruit more staff to them.

Recommendations for Tuberculosis control

Strengthen the TB awareness programme, including free treatment.

Recommendations on gender and human rights issues

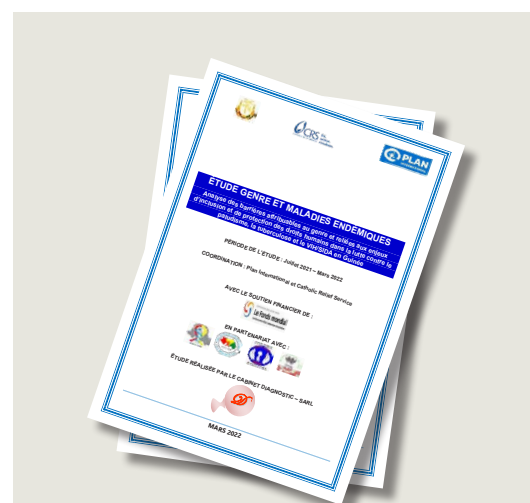
- Increase awareness among prison authorities and some influential opinion leaders in the communities. This is particularly the case for religious leaders who sometimes have misperceptions about the IPT, for example.
- Encourage doctors to follow the national disease management protocol.
- Promote awareness (including through educational talks), fight against discrimination and against negative ideas of tradition to stop stigmatisation/discrimination against people living with disabilities, girl mothers and widows/separated women.

Recommendations for improvement of access of populations strongly stigmatised in health care

- Increase quality staff, and better equipment and modernise community centres.
- Build the capacity of peer educators.
- Communicate to relevant target groups about the existence and position of the community centres and encourage them to use them.
- Set up mobile clinics to enable all social strata to have access to information, screening and means of prevention and treatment of diseases

USE OF FINDINGS

Following the finalisation of the study, the findings were presented at a validation workshop attended by key stakeholders. In addition, the recommendations were integrated into a new project proposal by the Global Fund focusing further on Tuberculosis and HIV/AIDs. Finally, during December 2022 a workshop will be held to support the integration of recommendations into the activities of the government and other partners. The workshop will help each programme (Tuberculosis, HIV/AIDS, Malaria) to have an action plan for the implementation of the study recommendations and also, the Global Fund has requested to integrate these recommendations in the new grant proposal.



[CLICK HERE TO READ THE FULL REPORT.](#)

For any questions in relation to this article, please contact:

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NOTICEBOARD

RESEARCH AND EVALUATION AGENDA PACKAGE

Plan International's new Research and Evaluation Agenda was developed to drive forward our research and evaluation work as we move forward into the new Global Strategy period, ensuring that evidence continues to underpin our programming and advocacy work. While led by MERL, this was a collaborative project, which included close collaboration with GTPP and DRM at the Global Hub, plus bringing together experts from different thematic areas and parts of the organisation, to identify strategic priorities for research and evaluation for Plan International.

If you are thinking about commissioning a piece of research or an evaluation, or are responding to a funding opportunity, then do take a look at the resources available on the [Research and Evaluation Agenda Package Planet Page](#)! You will find information on:

- What are the priority research and evaluation topics for Plan International in 2023 and beyond?
- Experts from across the organisation have identified priority topics for investigation by Plan International, responding to critical evidence gaps that we need to fill to support improvements to our programming and our advocacy work.
- What research and evaluation is already happening within the organisation?
- The new R&E Tracker maps out what research and evaluations are currently taking place within Plan International (or have recently been completed).

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.

In order to support all offices in integrating ethics into their MER initiatives, we have a package of guidelines, templates and trainings available in English, French and Spanish that can be accessed via our [Ethics and Safeguarding Planet Page](#). Plan International's Ethics Review Team supports offices in gaining ethics approval for their MER initiatives and are also available to help answer any questions you might have or offer guidance and advice.

To check if your MER initiative requires ethics approval please visit our '[which MER initiative requires ethical approval](#)' guidance, or contact Plan International's Ethics Review Team for support.

COLLABORATE ON FUTURE EDITIONS OF OPENPLAN

If you know of any interesting research or evaluation studies being conducted across Plan International that you would like to see featured in future editions, please get in touch through the Global Hub Research email address below.

IF YOU HAVE ANY QUESTIONS IN RELATION TO OPENPLAN, THE RESEARCH AND EVALUATION AGENDA PACKAGE OR ETHICS AND SAFEGUARDING IN MER, PLEASE CONTACT US AT RESEARCH@PLAN-INTERNATIONAL.ORG.

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