



# UNICEF Ethiopia Adolescent Nutrition- WASH-Education Joint Programme Evaluation Midline Process Evaluation Report (Oct 2021 – Jan 2022)

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Authors: Jennifer Leavy & Catrin Hepworth

Regions Covered: Southern Nations Nationalities and Peoples' Regional State (SNNPR), Somali, Oromia.

Submitted by Itad

In association with MMA

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The transcripts were coded by Catrin Hepworth. The report was authored by Jennifer Leavy and Catrin Hepworth. The data collection activities and evaluation protocol have all undergone ethical clearance through the Ethiopia Public Health Institute (EPHI).

The ethical clearance certificate for this evaluation can be found in Annex G.

The midline has been peer reviewed by Rebecca Calder (Kore Global) and the Project Director Philippa Tadele (Itad).

## Disclaimer

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## List of acronyms and abbreviations

ADGs	Adolescent girls
BMI	Body mass index
CINuS	Comprehensive integrated nutrition services
EPHI	Ethiopia Public Health Institute
FAO	Food and Agricultural Organization
FGD	Focus group discussion
FGM	Female genital mutilation
FMoH	Federal Ministry of Health
HH	Households
IFA	Iron folic acid
KAP	Knowledge, attitudes and practice
KII	Key informant interview
MHH	Menstrual health and hygiene
MMA	Mohammed Mussa Associates Development Consultancy
MoAG	Ministry of Agriculture
MoH	Ministry of Health
OOS	Out of school
PSNP	Productive Safety Net Programme
PTSA	Parent-Teacher Student Association
RHB	Regional Health Bureau
SBCC	Social Behaviour Change Campaign
SNNPR	Southern Nations Nationalities and Peoples' Regional State
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
YFHS	Youth-friendly health services

# 1 Executive summary

**The overall objective of the UNICEF Ethiopia Joint Adolescent Nutrition-WASH-Education Programme** is to demonstrate and provide evidence on how a scalable programme can provide immediate and long-term nutrition and health benefits to adolescent girls (age 10-19) across 100 targeted Woredas in Ethiopia<sup>1</sup>. The programme focuses on adolescent malnutrition, through providing the resources, facilities and soft skills required to meet immediate needs surrounding malnutrition and ill-health, while also providing a range of support functions aiming to address some of the underlying issues facing adolescents in Ethiopia. This will better equip adolescent girls to make positive life choices, resulting in long-term improvements in their own health and nutrition, as well as that of their future infants and children.

In order to do this, UNICEF Ethiopia, with the support of Global Affairs Canada, is implementing a five-year project (2018-2022) originally valued at CAD 14.8 million, CAD 18.5 million (USD 14.7 million) including 2020 top-up. As of 31<sup>st</sup> January 2022, USD 10,836,832.90 had been utilised.<sup>2</sup> The mixed package of interventions includes a number of different activities aiming to:

1. influence and improve knowledge, perceptions and outcomes in nutrition and menstrual health and hygiene (MHH); and
2. improve access to and use of health and nutrition-related goods and services, through building the self-esteem and agency of adolescent girls.

The programme's implementing partners are: the Ethiopian Federal Ministry of Health (FMOH), Regional Health Bureaus (RHB), Schools, Regional Water Resources Bureau, Regional Education Bureau, the Population Media Centre and the Girl Effect, to support the Yegna health radio show.

**This process evaluation of UNICEF Ethiopia's Joint Adolescent Nutrition-WASH-Education joint programme was carried out at midline from October 2021 through to January 2022, across three of the eight regions where the UNICEF Ethiopia Joint Programme is being implemented: Southern Nations Nationalities and Peoples' Regional State (SNNPR), Somali, Oromia.** Originally, we envisaged a midline that would have both qualitative and process evaluation components. Due to implementation challenges, and given the stage in implementation achieved thus far, we shifted in emphasis to favour the process element, encompassing a qualitative focus on experiences of programme implementation from implementer and participant perspectives. This additionally enables an explanation of whether and how activities are forming the stepping-stones towards achieving higher level outcomes further down the line, by capturing any early outcomes.

**The key objectives of this round of evaluation research were to:**

1. understand the extent to which the programme is achieving its objectives and provide measures of attribution for the programme where possible;
2. unpack how and why the programme is or is not working as planned; and
3. understand how and why the changes have occurred, to identify course correction during the implementation of the programme and to provide recommendations for scaling up the programme.

**Midline process evaluation questions are grouped into three domains, guided by the conceptual framework, with sub questions and prompts to guide and structure the data collection and analysis.** <sup>3</sup>

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<sup>1</sup> The Joint Programme intervention areas have been selected to align with woredas receiving comprehensive integrated nutrition services (CINuS), a programme implemented by the FMOH and UNICEF to provide community-based nutrition interventions.

<sup>2</sup> UNICEF (2022). Improving the Reproductive Health and Nutritional Status of Adolescent Girls in Ethiopia: Progress report prepared for DFTAD Canada. March 2022.

<sup>3</sup> Relevant OECD-DAC Criteria are in parentheses.

**1. Context questions** consider the contexts in which the Social and Behavioural Change Communication (SBCC) – Adolescent WASH Nutrition Education Joint Programme operates, including the enablers and barriers to implementation and the contextual relevance of the programme to the local context. *[Relevance]*

**2. Implementation process questions** explore the SBCC – Adolescent WASH Nutrition Education Joint Programme approach and its governance and how this plays out in practice during implementation. *[Relevance; Effectiveness; Sustainability]*.

**3. Change pathways questions** look specifically at the activities/interventions, considering how they have been operationalised and the experiences and perceptions of community members and other stakeholders (such as implementers and government). *[Relevance; Effectiveness; Impact]*

## Methodology

**The Midline Process Evaluation primarily drew on qualitative data collection methods and tools and secondary data (document) analysis** to explore experiences of programme implementation and to uncover how and why change is happening along key change pathways, for whom and in what contexts. This helped to capture emerging changes – anticipated and unanticipated - in implementation and in early stages of causal pathways. The overall evaluation approach is theory of change- based. The process evaluation component focused on the programme’s implementation, and how it could be improved to enhance impact at endline. It is developmental in the sense that the findings are intended to assist the programme implementers to adjust operations to enhance the overall impact of the programme. To this effect, process evaluation is an inward-looking reflective exercise, focused on the activities level of the theory of change with some exploration of outputs and early outcomes.

## Summary Findings

The midline process evaluation finds more evidence of important positive changes and outcomes associated with the programme than one would expect given the stage of implementation and the challenges faced by the programme to date. The interviews with girls and guardians present powerful testimonies to the importance of the programme in providing a service so desperately needed in communities. This refers not only to the provision of sanitary pads, but the combination of programming including messaging about harmful practices and gender equality more broadly delivered through the gender clubs. Here we summarise the main findings of the midline process evaluation structured by the three domains in the conceptual framework:

## Context

- A number of external contextual factors have impeded implementation, including the COVID-19 pandemic and civil conflict, insecurity and political instability. A knock-on effect of these have been budget cuts and reallocations that have also affected implementation. Other important contextual factors highlighted in the midline process evaluation include challenges related to environmental factors and remote locations.
- The COVID-19 pandemic caused major disruption to implementation, due to restricted movement and school closures, and this had a significant effect on girls accessing and benefitting from the programme. COVID-19 restrictions affected school attendance, which interviewees described as persisting once schools had reopened.
- Lockdown and closure of schools, with absences prolonged even after restrictions have been lifted, may have increased girls’ vulnerability to child marriage.
- Water scarcity acts as a serious barrier to effective implementation and uptake of WASH activities, and other activities that depend upon access to water, as well as being a ‘push’ factor, displacing people and fuelling school absenteeism.



- The Programme is relevant to the local context: In its focus on raising awareness of gender equality, the midline process evaluation found the programme to be relevant to the inequities faced by women and girls and to addressing damaging gendered socio-cultural norms and practices in the communities. It also directly addresses the lack of affordability of and access to sanitary protection.
- The main changes to the programme in response to contextual factors have been adaptations to respond to COVID-19, including pausing implementation.
- Closure of schools due to COVID-19 meant that gender clubs could no longer run, and the main access point to the programme was removed. Since schools reopened, finding enough space to run gender clubs has been challenging due to restricted numbers of people permitted to gather and social distancing rules.
- Budget reductions either due to redirection of funds for COVID-19 response, or a shift in UNICEF budgets to deal with displaced communities due to the war in Northern Ethiopia have reportedly diverted resources away from the programme, with overall budget constraints leading to incomplete programming.

## Implementation

### Targeting

- Key informants from all stakeholder groups were unanimous in understanding and confirming the value of the programme to the target group. Implementers felt the programme was targeted appropriately, seeing a wide range of positive impacts on adolescent girls who participated, including greater empowerment, and better access to information.
- Many implementers expressed concern that large groups, such as out of school adolescent girls, who would likewise benefit from the programme, were excluded. Some boys were included in relevant gender club activities, though this was not widespread practice. Out of school adolescent girls, and those who attended school part time, or at weekends, were excluded from the programme. Both implementers and adolescent girls highlighted this as a significant issue during interviews. The production of the OOS guide had been delayed by 8 months due to COVID-19, but some progress has been reported in the recent annual report to DFTAD Canada (March 2022).
- The gender clubs were designed to be attractive, engaging places for adolescent girls to be, employing a range of different activities to encourage participation. Community sensitisation was also considered at the design stage, based on the knowledge that parental and community approval would be a key factor in encouraging girls' engagement.
- The influence of three key groups of people – peers, teachers, and families – emerged as crucial to encouraging and increasing engagement. Tangible, material benefits are effective in increasing engagement. Girls' improved self-confidence, and enjoyment of new learning and understanding built through the gender club was also key to maintaining their engagement over time.
- The most commonly cited barrier to engagement was the impact of cultural beliefs and community attitudes to gender. A reported lack of engagement of influential leaders at the local level in Oromia was seen as a missed opportunity by some interviewees to engage community members and overcome social and cultural barriers or resistance to some elements of the programme. Another key barrier was the lack of necessary infrastructure, and resourcing to support implementation of the project.
- Implementers found that having an effective network of professional support was vital. When professionals across sectors worked together as a team, and were committed to implementing the programme, respondents saw a positive impact on engagement.

### Coherence

- There was a strong consensus from informants that the combination of WASH, nutrition and education elements in the programme respond to the needs of the target groups effectively, and to the contexts in which they operate. Interviewees reflected that the elements of the programme were not only

complementary but necessary to approach together. The chief concern expressed by implementers were that coordination issues and other barriers prevented different interventions being implemented together coherently. Coordination challenges varied from region to region, and woreda to woreda, with no clear pattern emerging. Reasons reported for breakdown in coordination included: staff turnover or missing key staff members, tensions between sector offices over the choice of focal point and committee leaders, variation in levels of engagement between different sector office, lack of engagement and motivation at woreda or zonal level.

### **Coordination**

- Issues with coordination were among the most commonly cited barriers to effective programme implementation. These varied from region to region, and woreda to woreda, with no clear pattern emerging. A joint programme of this type has lots of moving pieces, requiring a lot of coordination. There are therefore many different places where coordination may break down, depending on the particular context, and it is vital that UNICEF plays a strong role in coordinating across the programme.

### **‘Do No Harm’**

- Do no harm principles were put in place by UNICEF from the programme design stage - including policies both for preventing and responding to harms – and interviewees described clear processes to report potential and actual harms, including early marriage and gender-based violence. Respondents detailed coordinated measures – education, gender, health, legal and police departments working together to respond to reports of early marriage or gender-based violence. Some participants in gender clubs from the 14-19 age bracket were also familiar with reporting processes for girls at risk of harm. They reported having received training on risks of early marriage, and gender-based violence. They knew how to report any harm and were able to share this information with their friends.
- One important issue arising from the data was that 8 out of 20 implementers interviewed had no apparent knowledge of ‘do no harm’ as a concept, even though they were from woredas where other implementers confirmed do no harm policies being in place. It seems likely that they use other language to describe these processes and any future evaluation or research work should bear in mind differences between terminology used by the programme and language on the ground.
- There was a clear acknowledgement across implementer interviews that some components of the programme directly challenge prevailing cultural norms and practices around gender equality, early marriage and Female Genital Mutilation (FGM), as well as cultural taboos around discussing menstruation. There was some variation from region to region in the impact of these attitudes, and the scale of the challenge this posed to programme implementation. However, a majority of implementers also felt that this demonstrated that the programme was responding to contextual issues. They discussed the risks and harms posed to adolescent girls by existing attitudes to gender and saw the programme as a necessary intervention based on accurate analysis of the context.

### **Good practice and sustainability**

- There was consistent feedback that all the main elements of the programme were good practice and should be replicated. Implementers were clear that the gender club model was effective and should be continued and expanded where possible. In particular, they mentioned the provision of sanitary pads, soap and underwear as important. While ultimately lack of and provision of these items is a policy issue for government, requiring advocacy, in the meantime the programme needs to provide materials essential for clubs to operate and programme uptake. Many implementers described the benefits they saw for adolescent girls in terms of improved knowledge and understanding of menstruation, and some emphasised the improved self-confidence and happiness among participant girls.
- Implementers especially found the combination of the three aspects of the programme – education, nutrition, and WASH – to be an effective approach, highlighting how interlinked these areas are. Within this, two elements were emphasised as crucial: investment in water supply to schools to improve the

quality of toilet and washing facilities, and provision of iron supplements. Participants' feedback echoed that of implementers in confirming that the package of gender club interventions was good practice.

## Change Pathways

### Knowledge and attitudes

- Interviews with implementers, girls and guardians all point to positive outcomes already in terms of improved knowledge and understanding of MHH, by both girls and their families, as well as the impacts of harmful practices such as early marriage, FGM and heavy domestic work on children. This is through girls participating in gender clubs and directly sharing this information with family members.
- Girls' improved understanding about what is happening when they menstruate also appears to contribute towards greater confidence to ask for things like toilet breaks, sanitary pads or pain relief, so that their needs are met.
- Overall, improved knowledge and understanding of menstruation appears to be contributing towards the more supportive environment for girls in schools. There also is emerging evidence for some shifts in attitude, with ridiculing girls about menstruation becoming less acceptable.
- Girls who participate in gender clubs feel it is important to share the knowledge they have gained with non-participants. This includes not only their peers who are not attending school, but also their mothers and other female family members. Guardians reported improved knowledge and understanding of impacts of early marriage on girls' health as well as the needs of girls during menstruation.
- Reported improved communication in families related to menstruation has led to greater understanding and increased wellbeing overall, and improved family relations.
- There is some evidence for increased support to daughters to prioritise their homework and studying over domestic chores. Alongside parental support, girls' also reported that they themselves were more focused on their studies, and perceived improvements in academic performance and attitude as a result.
- Increased awareness of what constitutes abusive behaviour by men towards females was reported by younger and older girls.
- One interviewee, however, described a potential backlash against girls who do things differently, with some tension between girls who attend gender club and those who do not. This may be minimised by increasing programme coverage and including all girls (and boys) in a school.
- At the Community level there is some increased awareness and understanding of specific nutritional needs of women, but this is still at an early stage of implementation and there is still some way to go.

### Access and use of services

- Gender clubs work well as a point of access for young people (girls) to youth-friendly health services. Access to sanitary pads and health benefits from taking deworming tablets and iron supplements have had positive impacts on girls' wellbeing.
- Much understanding is gained or reinforced through watching the Yegna drama – but this is hampered by lack of access to televisions and/ or electricity.
- The most serious impediment to being able to follow through on activities and practices encouraged by the programme is the lack of continuous water supply. Access is also constrained by lack of space in schools to be able to provide adequate safe spaces.
- Interviewees reported early signs that the provision of safe spaces for girls, where available, as well as menstrual pads have already reduced absenteeism, (SNNPR, Somali). This sounds promising but needs to be backed up by monitoring data and in subsequent evaluation.

### Programme perceptions

- Involvement in gender clubs was linked to improved commitment and focus at school. Adolescent girls and their caregivers also reported marked changes in their knowledge of gendered vulnerabilities they face since participating in gender clubs. They described a better understanding of the risks of early marriage and pregnancy, and of sexual and reproductive health. They also outlined improved awareness of different forms of gender-based violence, and knowledge of how to report any incidents they or others experienced.
- Participants were able to articulate their own changing ideas about gender, their greater belief in equality between men and women, and the ways this made them reflect on their families' and communities' attitudes and treatment of girls and women.
- Many girls also felt a growing sense of confidence to communicate their feelings and opinions, and to share the things they had learned from gender clubs.
- The impact of girls' improved confidence, happiness and ability to communicate often spilled over into other areas of their lives, improving the quality of key relationships.

### **Explanatory Factors and Programme Relevance**

- Interviewees (implementers, guardians, girls) widely recognise that the programme addresses an important unmet need of women and girls, with the potential to be life-changing.
- Programme relevance means that so far there has been strong commitment from a wide range of stakeholders to the programme, from parents to teachers in schools, to woreda staff
- Support from active, committed teachers is key to making sure the school environment is conducive to programme success.
- Students and implementers are encouraged by demonstrated positive impacts of the programme, with high teacher and student engagement in the interventions.
- Family support is a crucial enabler for engagement with and participation in the programme, especially in gender club.

### **Conclusions and Recommendations**

#### **For UNICEF's programme implementation**

- There is a need for greater investment in school infrastructure to support programme delivery. Improved water supply and toilet facilities were mentioned most frequently. Greater investment is needed in building extra rooms for safe spaces, and gender club meetings, it would be hard to expand the programme without these.
- The programme needs to explicitly design for and mitigate against water scarcity as a priority. The WASH component is foundational for many programme activities. Effectiveness is limited by lack of water, limiting the benefits girls derive from safe spaces and female only toilets.
- Interviewees gave clear feedback that the programme should be scaled up in its current form and expanded where possible to include currently excluded groups. The out of school component could have proved indispensable during the school closures and should be up and running as soon as possible.
- Educating boys on menstruation and gender equality issues is needed as a next step to improving the school and community environment for girls.
- Gender club heads are a vital bridge between girls (their peers) and leadership. We advise that gender club head should be a rotating office, giving ALL girls a chance to feel special and to build their leadership skills.
- There needs to be a continued and increased focus on influential community figures such as religious leaders and community elders. Investing in changing community perceptions would also help to close the any gaps between participants' own knowledge of gender equality issues, gained through the programmes, and ideas about gender in the community.

- As budget has been a significant constraint on implementation so far the programme may need to consider sustainable financing options, particularly if any scaling up is planned, as UNICEF currently funds the programme without government support. Related to this, limited resources means it is important for the programme to tailor implementation to context, focusing on addressing the main constraints in different regions.

#### **For UNICEF's programme monitoring**

- Strengthen supervision and review processes: more regular reviews at school level would help address any problems in a more timely way, and ensure the quality of implementation. This would also enable the programme to respond and adapt to the context and to implementation challenges in a more timely way.
- Collect supporting data: Much of the reported outcomes in the midline process evaluation are promising but need to be supported by data. More data on: school attendance; reasons for absenteeism (for example, are girls absent because they need to manage pain?); school attainment for example, would be useful to help to verify outcomes as implementation proceeds.

#### **For further evaluation rounds**

- Ensure further evaluation rounds, notably endline, capture how girls perceive provision of health services in order to make the comparison to baseline (quantitative data collection). Other key data needed at endline is school enrolment for girls.
- Further focus on how the programme has responded to the above recommendations is also necessary in the endline evaluation, particularly those related to WASH activities, provision for out-of-school girls and accessibility and availability of gender clubs.

The report is structured as follows: Section 2 describes the purpose of the evaluation, outlining the evaluation framework, an overview of methods and discusses limitations and challenges. Section 3 sets out the midline process evaluation findings. It includes detailed subsections on contextual factors that have affected implementation; programme approach and how this plays out in practice, including barriers, enablers and adaptations to the interventions; change pathways and early programme outcomes. Section 4 concludes the report by summarising key findings and making suggestions for UNICEF Ethiopia's programming, monitoring, and for the endline evaluation.

## **2 Introduction**

### **2.1 Purpose of the process evaluation at midline**

The purpose of this report is to set out the findings of the process evaluation of UNICEF Ethiopia's Adolescent Nutrition-WASH-Education joint programme, carried out at midline from October 2021 through to January 2022, across three of the eight regions where the UNICEF Ethiopia Joint Programme is being implemented: Southern Nations Nationalities and Peoples' Regional State (SNNPR), Somali and Oromia. Terms of reference can be found in Annex A.

The programme focuses on adolescent malnutrition, through providing the resources, facilities and soft skills required to meet immediate needs surrounding malnutrition and ill-health, while also providing a range of support functions that aim to address some of the underlying issues facing adolescents in Ethiopia.

The three main outcomes that the programme aims to achieve are:

- Increased access and utilization of adolescent (M/F) to youth-friendly health services (YFHS)

- Improved nutrition practices for adolescents, particularly girls
- Improved access to menstrual health and sanitation

**The key objectives of this round of evaluation research were to:**

4. Understand the extent to which the programme is achieving its objectives and provide measures of attribution for the programme where possible;
5. Unpack how and why the programme is or is not working as planned; and
6. Understand how and why the changes have occurred, to identify course correction during the implementation of the programme and to provide recommendations for scaling up the programme.

The evaluation objectives were therefore both summative and formative.

Originally, we envisaged a midline that would have both qualitative and process evaluation components. Due to implementation challenges, and given the stage in implementation achieved thus far, we shifted in emphasis to favour the process element, encompassing a qualitative focus on experiences of programme implementation from implementer and participant perspectives. This additionally enables an explanation of whether and how activities are forming the stepping-stones towards achieving higher level outcomes further down the line.

The primary intended users of the evaluation are UNICEF staff and implementing partners, to inform any necessary course correction during the remainder of programme implementation as well as to inform recommendations for scaling up the programme.

## 2.2 Context for the programme

UNICEF Ethiopia recognise that there are a number of ‘life pathways’ that contribute to adolescent girls’ heightened vulnerability to poor nutrition and health, based on analysis of the structural barriers facing Ethiopian adolescents. These life pathways are influenced by a range of issues, including: service availability and quality; cultural and gender norms related to children’s economic activity; mobility; the relative return on investment in girls’ and boys’ education; domestic care responsibilities; unpaid family work and leisure time; the desirability of child marriage and child bearing; acceptability of violence against women and girls (VAWG) and sexual harassment and masculinity and femininity.<sup>4</sup> In Ethiopia, the results are poor school attendance and school dropout, child marriage and early (and repeated) pregnancy. These are further exacerbated by conditions related to poverty, including inadequate dietary diversity, micro-nutrient deficiency (particularly iron) and disease burden, which have long-term, far-reaching malnutrition and ill health consequences for both the girls themselves and their children.

Working in partnership with the Ministry of Health (MOH) and Ministry of Education (MOE) UNICEF designed a programme to improve adolescent girls ‘life pathways’ and address poor adolescent nutrition and health outcomes through a dual track approach. The UNICEF Nutrition-WASH-Education Joint Programme focuses on adolescent malnutrition, through providing the resources, facilities and soft skills required to meet immediate needs surrounding malnutrition and ill-health, while also providing a range of support functions aiming to address some of the underlying issues facing adolescents in Ethiopia. The programme includes a number of core components, delivered through a range of implementing partners. The programme is designed to be implemented across eight regions of Ethiopia – Afar, Amhara, B-Gumuz, Gambella, Oromia, Southern Nations Nationalities and Peoples’ Regional State (SNNPR), Somali, and Tigray –targeting 100 woredas where UNICEF is currently implementing the comprehensive integrated nutrition services (CINuS) programme with the Ministry of Health (MoH). Table A1 in Annex B outlines the core programme components, implementing partners and geographical scope of the interventions.

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<sup>4</sup> Itad (2021) UNICEF Ethiopia Nutrition-WASH-Education joint programme Evaluation. Inception Report. June 2021

### 2.2.1 Intervention approach and target groups

Adolescent girls' limited voice and agency and access to assets and services, combined with age and gender-discriminatory norms in the enabling environment, contribute to the likelihood of their heightened vulnerability to malnutrition, iron deficiency and other health-related issues. UNICEF recognizes that in order to address the issues around adolescent nutrition and health, a dual track approach is necessary. A series of immediate needs must be met to provide adolescent girls with essential assets and services, including (inter alia) MHH management and the provision of sanitary pads, the creation of adolescent-friendly sexual reproductive health services, and nutritional information. This will require working with adolescent girls to support access to relevant information and services, and with service providers, to increase the relevance and quality of services for adolescents.

In addition to these immediate needs, UNICEF recognizes that there are a number of sociocultural barriers that prevent adolescents from achieving better health and nutrition. These relate both to the individual level – the girls own voice and agency – and the enabling environment, where discriminatory norms are at play within families, households, kin groups, other reference groups, the community and wider society.

### 2.2.2 Intended results and summary theory of change

During inception, the theory of change for the programme was developed and refined. Annex B presents a summary narrative of the theory of change, with a visual representation.

Building adolescent girls' self-efficacy, and creating a more enabling environment requires a long-term approach which works directly with girls themselves to enable them to be more skilled negotiators and confident advocates, and with families and communities to improve knowledge, awareness and behaviour concerning puberty, menstrual health, sexual reproductive health, child protection (e.g. child marriage) and nutrition.

Mirroring the problem analysis, the theory of change for the joint programme can be explained as working on change in three different domains: (i) voice and agency; (ii) assets and services; and (iii) enabling environment. While the joint programme has a number of subcomponents, each with specific objectives and implementation platforms, they all contribute to these three interrelated domains of change, with some subcomponents contributing to change in all three. These are described in more detail in Annex B.

**The process evaluation at mid term focused at the activity level of the theory of change**, analysing experiences of implementation, with some exploration, where possible, of outputs and any early outcomes, given the stage of implementation at the time of the PE.

## 2.3 Process evaluation framework

### 2.3.1 Conceptual framework

The process evaluation component focused on the programme's implementation, and how it could be improved to enhance impact at endline. It is developmental in the sense that the findings are intended to assist the programme implementers to adjust operations to enhance the overall impact of the programme. Our approach draws on the integrated general theory of implementation where successful implementation is understood to be the result of the actions of agents, which in turn are shaped by capacity (training and engaging content) available to agents, potential social-cognitive resources (self-esteem) available to agents, and capability, which are the possibilities presented by the intervention (agency and empowerment of agents to use that knowledge in their environment). The evaluation is guided by the Medical Research Council analytical framework (Figure 1).



Figure 1: Analytical framework for the midline process evaluation

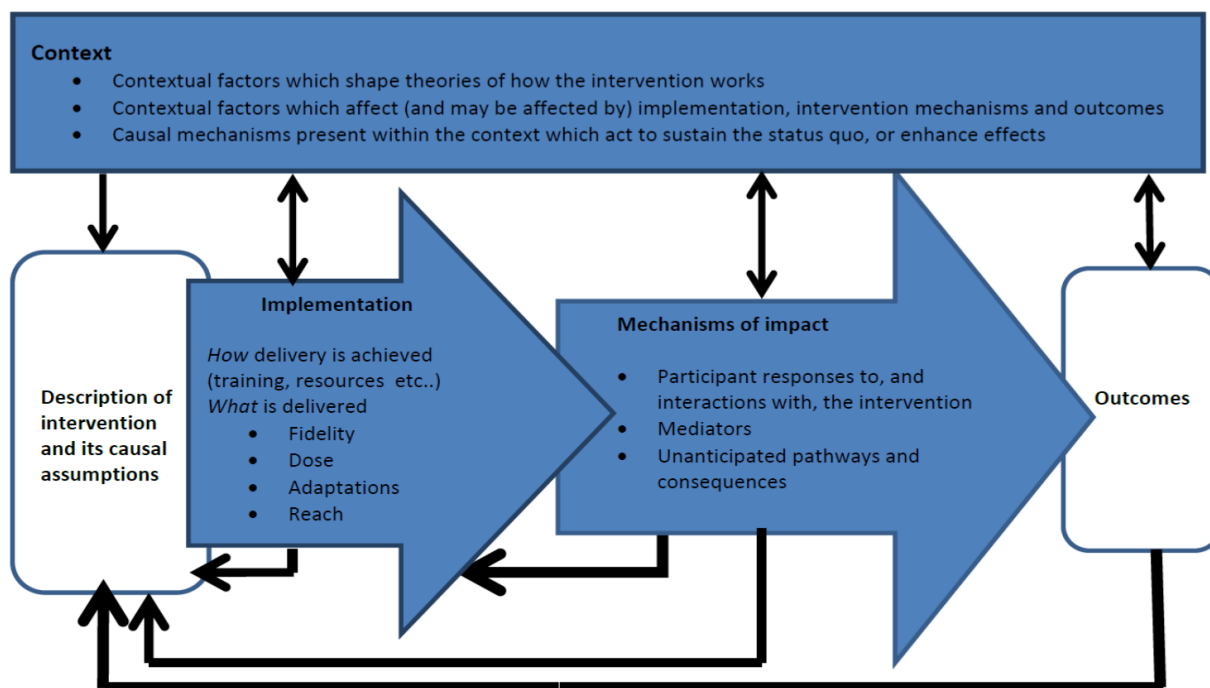


Figure 1. Key functions of process evaluation and relationships amongst them. Blue boxes represent components of process evaluation, which are informed by the causal assumptions of the intervention, and inform the interpretation of outcomes.

Source: Moore et al. (2015)

Under this framework, process evaluation has three interrelated aspects:

- Implementation: what is implemented, and how (fidelity, dose and reach)?
- Mechanisms of impact: how does the delivered intervention produce change?
- Context: how does context affect implementation and outcomes?

Areas for investigation in process evaluation were identified using the theory of change (Annex B), focusing on key points of uncertainty especially in relation to causal assumptions; interventions that might be more challenging to implement; and capturing unanticipated consequences.

### 2.3.2 Key functions of process evaluation at the midline

**Process evaluation allows monitoring, evaluation and learning to inform efforts to improve interventions and to confirm the validity of the programme theory on which the programme is based. It does this by examining the degree to which the programme was implemented and utilized as planned, largely focused on internal processes.** The primary objective of the process evaluation was to provide analysis and learning to support adaptive management and course correction of the programme. This necessarily involved attention to *experiences* of the programme implementation from a range of perspectives, including programme implementers as well as participants in the programme, such as the girls themselves. The process evaluation, therefore, presents a descriptive and analytical account of how implementation has played out, from a range of perspectives, with the aim of improving understanding of how and why the UNICEF Joint Programme is making a difference and to generate learning for programme adaptation both towards and beyond endline.

The specific process evaluation objectives were, therefore, to:

1. Evaluate how the programme has been implemented and **how interventions have been operationalized.**



2. Investigate how the programme has **interacted with/responded to the different contexts** in which it has been implemented.
3. Examine the **experiences of programme interventions among participants** at this midline stage and how the programme is supporting them to experience positive change in relation to nutrition and health.

### 2.3.3 Process evaluation questions

Process evaluation questions are grouped into three domains, guided by the conceptual framework. A number of subquestions and prompts helped to guide and structure the data collection and analysis. Where relevant these are also aligned with questions in the evaluation matrix (Annex C), the relevant OECD DAC evaluation criteria are in brackets.

**Context questions** consider the contexts in which the Social and Behavioural Change Communication (SBCC) – Adolescent WASH Nutrition Education Joint Programme operates, including the enablers and barriers to implementation and the contextual relevance of the programme to the local context. [*Relevance*]

C1. How do the contexts in the regions/nationally/locally enable or inhibit implementation?

- *What aspects of the programme are more context dependent than others, with implications for replication? (S3 4.3)*
- *How have external factors beyond the control of the programme affected the achievement of outcomes and impact? (Fidelity of programming)? (ES2 EQ 2.2)*
  - *Were there any factors external to the programme that affected the implementation of the UNICEF Joint Programme? How and why?*
  - *Were there any external factors that significantly affected the outcomes of the UNICEF Joint Programme? How and why?*
- C2. How are the objectives of the programme responding to the needs of programme participants (household to national levels) given the current context? (To what extent and for whom?). *Is the programme contextually relevant from the perspective of the sociocultural system?*
- *In what ways has it made use of situated norms, systems and practices around nutrition and health to effectively operationalize the programme in a context relevant way?*

**Implementation process questions** to explore the SBCC–Adolescent WASH Nutrition Education Joint Programme approach and its governance and how this plays out in practice during implementation [*Relevance; Effectiveness; Sustainability*].

#### I1. Implementation status

- *Was the programme implemented as planned? How? Why/ Why not? What have been the main barriers, enablers and adaptations to the interventions?*
- *How has implementation adapted over the course of the programme and why?*

#### I2. Targeting

- *Is the programme targeting the right people?*
- *Were the targeted populations sufficiently engaged in the process? (ES4 3.1)*
  - *How was the programme designed to increase engagement?*
  - *Who was included/excluded? How and why?*
  - *What worked to increase engagement?*
  - *What are the main barriers and enablers to engagement and participation?*
  - *How has UNICEF planned and implemented in order to ‘do-no-harm’?*

- *How does the programme implementation take cognizance of local contextual issues, including community conflict?*

### 13. Coordination

- *Which mechanisms for coordination are working, and which are not?*

### 14. Coherence

- *How well do the programme interventions fit together, create synergies and coherence (internal coherence)?*

### 15. 'Do-no-harm'

- *Does the programme effectively use a 'do-no-harm' approach sensitive to local contextual issues? (R6. 1.6)*

### 16. Good practice and sustainability

- *What aspects of the programme are good practice and should be replicated? (S1 4.1)*
- *What aspects of the programme would need to be modified or strengthened if this was to be scaled up? Why? (S2 4.2)*
- *Have capacities been enhanced in front-line service providers and community influencers in order to support the sustainability of results? (S4 4.4)*

**Change pathways questions:** ('Mechanisms of impact') These look specifically at the activities/ interventions, considering how they have been operationalized and the experiences and perceptions of community members and other stakeholders (such as implementers and government). [*Relevance; Effectiveness; Impact*]

**CP1 Knowledge and attitudes:** Have there been increases in knowledge and improved attitudes and behaviours of family members related to adolescent health and nutrition? What changes? How and why? (R4: 1.4)

- *What changes are observed in intra-household behaviours, such as: domestic responsibilities, violence against girls, dietary diversity and food allocation, menstruation, etc? How and why have these changes come about? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?*
- *What changes are observed in family support for girls at the community and service level, e.g. mobility, school enrolment and attendance, child marriage, FGM, utilization of health and nutrition services, etc? How and why have these changes come about? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?*

**CP2 Access and use of services:** How is the programme increasing adolescent girls' use of youth-friendly health services? How and why? (ES1. 2.1) For whom? If not, why not?

**CP3 Changes since baseline:** Are the core activities of the project consistent with the intended results chain/ theory of change?

**CP4 Programme perceptions:** What are participants' perceptions about the programme's pathways towards knowledge, attitudes and practice (KAP) change in relation to health and nutrition thematics, including the appropriateness of 'dose' delivered?

**CP5 Explanatory factors:** How have participants interacted with the interventions (with a focus on anticipated and unanticipated processes)?

## 2.4 Overview of methods

The midline process evaluation primarily drew on qualitative data collection methods and tools and secondary data (document) analysis to explore experiences of programme implementation and to uncover how and why change is happening along key change pathways, for whom and in what contexts. This helped to capture emerging changes – anticipated and unanticipated – in implementation and in early stages of causal pathways. The main methods are described below. The evaluation timeline is in Annex D.

### 2.4.1 Qualitative data collection

#### Case studies with ADG and primary decision makers, drawing on mixed qualitative methods

Case studies were gathered using a complementary range of visual participatory methods to encourage a conversation-based interview that would allow for deep exploration about the types of changes participants have experienced, how they have experienced them and why these changes have come about in relation to their engagement in the programme. Specifically, the case study interviews focused on capturing what the programme experience has involved, what it felt like and how it created changes in thinking, feeling and behaviour among girls as well as other household members.

#### Semi-structured programme-level interviews

Programme-level, regional and national interviews were conducted with semi-structured interview guides to guide the discussion, structured around the process evaluation questions. Protocols were tailored for each stakeholder group and designed for an interview lasting up to 1 hour. The topics covered were as follows: Implementation (including adaptations and coherence); Coordination; Targeting; Context; Good Practice; Sustainability. Interviews were captured through tape recording and in note format and subsequently transcribed verbatim and (where relevant) translated into English. Where Covid restrictions did not allow face-to-face interviews, these were conducted remotely via telephone. For programme-level key informant interviews (KIIs) carried out by the evaluation team, these were recorded, with full consent of the participants, and transcribed using the TEMI transcription software.

The sections below describe the sampling procedures used for this process evaluation, including criteria for selection and number of case studies and interviews to be conducted.

#### 2.4.1.1 Study sites

This midline focuses on three regions, namely, Oromia, SNNPR and Somali. Given the size of the regions, the midline covered more woredas in Oromia and SNNPR compared to Somali. The woredas in these regions were selected with the primary criteria of the status of UNICEF programme implementation. In these woredas, almost all the UNICEF programmes are implemented, which is important for the midline study to learn more about the status of the programmes. As detailed in table 1 below we conducted 20 case study interviews in ten woredas of the three regions.

Table 1: Case study interviews by location (number of Woredas per region in brackets)

Region or area	Case studies*		Guardians		Woreda office			Regional health office	Other organizations		
	Age 10–13	Age 14–19	F	M	Health	Water	Education		UNICEF	Girl Effect	CARE Ethiopia
Oromia (6)	4	8	10	2	4	3	5	-	-	-	-
SNNPR (3)	3	3	6	-	3	2	1	1	-	-	-
Somali (1)	1	1	2	-	0	0	2	1	-	-	-
National	-	-	-	-	-	-	-	-	2	1	1
Total	8	12	17	3	7	5	8	2	2	1	1

\*Each case study consists of two interviews, one interview with an adolescent girl and one with their guardian

The deployment plan in Annex E details the woredas visited. Two major pre-conditions predominantly guided the selection of regions for this process evaluation at midline. These are i) the active presence of girls' club in schools and ii) the security situation in regions. Accordingly, Oromia, SNNPR and Somali were considered to have met these conditions, thus were included in the evaluation. Qualitative sampling strategy – case studies

Longitudinal case studies (LCS) were our main qualitative tool on a subsample of adolescent girls and their households. They were drawn as a subsample of the girls who have been involved in a gender club/girls club as part of the UNICEF Joint Programme, either currently or sometime in the past, for example, when they were last attending school. Therefore, all of these adolescent girls are direct beneficiaries of the UNICEF Joint Programme, and some may have also been in the sample used at baseline. Two adolescent girls were interviewed in each woreda of the target regions. This was followed by case study interviews with the respective decision makers (parents, guardians) of these adolescent girls in each woreda.

#### **LCS1: Adolescent girl**

Adolescent girls were purposively selected to ensure the sample at midline included girls who have previously been (or are currently) involved in a gender club, even if this was before Covid or when they were in school. Representation across the different age cohorts, regions, and intervention intensities (T-2 and T-4) depended on what was possible in terms of where gender clubs have been active and regions that could logistically and practically be included at midline, as directed by UNICEF.

#### **LCS2: Household decision maker**

The second interview was the main household decision maker in the family related to food procurement and inter-household distribution; economic decisions and money management; and health seeking behaviour. This could be any of mother, father, husband of the respective adolescent girl interviewed.

#### **2.4.1.2 Qualitative sampling strategy – key informant interviews**

The purpose of KIIs was to collect information from a wide range of people – including programme implementers and people in communities who are working with implementers to deliver a programme – who have first-hand knowledge about the programme. At woreda level, field researchers purposively selected people to be interviewed at woreda level, aiming for two KIIs in each woreda and to get a balanced set of interviews with representatives across the four categories of interviewee:

- Health Centre/Office
- Woreda Health Office
- Woreda Education Office
- Woreda Water Desk

In total, there were 26 KIIs. The list of people interviewed at woreda, regional, programme and national levels is in Annex E.

#### **2.4.1.3 Data analysis**

The interview transcripts were coded using a set of predefined codes (deductive approach) guided by the process evaluation questions and the programme theory of change, focusing on the stage of implementation at midline. Codes were added inductively during the coding and analysis process to capture unexpected themes in the data. The coding system used is in Annex F.

The data was analysed thematically with the key themes aligned with the codes and the process evaluation questions. The evaluation team used qualitative analysis software MAXQDA for the coding and analysis.

#### **2.4.2 Secondary data**

**Documentary analysis:** Primary data collection was supported by a review of key implementation documents (including reports to donors, strategy documents, annual reports etc.).

### 2.4.3 Ethical approval and quality control

**The qualitative tools were submitted for ethics review and approved by the Ethiopian Public Health Institute Review Board – see Annex G.**

**The qualitative survey team received extensive training on the qualitative tools**, including piloting all tools, observations of administration and discussion of any issues or discrepancies arising. Data collection teams were led by a field coordinator reporting to the supervisor, identifying any issues or challenges faced. The team leader made quality check visits to the field sites to ensure adherence to study protocols and manage any need for further refresher training.

**Transcripts were regularly checked by the team leaders** (Mesay Kebede and Siseraw Dinku) for completeness of the data and potential inconsistencies in real-time, enabling timely feedback should issues be identified.

**Data cleaning was carried out prior to commencing analysis** through thorough review and checking of transcripts by team leaders to inspect the quality of the transcripts and checking for errors. In general data quality was found to be very good.

**The qualitative team received a week-long training** (4–8 October 2021) on the protocols and field guide, including piloting in Addis Ababa. One of the focus areas of the training was on ethical safeguards, which field researchers were able to successfully apply while in field. For instance, consents and assents (as required) were requested and received prior to conducting interviews. Further, field researchers as much as possible avoided potential risks that may cause harm to the interviewees by choosing safe locations for interviews and skipping interviews when observing potential threat to the wellbeing of the interviewee. Qualitative research teams were led by Mesay Kebede reporting to Mohammed Mussa, identifying any issues or challenges faced. The qualitative team lead made quality checks to the transcripts to ensure adherence to study protocols in the field guide and to manage any need for supplementary training.

## 2.5 Limitations and challenges

**Methodological limitations:** The purposive sampling strategy for the case study interviews with girls and guardians was set up to ensure even coverage of adolescent girls across two age categories: 10–13 years of age and 14–19 years of age in each location selected from the baseline roster. The age distribution for the adolescent girls in the Oromia sample is skewed towards the age category 14–19 (8 case studies compared to four in the 10–13 category). This was due to limitations in girls available in the 10–13 age category who could provide information about programme participation at the time of the field visit- this was the case in Dire Woreda<sup>5</sup>. The research team also found a misalignment between the age of a girl sampled for the 14–19 age category compared to their reported age at baseline (in Moyale), where at baseline she reported being much younger<sup>6</sup>. This means we have fewer perspectives of younger girls than expected.

The sample did not include interviews with boys, due to the stage of implementation (which also dictated the process and implementation focus at midline). Once more activities are up and running including

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<sup>5</sup> In Miyo Woreda, a school reported that girls within the age of 10-13 in the school have received one time training on menstruation. Apart from this, they did not have other engagement in the gender club. It was also noted that these girls have not experienced their periods thus were considered by the school not in a position to provide the required information. As a result, the teachers insisted that the field researcher purely focuses on the age category 14-19.

<sup>6</sup> In Moyale Woreda, the field researcher included an extra case study for age category 14-19 because the girl whom she approached to interview (who has also participated in the baseline and reported a much younger age back then) confirmed that she is currently 16 years old. We acknowledge that a replacement of this respondent with another respondent of the right age category (10-13) could have been considered which unfortunately did not happen. The field researcher has not reported the case while on field to facilitate action in this regard. However, it will be a lesson learned for the upcoming end line impact evaluation.

interventions aimed at boys' participation then their experiences and perspectives can be captured (at endline).

**Security-related constraints for sampling:** Access to fewer regions due to the security situation in some parts of Ethiopia meant that selection was pragmatic, based on both implementation status and security. This constrained breadth of coverage, but the qualitative approach allowed for depth in the woredas we were able to visit.

**COVID-19 related restrictions:** Due to COVID restriction the, Itad staff were unable to travel to Addis Ababa to carry out face to face training for field researchers. As a result, virtual trainings were conducted in collaboration with MMA staff. Some federal level interviews with stakeholders also took place virtually due to COVID travel restrictions.

**Security-related challenges to data collection:** Some federal level interviews were impacted by the ongoing security challenges in the country. Some key informants were out on emergency operation field visit, others were preoccupied with various committee meetings and could not make themselves available. A few were unwilling to cooperate due to other priorities.

### 3 Midline process evaluation findings

#### 3.1 Implementation: programme activities

The UNICEF Joint Programme aims to improve the health and nutrition status of adolescents (focusing on girls aged 10–19 years) in Ethiopia. Its three main focus areas are (1) increased utilization of youth-friendly health services by adolescents; (2) improved sexual and reproductive health and nutrition practices for adolescent girls; (3) efficient and effective delivery of WASH services to adolescent girls in schools. To achieve these objectives, programme planning includes the range of components listed below in table 3, some covering all 101 programme woredas, and others still at pilot stage.

Table 2: Overview of UNICEF Joint Programme components

Programme component	Implementing partner	Scope
Adolescent-friendly health service training	MoH	101 woredas
Reinforced Productive Safety Net Programme nutrition linkages	MoH/MoAG	101 woredas
Weekly iron supplementation	FMoH	17 pilot woredas
Deworming campaign	FMoH	70 woredas
Social behaviour change campaign	Girl Effect; local media	52 woredas
Life skills education programme	MoE	17 pilot woredas
Menstrual health and sanitation	UNICEF/FMoH	52 woredas
Safe spaces for out-of-school girls	Partner yet to be identified	17 pilot woredas

Source: UNICEF Ethiopia, Progress report to DFATD Canada, March 2021

The pandemic had a marked impact on implementation, delaying and significantly reducing budget and capacity for planned activities. This is discussed further in section 3.2. Some additional funding was received to implement COVID-19 response activities, including a mass media campaign focused on nutrition, and COVID-19 response for pregnant and lactating mothers. UNICEF also worked with the Ministry of Education and the Regional Education Bureau to provide distance learning options for children.



UNICEF has worked with federal health and education ministries to integrate adolescent-friendly health services into health and education systems, including referral procedures from schools to health facilities. The programme has piloted weekly distribution of iron and folic acid supplements to 17 targeted woredas, in response to data that shows adolescent girls being at higher risk of anaemia. A deworming campaign, based on World Health Organization guidance, is also being implemented in 70 woredas

As part of its social behaviour change work, and in partnership with Girl Effect, the programme supports the development and broadcast of the 'Yegna' TV drama. The show aims to entertain and educate young people, exploring themes related to health, menstruation, education, gender-based violence, gender equality and empowerment. Gender clubs hold sessions where adolescents can watch the show together, and materials have been produced to prompt discussion and learning.

The gender club model is the main activity implemented under the life skills education component. Materials and training have been developed and distributed, and gender clubs have been operating in 17 woredas. In parallel with the gender club activities, interventions are under way to establish safe spaces, and improve WASH facilities in schools.

UNICEF has also carried out some high-level policy and advocacy work, successfully lobbying the Ministry of Finance to reduce taxes on menstrual hygiene products.

An important component of programme design for increasing girls' voices and providing access to assets and services for improved nutrition and health status of adolescents is through the creation of safe spaces for out-of-school girls, supported by community facilitators trained by the programme to identify and mobilize girls and deliver a curriculum specifically based on their needs. To date, this component appears not to have been implemented, although UNICEF are aware that this is a major gap and are working on how to expand the programme to include them. This includes working with CARE Ethiopia to develop a manual and a strategy for working with out-of-school girls. The intention is that the manual will reflect the 'context-specific empowerment' approach. They acknowledge the diversity and different needs within this group. They are currently trying to confirm who their stakeholders should be, and how to get started working with them. The midterm process evaluation analysis includes reflections on out-of-school girls, which may help to inform programme design.

According to the March 2022 progress report, over the February 1<sup>st</sup> 2021-January 31<sup>st</sup> 2022 reporting period, the programme achieved the following in 8 regions:

*In the reporting period, a total of 61,323 adolescent girls received iron folic acid (IFA) supplementation and 2,404,324 (1,130,031 boys and 1,274,293 girls) adolescents aged 10-19 have received deworming tabs in 157 target woredas. The comprehensive Menstrual Health Hygiene (MHH) initiative reached a total of 19,600 students (boys 8400 and girls 11,200) in the targeted Schools. The Wider community campaigns on MHH also reached 116,694(44,200 men and 72,494 women)... As part of the system strengthening component, on the job training has been provided for 138 health workers from 43 Health centres on youth friendly services. UNICEF has conducted six regional consultations with a participation of 134 persons from multiple sectors with an aim to identify existing gaps of programmatic interventions for out of school adolescent girls. Additionally, UNICEF provided technical and financial support in the development of the National Out of School Adolescent Girls (OOSG) manual which also has an implementation guide to address the needs of out of school adolescent girls. On the top of that, recruitment criteria to select 4,500 girls in six regions to regularly participate in the safe space platform. <sup>7</sup>*

## 3.2 Impact of context on implementation

### 3.2.1 How do the contexts in the regions/nationally/locally enable or inhibit implementation?

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<sup>7</sup> Progress report prepared for DFTAD Canada: Improving the Reproductive Health and Nutritional Status of Adolescent Girls in Ethiopia  
UNICEF Grant Reference: SC180136. March 2022. Page 2.

A number of external contextual factors have impeded implementation, including the COVID-19 pandemic and civil conflict, insecurity and political instability. A knock-on effect of these have been budget cuts and reallocations that have also affected implementation. Other important contextual factors highlighted in the midline process evaluation include challenges related to environmental factors and remote locations.

**Some interviewees identified security problems, political instability and national unrest as the biggest factors in the external context that have impeded implementation to date; these will likely affect implementation into the future.** Insecurity, political instability and civil war have affected implementation in a number of ways, including timely distribution of supplies (provision of iron tablets, free sanitary pads, underwear and soap for the girls), and have exacerbated water and electricity shortages. Some implementers reported that participants in some regions (Afar and Amhara) were unable to travel to attend capacity-building and training activities in Oromia due to the war in northern Ethiopia. Once security is improved implementers plan to hold a separate event for those who missed out. While the media work (Yegna TV programme) was produced and planned up to season 4, implementers expected season 5 to be disrupted due to the current civil conflict. Work in Tigray (six schools) was suspended due to civil unrest. This meant a drop in the number of schools where the programme was being implemented from 28 to 22 schools. Notably, there have been shifting institutional landscapes with recasting of woredas and zones. Independence of the Sidama region from SNNPR meant the programme lost five of the intervention woredas that had been part of the former Sidama zone, representing a drop from 22 to 17 implementation woredas in total.

**Civil war has displaced communities and affected school attendance. Lower school attendance means fewer girls accessing the programme, and displaced communities are hard to reach.** Implementers reported that families were still unwilling to allow their daughters to attend gender club (generally held after school) due to security concerns. This is compounded by fears that schools are still risky places to be in the context of the COVID-19 pandemic (discussed below). In addition, supplies to gender clubs have been disrupted, which means it is difficult for girls to put into practice what they are being taught about hygiene.

*Other external factors at both regional and national levels are insecurity and political instability. Community conflicts in the different parts of the region remain to be constant concerns. Similarly, instabilities instigated by political parties in the name of the question of self-determination. Both problems are likely to continue in the near future. Some communities and woredas have acquired the status of woreda and zone, respectively. Similarly, two zones of the, SNNPR have now become independent regional states at different times. The regional geographic and institutional landscape is as result being continuously modified. [Implementer, health sector, SNPP](#)*

*Yes, politics and security issues of the country were the challenge and this challenge still exists. For example, during the unrest, movement from place to place is very difficult and people fear to go to work and take training and operation of their daily activity. Families are not willing to send their daughters to school gender club because of the security issue and loss of hope. [Implementer, health sector, Sire, Oromia](#)*

*Yes, political instability and security issues of the country are the challenge. For example, school absenteeism as a result of unrest and conflict. During the unrest movement from place to place is very difficult and people fear to go to work and take training and operation of their daily activity was a challenge [Implementer, health sector \(WASH\), Raytu, Oromia](#)*

*Political instability is a factor that affects the UNICEF Joint Programme implementation. The goods and supplies are not distributed in time due to political instability. For example, to provide free pads, pants, and soaps to girls, as well as iron tablets, the country's politics must be stable. The school was closed during times of disturbance or conflict caused by political groups. As a result, the adolescent girl students are unable to take advantage of all of UNICEF's programmes. [Implementer, education sector, Moyale, Oromia](#)*

*A capacity-building activity of the project, is delivered in Adama (Oromia) for all the regions. Due to the current security problem (the war in northern Ethiopia), some participants from the Afar and Amhara Regions didn't attend. A separate event is being considered for them when security is restored. [Programme-level Implementer.](#)*



**The COVID-19 pandemic caused major disruption to implementation, due to restricted movement and school closures lasting 8 months (April to December 2020), and this had a significant effect on girls accessing and benefiting from the programme.** Girls reported no longer being able to access the service due to school closures and the stalling of implementation, while implementers reported not being able to do their job. The programme was largely suspended, including building work that had started under the programme. While training had been completed early in Tigray and Amhara, it had to be postponed in Oromia due to the pandemic and closure of schools. This meant programme activities for most implementers first focused on desk studies (for example, development of manuals, strategies, guidelines, intervention packages, etc.). When restrictions were lifted, consultative workshops could take place. Implementation only resumed properly in January 2021, with training in Oromia picking up in December 2020, and refresher workshops for Amhara.

**COVID-19 restrictions affected school attendance, which interviewees described as persisting once schools had reopened.** School attendance post-COVID-19 seems to have been slow to pick up; some interviewees reported that parents have been reluctant to send their children to school because they did not think schools were safe yet, owing to the threat of COVID-19. Social distancing measures mean that space in schools is even more pressured, which affects implementation as there is not enough space for gender clubs to meet, and numbers need to be restricted. Pausing construction work due to the pandemic negatively impacted the provision of safe spaces and female-only toilets. Deep-rooted resource limitations at community level pose a threat to effective implementation as the COVID-19 pandemic continues, due to lack of affordability of protective equipment (masks – and the sheer numbers needed) and lack of availability of water and hand sanitizer.

**Lockdown and closure of schools, with absences prolonged even after restrictions have been lifted, may have increased girls' vulnerability to child marriage.** Implementers and girls reported concerns about economic stress and rising poverty as a direct result of the pandemic leading to increased numbers of girls being married while out of school. It is notable that reports of early marriage were from interviewees in Oromia, a region where there appears to have been a trend away from early marriage in recent years (Alem et al 2020).

*COVID-19 outbreak was another critical challenge. It disrupted every aspect of health works, even services at health facilities, especially in the first year, when schools were closed and multiple restrictions (mobility, gathering, etc.) were in place. School and club activities, training events, planning and monitoring meetings, etc. were all affected. Now the situation is better with the easing of the restrictions and the use of NPIs [masks, hand sanitizer, social distance, etc.] It is assumed by the bureau that during this time, iron tablets were distributed to girls at their homes. Implementer, health sector, SNNPR.*

*With regard to COVID-19 pandemic, we were facing and are still facing problems today. Though, the degree and impact it caused in terms of death is low, the fear and in-house restriction affected our work. Class size was limited to 25 students per classroom and that required more classrooms, more tables, more desks that couldn't be met overnight. Thus, many students remained out of school. Mobility from place to place was restricted. That impacted the continuity of training activities. At school, the attendance on gender club programme and training was restricted and it was difficult to train 100 students that requires four classrooms for a training to be delivered. Wearing face mask, hand-washing and sanitizer use are the main measures available to reduce and prevent the COVID-19 spread. Getting these materials was also difficult. Implementer, education sector, Raytu, Oromia*

*No work was done during the Covid period. The school was closed. We couldn't do our job. The programme only works when schools are open. So it affected our implementation. The community [parents] got a good reason to keep their children away from school. They still think that Covid exists [is a threat at school]. So they don't send their kids to school. This is a problem. I think that this is all due to poor awareness. Implementer, education sector, Miyo, Oromia.*

*We weren't able to keep the programme running in the school, because students were at home. Then, due to Covid, the UNICEF Joint Programme was halted, and our workplan. It's easy to see the challenges that girls experience when school is closed due to the Covid. Because they were unable to obtain pads, pants, or soap from school. The*

construction of buildings that was under way has been suspended due to budget cuts and Covid. [Implementer, water sector, Miyo, Oromia](#)

Covid has been the main barrier to implement the programme. COVID-19 shutdowns disturb educational systems, formal education and livelihoods in general. During COVID-19 lockdowns, schools are closed, and many girls are at home, making them more vulnerable to child marriage. I have known girls married at the time of this pandemic. They were my students, when I heard about their marriage, I was shocked and went to their village to visit them. The lives of girls, their families and communities faced extreme stress resulting from health and economic burdens... There are multiple reasons behind a spike in child marriages during the pandemic, but they are all linked to rising poverty, financial difficulties and inequality. The financial difficulty continues to be a challenge even without this pandemic. This joint programme is highly working on tackling child marriage and other traditional practices harming female. However, early marriage and female dropped out of the school is still continued, in which it needs serious attention. [Implementer, education sector, Sire, Oromia](#)

**Water scarcity acts as a serious barrier to effective implementation and uptake of WASH activities, and other activities that depend upon access to water, as well as being a ‘push’ factor, displacing people and fuelling school absenteeism.** The strength (both breadth and depth) of evidence from the midline process evaluation for water scarcity as a limiting factor to the programme highlights the WASH component as critical and foundational for many of the programme activities. Major drought-related problems with water access were reported in some areas (for example, Oromia). This impacts on availability of drinking water for taking iron tablets, water for washing and upholding menstrual hygiene practices taught by the programme. Climate, namely water shortage and drought, was also cited as a barrier to implementing the gardening (vegetable planting) programme, hampering access to healthy, diverse food to fully realize the potential of the health and nutrition work. In addition, hot weather slowed down construction work on water pipelines and toilet facilities in schools (SNNPR).

As much as possible we try to implement all plans in time, but I’m not saying that there is no implementation gap. Some activities took a long time because of the climate condition. For example, when we constructed water pipeline for Shenkora School we faced difficulty to finish it in time because the weather was very hot and workers could not work in the afternoon. So many materials were exposed to damage and were also stolen. [Implementer, water sector, Nyangatom, SNNPR](#)

Some interventions are not context specific. For example, constructing water containers to harvest rainwater from the roof of schools could be effective in rainy woredas but in woredas like ours we may not have rain throughout the year. [Implementer, water sector, Nyangatom, SNNPR](#)

The main problem is the lack of water. There is a problem with water supply in the woreda, but there has to be water supply in a school. [Implementer, health sector, Kebridahar, Somali](#)

About the WASH programme, there is nothing done. There is no water to drink. We had well water in Dalad Primary School, but now it is not working. People, as we know, will stay if there is water for their cattle, sheep, and camels. There are schools closed because the people of that village have moved to other places. [Implementer, education sector, Kebridahar, Somali](#)

The main problem is even if you want to supply water to schools, you cannot find water-carrying trucks in the area. The other big problem is to dig and draw water from the ground. There is also lack of money...Lack of water affects both the implementation and outcomes of the UNICEF Joint Programme because they are usually achieved by water and if there is no water, we can’t carry out the project. [Implementer, water sector \(WASH\), Dire, Oromia](#)

Due to the programme’s context, we are still having a lot of trouble implementing it in the school. As you can see, water is scarce in this area. Due to the winter season in this location is very long, drawing water from the ground is quite difficult. As a result, the context of the place or the local environmental situation prevents the WASH programme from being implemented. Following this problem receiving iron supplements is a challenge for girl students in the school. [Implementer, health sector \(Nutrition\), Dire, Oromia](#)

The main barrier to engagement and participation if the programme is lack of water. There is a serious lack of water in the community. Water is essential to our daily activities. For example, when a girl is in her period, she need water to clean her body, wash her clothes and to drink. But if there is lack of water how can she do these? So,

*lack of water highly affected the engagement and participation of girls in this programme. Implementer, education sector, Miyo, Oromia*

**Social norms and cultural beliefs that the programme tries to address continue to fuel resistance to the programme.** This was especially reported in SNNPR. Sociocultural factors related to attitudes towards menstruation combined with low levels of community awareness limit service-seeking behaviour of targeted participants, as does a perceived resistance to change. *“Although the programme design takes sociocultural factors into account, they continue to influence implementation and success rate at the local level”* (Programme Implementer KII). In a context of far-reaching gender proscribed roles and a lack of understanding about the need to empower girls and improve their agency, it takes time to change deep-rooted, socially embedded practices that disadvantage girls as well as change attitudes regarding gender equality.

**Others reported that for nutrition, by contrast, awareness and knowledge is already high** (Oromia) as the programme acts to complement ongoing projects that people have been exposed to but this limited by lack of access to diverse foodstuffs. This aligns with baseline findings which found, on the whole, that households have good knowledge about sound nutrition practices and the main factors driving poor dietary diversity and nutritional status were financial (household income poverty) and limited food availability. This suggests tailoring programme delivery to needs is crucial – especially as programme resources are limited.

*The major barriers are social norms or cultural beliefs. There are works separately assigned to boys and girls [i.e. gender division of labour]. If a boy works a girl’s job he will not be accepted in the community. For example, the main job given to boys is protecting the house from danger and rearing cattle. All other jobs in the household including building houses is given to girls. So, the community does not accept that boys and girls are equal. The community prefers to educate (send to a formal school) boys instead of girls. They also consider girls as a means of wealth when they get married (through ‘tilosh’, bride price). Because of these, the community resists interventions that particularly target girls. Implementer, health sector, Desanech, SNNPR*

*Unfavourable social norms, low level of community awareness etc. induce limited service-seeking behaviour and resistance to change. In addition, limited technical and financial support to lower-level implementers has been a barrier to effective programme implementation. Implementer, Health Bureau, SNNPR*

*How do the contexts in the regions/nationally/locally enable or inhibit implementation? Answer: There are different negative cultural beliefs in the community. The community think that boys are better than girls. There are different taboos which discourage girls. These beliefs affected the implementation in the early stage but through different awareness creation activities we tried to reduce them. Implementer, health sector, Dugna fango, SNNPR*

**Lack of political commitment from government was cited as hindering implementation, despite the way the programme benefits the government by addressing concerns that are usually the mandate and responsibility of government, such as service provision (water and sanitation) in schools.** Future sustainability was seen to depend on outside commitment. However, this was not the perception of all interviewees, with an, SNNPR interviewee citing a good enabling environment as something that helps the programme, in contrast to the experiences of implementers in Oromia.

*The government’s lack of political commitment in the area hinders implementation of the programme. The government assume the programme is UNICEF’s; of course, the programme – the UNICEF’s programme; but the beneficiaries of the programme are many and one of them is the government. Resistance from the community still exists as a result, families are not willing to send their daughters to school gender club and even to school. Implementer, health sector, Sire, Oromia*

*Politically, some people think this programme is useless. They think of it as extra duty, not as part of their primary programme or responsibilities. Another barrier to implementation is the budget. It will be impossible to attain the goal for helping the girls and their families if the programme does not value the need for political commitment. If it is politically supported, it may have an excellent federal implementation structure – woreda – kebele – school –*

community – family. This makes the process of implementing the programme in the school much easier...The WASH and nutrition programme had not been considered a priority in the political discussion. As a result, beside the politics, both programmes are not considered as an important programme for the community or schools. Even they have shown little interest in assisting us in implement this programme. Implementer, health sector (nutrition), Dirre, Oromia

As a responsible person, I am responsible for this programme. But I need support to sustain the programme. On this programme every individual has responsibility and should obey that responsibility and participate on the services. For example, trained directors turn over from their positions. In addition to this there is lack of team work to sustain the programme. My fear is what will happen if UNICEF stops this programme. Therefore, community should be one main stakeholder to support the programme by collaboration and main support from government in the absence of UNICEF. Implementer, education sector, Sire, Oromia

There is enabling environment to implement the programme. All governmental sectors are collaborators and committed to work on the programme activities. Implementer, WASH, Dugna fango, SNNPR

**Implementation has also been affected by local environmental shocks and the inherent challenges of programming for remote rural areas. Notably, flooding from the Omo River reported by respondents in SNNPR (Dasanech) led to schools being damaged or destroyed.** This meant fewer operational rooms in some schools, while closure of others led to overcrowding as other schools accommodated displaced students, further exacerbating the squeeze on space posed by the COVID-19 restrictions. This illustrates the vulnerability of infrastructure and services to environmental shocks and stressors. Other displacement of people – notably nomadic pastoralists – linked to water scarcity has made it difficult to locate these families and include them in the programme (as discussed later in section 3.2.2). In general, implementing in remote, rural areas has presented challenges to the programme related to access to locations and transportation, as well as electricity and Wi-Fi problems in rural areas.

Currently the bigger problem is that many schools are closed because of the flood disaster. The students are now in a hostel. A school that can teach 200 students' is now forced to accommodate more than 400 students. So schools are overcrowded. Even the one 'safe space' that was built is now covered by the floodwater because it was built in a school which was located alongside the Omo River. Therefore, the flood is our main problem. We just brought students from grade 6–8 and mixed them with students [of the same level] from other schools here in Dasanech. And the rest of the students are out of school now since we don't have enough classrooms. Apart from this, shortage of budget, shortage of classrooms, and societal attitudes in the remote areas are the major obstacles to programme implementation. Implementer, education sector, Dasanech, SNNPR

Our woreda was affected by flood from the Omo River. Around 16 schools were completely destroyed by flooding. Consequently, students were displaced from the areas... All interventions were discontinued in those schools. Implementer, health sector, Dasanech, SNNPR

The community is nomadic pastoralist so it is very difficult to find them in one place for teaching. In addition, as I told you earlier there are many cultural beliefs that affect the implementation of the project. Plus to this, many schools were destroyed by flood from the Omo River. Implementer, health sector, Dasanech, SNNPR

As mentioned above, the way people live in this woreda, they move from place to place frequently [they are nomadic pastoralists]. So adolescent girls who actively participate in the programme move to other places and this may affect the programme's outcome. Implementer, health sector, Kebridahar, Somali

In theory, 4G service is available in all areas but in some areas even telephone doesn't work. This created problems in sending weekly reports using Telegram because of poor data connection. So the teachers travel long distance to find access to Wi-Fi services. Programme implementer KII

### 3.2.2 Programme responses to context

#### 3.2.2.1 How are the objectives of the programme responding to the needs of programme participants (household to national levels) given the current context? (To what extent and for whom?)

### ***Relevance of the programme to the context and needs of participants***

Overall, the objectives and activities of the programme respond directly to the needs of women and girls in **the implementation areas**. The baseline for the evaluation highlighted the following needs and constraints:

- Nutrition – need for haem rich foods and dietary diversity, constrained significantly both by availability and financial resources.
- Availability of good quality adolescent-friendly health services where girls feel that they are respected and their privacy maintained.
- Physical and financial access to health services are by far the most important constraints on their use by adolescent girls.
- The majority of girls who had started menstruating attended school during their menstrual periods; those who missed did so primarily due to pain, and secondarily due to fear of leaking. The inability of girls to manage menstruation effectively and in a dignified manner has a significant impact on girls' school attendance, ability to concentrate in school and general self-confidence.
- The baseline also found: "Overall menstruation is understood by most of our adolescent girls, and most of their parents as a normal (and healthy) physiological process linked to reproduction" and a good understanding of menstrual hygiene and that girls can attend school during their periods.

**In its focus on raising awareness of gender equality, the midline process evaluation found the programme to be relevant to the inequities faced by women and girls and to addressing damaging gendered sociocultural norms and practices in the communities. It also directly addresses the lack of affordability of and access to sanitary protection.** This relevance is underpinned and reinforced by the baseline assessment of existing contextual conditions carried out at national level as well as at targeted schools prior to implementation. This found restricted availability and access to safe and affordable sanitary products and highlighted the nature of culture-specific variations in social norms and taboos associated with menstruation. The programme activities also support and reinforce existing work carried out by teachers and implementers (e.g. Oromia Education KII).

The midline process evaluation provides good evidence for programme relevance in responding to needs of communities, including:

- Lack of appropriate pre and post menstrual hygiene management information
- Lack of reliable access to safe and affordable sanitary products – provision as well as information about the importance of these
- Lack of access to facilities to change menstrual cloths or pads and to wash in private
- Addressing culture-specific social norms associated with menstruation, in particular, and with sexual and reproductive health of adolescent girls in general
- Need for balanced diets, which are lacking even for more economically stable families; meeting nutrition needs through schools
- Filling gaps in knowledge on menstrual hygiene management that exist at the community level and within families
- Provision of school materials to needy students.

*There is always a baseline assessment of existing conditions at national and at targeted school levels before actual implementation of activities. Findings in general show that girls do not have appropriate pre and post menstrual hygiene management information. They also do not have reliable access to safe and affordable sanitary products, nor do they have access to facilities to change menstrual cloths or pads and to wash in private. There are also prevalent culture-specific social norms and taboos associated with menstruation in particular and with sexual and reproductive health of adolescent girls in general. The programme is meant to address such problems through implementation of the above-stated interventions. Programme implementer KII*



*Yes, the UNICEF joint programme is relevant in the context of this community's sociocultural system. From the perspective of sociocultural issues, there is nothing wrong with the UNICEF joint programme's activities. No one can complain because the programme clashes with the community's sociocultural system. Implementer, education sector, Moyale, Oromia*

*There are many cultural beliefs which affect girls so working on changing these cultural beliefs is contextually relevant. In addition, many people do not have adequate income so it is very difficult to afford pads. So provision of free menstrual pads solved this problem. Implementer, health sector, Dugna fango, SNNPR*

*It's so good to implement this programme here (in Kebridahar) because there is early marriage practice, which is highly supported by the community, and also preventing girls from attending school. So this programme helps to empower girls and change the community. It is also supported by the government...it's so important for our community. There is FGM and child marriage. The community does not even allow girls to sit with boys or stay in the same classroom. But now the community is changing through time. There is almost no FGM, and there is also a decline in child marriage and gender-based violence. They send their girls to school. If the programme continues, it will help the girls and the community more. Implementer, education office Kebridahar, Somali*

*Yes, it is very relevant, for example in our community, even the economical stable families do not prepare balanced diet for their children and their children become malnourished. So this programme helps them very much and it matches with the sociocultural system of the community. If the programme was about family planning, we might have faced a challenge but not with a nutrition programme. Implementer, health sector, Daro Lebu, Oromia*

*Our communities are very happy about the programme as they have benefited much from it. For example, UNICEF provided school materials for needy students. Because there are people who do not have enough to eat and such people get exercise books to send their children to schools. In short, people have benefited from the programme. Implementer, education sector, Raytu, Oromia*

*This programme is very helpful for our regular work. Since I am the head of the teaching and learning process all the clubs are under this office. One of the clubs is gender club. So when this additional programme came, it greatly reinforced the previous work that we were engaging in. Implementer, education sector, Daro Lebu, Oromia*

**Interviewees reported early signs of success with changing attitudes of families towards equality between girls and boys, and related behavioural changes.** Some interviewees stated that access to sanitary protection was linked explicitly to improved school attendance and less absenteeism by girls, while others cited general participation in the gender clubs (and therefore the effect of gender club activities in combination, including information on managing menstrual cramps, gender messaging etc.). These early signs of positive outcomes need to be backed up by data, but interviewees regard this as further signalling programme relevance to communities. Community members support the programme – including in practical ways, for example with the construction of female-only toilets and safe spaces – and there is a reported increased acceptance of the iron tablets (Oromia). Changing attitudes and knowledge of girls is seen as an effective way to contribute towards changing wider societal attitudes, behaviours and norms over time (discussed further in section 3.2.1).

*The regional/local contexts have helped us in carrying out the UNICEF joint programme. Because now the family is sending the girls to school and supporting them to improve the participation, they have in girls club. In contrast to previous cultural thinking, they do not demoralize girls when they need to learn, despite popular beliefs. So, the local situation, beliefs, and cultural views existing in the community are positive and well-suited to the UNICEF programme's implementation. When we built a female-only toilet and special spaces for girls, for example, the women and men members of the community assisted us with what they had. Some offered us money, while others provided us with building materials we required, and still others supported us morally. This means the local context was favourable for UNICEF joint programme implementation. Even though school was closed during Covid 19 rapid transmission time, they[parents?] asked us to give the tablets to the girls at home. This way, the context at the community level context facilitated the UNICEF joint programme's implementation. Implementer, water sector, Miyo, Oromia*

*The programme is relevant because back then absenteeism of female students was common, girls used to be absent from school 3–4 days per month. Now the programme is solving this problem. Awareness creation and training on menstrual health and the service that they get is meeting the girls' basic needs. So it is the most relevant programme. In addition, students who benefit from the programme make a contribution in changing*

*societal attitudes. Health extension workers also create awareness of the community. Therefore, the programme is relevant not because it respects the sociocultural system of the community, but because it is changing harmful practices and attitudes and fulfilling the basic needs of girls. Implementer, WASH Dugna fango, SNNPR*

**Clubs and other services provided by schools are universally welcomed by girls participating.** There was some ‘excitement’ reported about the programme, pointing to the way it addresses a real need. Implementers reported that the programme has been well-received by girls so far and this is seen to highlight its relevance. One girl in Dasenech woreda described how she worried about other girls who are not able to access menstrual pads etc that she can get through school, because they are not at school themselves, which suggests continued (and growing, given the COVID-19 context, as well as the effects of civil unrest) need for the out-of-school component to be up and running.

*Here in Dasenech woreda, families force girls to get married because if she get married they can get many animals as a dowry. So they don’t send girls to school for the sake of their benefit since girls are few in numbers in our school. And girls become a mother and a wife at an early age. Sometimes, I think I get worried since there are a lot of girls up there who did not have a chance for menstrual pads and other provision that we school girls have. Families are not educated and they don’t want to send girls to school. This worried me a lot and I think about those girls. Adolescent girl age 10–13. Dasenech, SNNPR*

*I am a member of the gender club in my school. Because of my participation in the club, I have gotten a lot of benefit. I learned about harmful traditional practices which are common in our area. For example, about early marriage, female abduction and gender-based violence. Adolescent girl age 14–19. Dasenech, SNNPR*

*Yes, the UNICEF joint programme has caught the interest of the girls at this school. Some people are upset when there is electric power cut to see the Yegna television programme. They invite other girls to participate in the programme because they recognize the benefits they are receiving from it. This shows how the programme is meeting the requirements of the young girls. In light of this, we recruit a large number of female students in the programme, while only 75 are officially enrolled. When we asked the students for feedback, they stated, “The programme is quite wonderful. The programme has been quite beneficial to us. But we’re worried about how we’ll receive this service in the high school. Because we wouldn’t access this service in the high school.” They particularly enjoy “coffee time”. They obtain “kolo [roasted grains] and tea from the school during break time” before they get iron tablets. Action Against Hunger [an NGO] is assisting us by supplying food to the girls. As a result of all of this, we can understand how they need the programme. This indicates that the programme is directly responding to their needs. Implementer, water sector, Miyo, Oromia.*

*The regional or local context is conducive for implementing the UNICEF joint programme. Individuals in the community, including females, are excited about the programme. Even they encourage us to achieve better than what we do now. Parents, community and religious leaders, teachers, and girls were all very happy and excited when the programme was first implemented. Because the programme benefits everyone. If it benefits female students, it indirectly benefits other people in the community and at school. Implementer, education sector, Moyale, Oromia*

**Given the prevalence and damaging effects of girls’ early marriage, the programme’s focus on reducing incidence of early marriage of young girls is relevant and it was felt by interviewees that the right communities are being targeted.** This is perhaps the most challenging intervention for the programme as the early marriage messaging is contrary to strongly ingrained cultural beliefs in some areas of Ethiopia, so requires social norm change. The extent to which the programme is managing to navigate this and change underlying norms related to early marriage looks promising at the stage of the midline process evaluation. While the picture at community level appears to be mixed in terms of community support and buy-in to the messaging, with interviewees reporting some families to still be resistant to change, for others there are promising signs of changes in attitudes and behaviours, with families welcoming the programme (for example, in Oromia).

*The programme is somewhat relevant to the sociocultural system. However, when it comes to reporting on early marriage, the programme goes against or contradicts the community’s cultural beliefs. Some members of the*

community, for example, are against the child marriage reporting programme while others support it. They believe that no one can prevent them from pledging their girls in marriage. However, the other of the UNICEF programmes such as weekly iron tablet, menstruation learning, deworming tablets, safe space and female-only toilets are relevant to the sociocultural system. Implementer, health (nutrition) Dirre, Oromia

As to my understanding the programme is targeting the right people. It considered the local cultural contexts in which it tries to address the problem of child marriage. As I have said earlier, in this area child marriage is seen as normal and taken as one of the rules in the religion and culture. So it is good to work and focus on those age groups, because it helps them to challenge and overcome the traditional practices in their family and locality. Now they are coming to school and started to report any harmful traditional practices to the school administration. This is a good improvement. They can tackle it by developing self-confidence and inspire others to join them to fight against any discrimination against women and girls... In our culture, people resist change and it is difficult to change a traditional practice that is deep-rooted in the society. But we train students on the way they approach their families to change harmful traditional practices. They also practice it and there is a big change as most communities are happy with the programme. Implementer, education sector, Raytu, Oromia

This programme is ...working to alleviate the discrimination of females by realizing the gender equality that is mostly accepted the vast majority of the community. However, there are some families who resist this indicating that the need of future work. Implementer, health sector, Raytu, Oromia

I appreciate that this programme is being implemented in this woreda because, culturally, there is always discrimination against females. After the programme's implementation, especially through the gender club, a lot of girls attend school; and there is also a decrease in child marriage and gender-based violence. The community is now aware that adolescent girls' health and education are good for the whole community. Implementer, health sector, Kebridahar, Somali

**Buy-in to the programme and acceptance by the community was supported by community orientation carried out by community influencers working with community and religious leaders prior to implementation, focused on gender-based violence and FGM.** Using community influencers to introduce the programme also offered reassurance that it would not be harmful to community members.

To avoid community conflict as a result of the programme's implementation, we provided community orientation with the help of community influencers before the programme's implementation. For example, before we implemented the mechanism of reporting on the issue of gender-based violence, we gathered community members and taught them what gender-based violence is, its negative impacts, and what the country's law says about it. Circumcision is still a significant problem in this society. For example, to avoid a disagreement with a member of the community, we explained the consequences of circumcision and how the law punishes those who circumcise a girl. So, first and foremost, we talked about the programme with community and religious leaders. Then we assured the community that the programme's activities do not harm anyone in the community.

Implementer, water sector, Miyo, Oromia

We use influential women in the community to work with the experts so that they can easily change the sociocultural attitudes and they can have sense of ownership of the programme. Implementer, health sector, Naygatom, SNNPR

**The programme's nutrition-specific interventions such as iron folic acid (IFA) supplements and deworming tablets, as well as a number of nutrition counselling and education components, are seen to be relevant to health and nutrition problems faced by targeted communities.** Undernutrition affects a large portion of the adolescent and youth population in Ethiopia. The baseline study found high levels of undernutrition among the population of in-school adolescent girls: 38.6% of girls had body mass index (BMI) for age <15th percentile. According to one key informant for the midline process evaluation: "All activities are relevant and useful, but the iron supplementation stands out as having greater impact in terms of anaemia prevention and investment in future mothers. Its positive effects also transcend to the families of client girls." Implementer, health sector, SNNPR. The midline evidence suggests growing acceptance and use of iron supplements. However, progress in nutrition more broadly is too soon to tell and some barriers to the effectiveness can be identified (discussed in section 3.2.2).



*The programme is able to solve the nutrition and health problems of the community. So this work is very well and relevant to the context of the community. Implementer, education sector Miyo, Oromia*

*Nutrition is the third subprogramme that we are working on for a long time. The screen coverage of nutrition in Naygatom woreda is very low, so there is a budget allocation to address this. We provide training for health extension workers towards helping improve the nutritional conditions. Implementer, health sector Naygatom, SNNPR*

### 3.2.2.2 Programme adaptations due to contextual factors

**The main changes to the programme in response to contextual factors have been adaptations to respond to COVID-19, including pausing implementation.**

**Closure of schools due to COVID-19 meant that gender clubs could no longer run, and the main access point to the programme was removed.** While the programme was designed primarily to run through schools there was also an out-of-school component as part of the design, which has appeared not to have come to the fore in a systematic way in response to school closures to ensure girls continue to be reached with the programme, despite the increased numbers of girls who are out of school due to COVID-19 or conflict. Some interviewees reported that iron tablets were distributed directly to homes instead, to retain continuity in the supplement, with other messaging continuing house-to-house.

**Since schools reopened, finding enough space to run gender clubs has been challenging due to restricted numbers of people permitted to gather and social distancing rules.** One health implementer in SNNPR described providing messaging about gender-based violence using cars and loudhailers to travel round villages, in anticipation of an increase in domestic violence while everyone was forced to stay home: *“At the time of Covid, we provide ‘awareness creation’ about gender-based violence using cars and loud speakers because we anticipated high possibility of gender-based violence on girls when they stay at home.”* (Implementer, health sector, Dugna fango SNNPR)

*Due to the pandemic the room in the school became scarce resulting from arrangement of student’s number per classroom. As the classroom learning is limited, we were unable to use free classroom for gender club programmes in the school. For example, in Gorora School at the eve of the operation of the programme in that school, the pandemic interrupted our activities. Because as a result of COVID-19, the number of students per classroom reduces and the class size, we transferred the room isolated for this purpose for classroom. Besides this, students were forced to learn in two shifts and it was very difficult to coordinate and implement the programme as planned. The absence of the extra class also forced to handover our constructed room for the programme to be used as a classroom. We tried our best by water transporting water from remote areas for hand-washing; and we tried to deliver our programme in those challenging circumstances; however, it is not as planned. Implementer, health sector (WASH) Raytu, Oromia*

*We started working [again] after the government allowed us to carry out our work during the Covid time. Children have got service by wearing a mask. The service we were providing was distributing sanitary pads (Modus), training and showing ‘Yegna’ drama every Friday. There is a discussion session every Wednesday. Our training focused on teaching them about equality between males and females. There is change after we created awareness. We train both genders. We were providing only sanitary pad during the Covid time. When parents come for a meeting, we tell them that they don’t have to stop their children from coming to school or gender club and we tell them to tell [relay the same message] to other parents who were absent from the meeting. To rural families, we sent a message by their children. There are parents who cannot come here because of distance and the drought. They are not willing to come here due to these. Implementer, education sector, Miyo, Oromia*

*All the schools were closed and we couldn’t reach adolescent girls. However, we tried to raise awareness by going house-to-house by following Covid prevention protocol. The implementations were discontinued during Covid because almost all interventions were intended to be carried out in schools. At the time of Covid, we provide ‘awareness creation’ about gender-based violence using cars and loud speakers because we anticipated high possibility of gender-based violence on girls when they stay at home. Implementer, health sector, Dugna fango, SNNPR*

**Budget reductions either due to redirection of funds for COVID-19 response, or a shift in UNICEF budgets to deal with displaced communities due to the war in northern Ethiopia have reportedly diverted resources away from the programme, with overall budget constraints leading to incomplete programming.** \$ 355,282 was moved from the original budget. Interviews suggested this has had a particularly negative impact on the provision of safe spaces for girls, as well as impacts in work related to water access. Other reported resource constraints affecting implementation include shortages of training materials at the woreda level, as well as human resource constraints reported by some implementers. For example, implementers in Oromia reported difficulties in finding kebele health extension workers – staff turn around is less than 5 years, but training up a replacement can take 6 months or more.

*Due to the political instability in the country, UNICEF budget is reduced and shifted to community displaced as a result of north Ethiopia civil war. And we are facing budget limitation currently. Implementer, health sector, Sire, Oromia*

*As I told you before, insufficient budget can be the main barriers for engagement and participation. If there is no sufficient budget it can be difficult to fulfil all the necessary things. Especially when it comes to gender-related works there are times when we approach other actor for resource provision. For example, when World Vision was operational here they once gave us sanitary pads and training in related issues. Our teachers have no difficulties in transferring knowledge but due to budget scarcity they may not to be able to get the necessary teaching materials. For a school it is very difficult to cover sanitary pad expenses on its own. Especially during COVID-19, the schools were unable to provide masks so the students were learning without masks. Implementer, education sector, Daro Lebu, Oromia*

*The main barriers are budget as our programme is dependent from the external sourcing fund. Until now we didn't encounter serious problem of budget. The UNICEF has fulfilled all necessary support according to its plan. However, we are worrying of the programme sustainability and due to this there we are planning to have alternative source of funding for the future. Implementer, health sector (WASH) Raytu, Oromia*

### 3.3 Implementation processes

#### 3.3.1 Targeting

**Is the programme targeting the right people?**

**Key informants from all stakeholder groups were unanimous in understanding and confirming the value of the programme to the target group.** Implementers felt the programme was targeted appropriately, seeing a wide range of positive impacts on adolescent girls who participated, including greater empowerment, and better access to information. They also reported reduced absenteeism and school dropouts, though this may be contradicted by evidence about the impact of COVID-19 on girls' school attendance. This should be verified at endline. Participants and their caregivers also felt the content of the programme was both necessary and appropriate for adolescent girls, equipping them with vital knowledge and self-confidence.

**Many implementers also expressed concern that large groups, such as out-of-school adolescent girls, who would likewise benefit from the programme, were excluded.** Budget and space constraints meant that eligibility criteria (discussed in more detail below) restricted participation considerably, even within participating schools.

*Primarily the programme benefited adolescent girls and their families. They get awareness about early marriage and gender-based violence. They also know how to protect themselves from gender-based violence. The awareness creation activities empower adolescent girls. The programme also provides menstrual pads and prepares safe spaces for girls to privately change pads and take rest, which reduce the cost spent on pads by the*

*family and decrease school absenteeism and dropout. It also gives emotional strength for the girls. Implementer, health sector, Dasenech, SNNPR*

*I developed self-confidence and became happier since joining the girls club. I participate in several programmes at the girls' club and this helped me to feel confident and to believe in myself. I feel nothing is too difficult for me at this point. Since our teachers encourage us to teach other girls in our school about menstruation, I started doing so with no fear because I knew that talking about menstruation is no longer a taboo. The girls we taught are now very happy that they know everything about menstruation. This makes me happy too because I feel I am capable of helping others. Adolescent girl aged 14–19, Dirre, Oromia*

*My daughter is different before and after joining the gender club. Before joining the club...she was not confident about herself. Initially, I have attempted to raise my kids so that they have confidence in themselves. I believe that children should not develop fear towards their parents. However, you can't do this alone, the community matters. If the society's attitude and cultural beliefs are barriers, individuals alone can't achieve much. The attitude of the community in most cases is a problem. It doesn't treat boys and girls equally. As a result, my encouragement didn't do much, she has not been confident while interacting with others. [...] Simply put, I want to say she used to go to school alone and return home alone. She was just lonely. Parent of adolescent girl aged 14–19, Raytu, Oromia*

### Were the targeted populations sufficiently engaged in the process? (ES4 3.1)

- How was the programme designed to increase engagement?

**A number of elements were included by the programme at the design stage to increase engagement.** The evidence from interviews showed that although the basic approach to establishing gender clubs was consistent, there was some variety at local and school level in the type of engagement activities implemented. The broadly positive feedback about the level of engagement from adolescent girls (see below section) suggests this was an effective strategy, in that it allowed schools flexibility to meet the needs of the girls in their local context.

**The gender clubs were designed to be attractive, engaging places for adolescent girls to be, employing a range of different activities to encourage participation.** Gender clubs offered a range of activities, including drama and role play sessions, coffee and tea ceremonies, and special community events. Clubs also offered material incentives to participating girls, such as small amounts of money, and other rewards like books and stationery.

**Community sensitization was also considered at the design stage, based on the knowledge that parental and community approval would be a key factor in encouraging girls' engagement.** Information and awareness campaigns were held at the start of implementation, to inform and reassure communities and parents about the content and aims of the programme. In Somali region, health care extension workers carried out this work as part of their usual community health work. As implementation continued, the programme was designed to continue including families and communities, inviting and involving them in special events and some training sessions.

*We are collaborating with relevant stakeholders to improve girls' participation in the programme. For example, with school directors, teachers, female students, and the offices of water, health, and gender. Community and religious leaders, parents, students, teachers, and other sectoral and governmental organizations are all invited to join in the programme. The programme is designed to first inform the community about the programme. It is also designed to boost teachers, health extension workers, and sectoral UNICEF joint focal persons' understanding of the programme. Implementer, WASH sector, Miyo, Oromia*

*We have a coffee ceremony in that club and they come together and discuss various issues by coming together. This coffee ceremony is making all the members of the club to be attracted and attend. We also have various shows (drama) that makes the event very exciting and students are eager and count the day for their attendance. Implementer, health sector, Raytu, Oromia*

*Community awareness creation is important to increase engagement. We conducted different sessions to raise the awareness of the community and to encourage community acceptance of the programme as their own.*

*Implementer, WASH sector, Nyangatom, SNNPR*

- Who was included/excluded? How and why?

**The programme targets adolescent girls aged 11–19, who are attending school full-time.** The Yegna TV programme is broadcast more widely, and therefore seen by a broader audience, but girls in gender clubs are able to view in school. One informant in Oromia also reported that some boys were included in relevant gender club activities, though this was not widespread practice. Out-of-school adolescent girls, and those who attended school part-time or at weekends, were excluded from the programme, as were in-school girls who were not members of girls' clubs. Both implementers and adolescent girls highlighted this as a significant issue during interviews.

**At local level, programme implementers selected target woredas and schools based on criteria that aimed to focus on lower income, or marginalized communities, especially those in remote, rural areas.** This was the rationale for informants in Oromia and SNNPR who prioritized remote or rural woredas and schools. Pastoralist communities were a particular target group in SNNPR. Within this, informants reported selecting schools that were more receptive, and those with water supply, to facilitate implementing the programme effectively.

**The pool of participants was then reduced at school level using additional targeting criteria, as the funding, resources and space in schools did not allow them to include all eligible adolescent girls in gender clubs.** Criteria varied between regions and woredas but focused on identifying girls who were particularly vulnerable. In Oromia, girls seen as a greater risk of dropping out of school for any reason were given priority. Girls perceived as being at risk of early marriage, and those from pastoralist communities with 'harmful traditional practices' were prioritized, particularly in SNNPR. Both in SNNPR and Oromia, informants included girls from lower income families, with number of cattle used a proxy for income in SNNPR.

*Most importantly, we target female students who come from rural and remote areas because they are highly exposed to early marriage as parents need the bride price and lack awareness about the effects of early marriage. They are also exposed to harmful traditional practice because it is the societal culture. Moreover, economically they are poor. For these reasons we prioritize adolescent girls who come from remote and rural areas. Implementer, education sector, Dasenech, SNNPR*

*The programme primarily focused on children who have problems at the family level and have no alternative support. We give great attention to them to help them continue their education or to protect them from discontinuing their education. Implementer, WASH sector, Dirre, Oromia*

*As regards the TV series, 9.8. million people watch it. Out of this more than 500,000 are girls from 13–15 years of age Implementer, Girl Effect NGO*

- What worked to increase engagement?

**The influence of three key groups of people – peers, teachers, and families – emerged as crucial to encouraging and increasing engagement.** Implementers were most likely to cite peers as a key influence on girls' engagement, with some evidence from participants that this had been an important factor for them. Almost all participants themselves reported that teachers who were encouraging, motivated, open and ready to listen, were very significant. This was largely not mentioned by implementers. Participants also commonly mentioned the positive influence and encouragement of their parents as a key motivating factor. Other family members and neighbours were likewise seen as important by some. Implementers' feedback echoed this: they were aware of the importance of families and communities in supporting girls' engagement.

**Tangible, material benefits were one aspect mentioned by implementers, gender club participants and their caregivers as effective in increasing engagement.** Provision of sanitary pads, small sums of money and other rewards, such as books and certificates, were mentioned as motivating girls to attend and participate. Invitations to attend extra training sessions, sometimes at zone or woreda level, were also seen as an important incentive.

**Girls' improved self-confidence, and enjoyment of the new learning and understanding built through the gender club was also key to maintaining their engagement over time.** Both implementers and participants reported that as girls had become more confident in discussing menstruation, as well as gender norms, early marriage, and gender-based violence, their interest in participating grew. Participants also reported being more able to share their knowledge with peers, families and neighbours, further increasing awareness and engagement.

*My school teachers and gender club coordinators have played a crucial role in my life. If there is no encouragement and appreciation, it will be difficult to do what I am doing. The establishment of the gender club in our school has played a significant role for this. Adolescent girl aged 14–19, Sire, Oromia*

*My parents gave me permission to participate in the clubs and they are happy about it. I come to the club in the afternoon and sometimes on Saturday for participation. I was born in another rural area but I started class after my sister brought me here in Dasenech to live with her. She always advises me to study hard and be a clever student so I can be an example to other students by getting rewards from school. And my sister provides me with everything that I need for education. Adolescent girl aged 10–13, Dasenech, SNNPR*

*Before I was a member of the gender club, we used to not talk about any issues related to menstruation. I was so afraid. But now because I am a member of the gender club and I get information, I am able to discuss with my teachers, parents, and the community about adolescent girls and returning girls that are not in school. Adolescent girl aged 10–13, Kebridahar, Somali*

- What are the main barriers and enablers to engagement and participation?

**The most commonly cited barrier to engagement was the impact of cultural beliefs and community attitudes to gender.** A lack of understanding of the programme's purpose and value caused some parents to refuse permission for their adolescent daughters to attend. A few interviewees also mentioned misconceptions about iron tablets causing infertility, also preventing engagement with this component of the programme in some cases.

**A reported lack of engagement of influential leaders at the local level in Oromia was seen as a missed opportunity** by some interviewees to engage community members and overcome social and cultural barriers or resistance to some elements of the programme.

**Another key barrier was the lack of necessary infrastructure, and resourcing to support implementation of the project.** Informants reported girls as less likely to engage where there was inadequate water supply to toilet facilities, discussed further below. Similarly delays or paucity of programme inputs like sanitary pads and soap discouraged participation. Lack of rooms for club meetings and setting up safe spaces was also a barrier in a few cases.

**Constraints on adolescent girls' time were the final barrier, though this was only discussed by two interviewees from Oromia.** Long journeys on foot to school, and the extent of girls' domestic work meant they were not able to dedicate extra time to attending gender clubs.

**In terms of enablers, implementers found that having an effective network of professional support was vital.** They found that investment of time and energy both from UNICEF and from local government officials and workers was vital. When professionals across sectors worked together as a team, and were committed to implementing the programme, respondents saw a positive impact on engagement.



*The main barrier to engagement and participation is community's attitude towards female students. In most cases the female students have been forced to drop out from their education due to early marriage and lack of family support. Most parents do not allow their daughters to attend gender club programmes after school time.*

*Implementer, education sector, Raytu, Oromia*

*The main barrier to engagement and participation if the programme is lack of water. There is a serious lack of water in the community. Water is essential to our daily activities. For example, when a girl is in her period, she need water to clean her body, wash her clothes and to drink. But, if there is lack of water how can she do these? So, lack of water highly affected the engagement and participation of girls in this programme.*

*Implementer, education sector, Miyo, Oromia*

*Health extension workers, teachers, students, and the water office are all expected to participate in the programme. Teachers promote and counsel the UNICEF joint programmed girl students to participate in the girls' programme, while health extension workers train them. Students' involvement is increasing as a result of all of this collaborative work.*

*Implementer, education sector, Moyale, Oromia*

*Yes, for example, the engagement of the elders, religious leaders and Aba Gadas who are influential are not included. Because they influence the society and it will be easy for them in realizing the objective of the programme and they are beneficiaries of the programme as they are part of the larger community. The government sector didn't give due attention too. The government is first benefited from the programme implementation by minimizing costs that incurs the government in the provision of drinking water for schools, toilet construction and others. However, the mandate and responsibility given for the government is less.*

*Implementer, health sector, Sire, Oromia*

*Yes, during planning, there is no active involvement of concerned stakeholders other than UNICEF. Beneficiaries of the programme are many; but due to lack of involvement during planning, some families are resistant to the change. Thus I recommend women, elders, religious leaders to be the potential stakeholders to be involved in planning and budgeting.*

*Implementer, health sector, Sire, Oromia*

### 3.3.2 Coherence

How well do the programme interventions fit together, create synergies and coherence (internal coherence)?

**There was a strong consensus from informants that the combination of WASH, nutrition and education elements in the programme effectively respond to the needs of the target groups, and to the contexts in which they operate.** Informants described having a common goal – the improved health and well-being of adolescent girls – which was best served by interventions across the three sectors.

**Interviewees reflected that the elements of the programme were not only complementary but necessary to approach together.** They saw education on menstruation and gender as necessary to increasing understanding and building confidence. Investment in water supply to ensure that infrastructure supports appropriate facilities for girls in schools, and in provision of iron supplements to address key nutritional deficiencies experienced by adolescent girls. One SNNPR implementer also mentioned that the programme and the associated activities also align well with other programmes and activities undertaken by the health team.

**The chief concern expressed by implementers were that coordination issues and other barriers prevented different interventions being implemented together coherently.** Delays to improvements in water supply for adequate toilet and washing facilities for girls was commonly mentioned as a problem. Implementers and one participant highlighted delays or problems with the supply of programme inputs, such as sanitary pads, soap and underwear.

*They are well fit together. Because improving the nutritional status of girls requires a WASH and nutrition programme. Previously, the community and female students were unaware of the importance of nutrition, hygiene, and sanitation. During their menstrual periods, female students were also absent from school. However,*

*the WASH programme is now assisting female students by constructing female-only toilets and a special space for them. This directly aids female students in following their studies without fear or discomfort. Health extension workers are also educating the girls about menstruation as part of the health extension programme. In terms of nutrition, female students have received iron supplements. As a result, all three programmes are well-connected. Each programme is critical to the success of the others. Implementer, WASH sector, Miyo, Oromia*

*Nutrition and WASH are faces of the same coin; they have to go together. So you have to integrate these packages. We cannot address our ultimate goal if these packages are not done together. I think our current progress is a little behind schedule and has a few drawbacks. To integrate all components, supply has to be guaranteed. Implementer, health sector, Moyale, Oromia*

### 3.3.3 Coordination

*Which mechanisms for coordination are working, and which are not?*

**Across Oromia and SNNPR regions, the joint programme is coordinated at the federal level, and then by a system of focal point persons at woreda level, and within each relevant sector: water, health education, gender.** These focal points coordinate with schools, and/or necessary services to support implementation. This system of focal points also functions at school level – with the teacher responsible for the gender club acting as in this capacity for their school, and with selected girls within the gender clubs acting as leaders.

**Implementers commonly described focal point persons working together in a team or committee that liaised regularly to support programme implementation.** Many highlighted this as an enabler of effective collaboration and communication which helps them ensure that messaging is coherent across sectors, and that the different elements of the programme are in place as needed.

**In some, Oromia and SNNPR woredas, these committees or teams of focal points have been broadened to include focal points in other relevant government departments, and non-governmental organizations (NGOs).** In Dirre, Oromia, the gender office forms part of the committee, and in Daro Lebu, Oromia, both the gender and justice sectors are involved. One respondent also mentioned the inclusion of relevant NGOs in the coordination team, and in SNNPR, a full range of relevant stakeholders were included.

**The picture reported by informants in the Somali region was slightly different, with neither of the two implementers interviewed describing a system of focal point persons.** One of them mentioned a committee of education and gender sector actors which work in schools, but they both said there was no formal coordination mechanism in place between the WASH, education and health sectors.

**Broadly speaking, implementers found that this system was effective; informants did not have major criticisms of the model itself.** There was an understanding that the multi-sector approach taken was needed to address the programme's objectives. When effective, the committees of focal points were cited as an important enabler of programme implementation.

**However, issues with coordination were among the most commonly cited barriers to effective programme implementation.** These varied from region to region, and woreda to woreda, with no clear pattern emerging. Reasons for breakdown in coordination included: staff turnover or missing key staff members, tensions between sector offices over the choice of focal point and committee leaders, variation in levels of engagement between different sector office, lack of engagement and motivation at woreda or zonal level. One respondent suggested that lack of engagement was caused by the assumption that UNICEF was responsible for implementation.

**One possible inference to draw from this is that a joint programme of this type has lots of moving pieces, requiring a lot of coordination.** There are therefore many different places where coordination may break down, depending on the particular context.

*The UNICEF Joint Programme's overall activities are coordinated at the federal level. The woreda focal person for the UNICEF Joint Programme then informs us of the next steps. So the programme is carried out as planned by*

coordinating with other sectoral offices such as water, health, and gender offices. The UNICEF Joint Programme focal persons are assigned in each sector [...] and then train teachers and guardians in the school, including some female students. [...] As a result, the coordination of this programme begins at the federal level and continues through female students. Implementer, WASH sector, Miyo, Oromia

For coordinating the programme there is a **committee that is composed of all shareholder sectors**. When we provide awareness creation, we do it jointly because the messages complement each other. Implementer, health sector, Dasenech, SNNPR

This arrangement is working and improvement is seen recently with external support. It has made coordination possible, but in practice coordination across multiple sector bureaux of equal status remains to be a challenge. Implementer, Health Bureau, SNNPR

### 3.3.4 'Do-no-harm'

#### How has UNICEF planned and implemented in order to 'do-no-harm'?

**Do-no-harm principles were put in place by UNICEF from the programme design stage – including policies both for preventing and responding to harms – and interviewees described clear processes to report potential and actual harms, including early marriage and gender-based violence.** Respondents detailed coordinated measures – education, gender, health, legal and police departments working together to respond to reports of early marriage or gender-based violence. Some participants in gender clubs from the 14–19 age bracket were also familiar with reporting processes for girls at risk of harm. They reported to have received training on risks of early marriage, and gender-based violence. They knew how to report any harm, and were able to share this information with their friends.

**There was some evidence of commitment to do-no-harm principles not only in policy terms, but as an attitude embodied by implementers.** In Dasenech, SNNPR, an area where rates of early marriage and FGM were described as particularly high, implementers shared examples of personal support and contributions in situations where girls have been at risk. These included female teachers offering their homes to at-risk girls, and health workers providing their own vehicle to support child protection visits.

**An additional aspect of do-no-harm was also considered in the nutrition component of the programme.** Implementers explained work they had done in ensuring girls knew how to take iron tablets safely, to avoid potential side effects, or misuse of the medication.

**One final important issue arising from the data was that 8 out of 20 implementers interviewed had no apparent knowledge of 'do-no-harm' as a concept.** As they are from woredas where other implementers confirmed do-no-harm policies being in place, it seems likely that they use other language to describe these processes – child protection, for example. This is an issue that was discussed with team in Ethiopia during development of the interview tools but was seemingly not completely resolved. This therefore constitutes a limitation on the evidence around do-no-harm policies, although case study girls did report awareness and use of channels to report cases of early marriage. This should therefore be an area for the programme to focus on in the future, and for any future evaluation or research work to bear in mind in terms of differences between terminology used by the programme and language on the ground.

*The UNICEF Joint Programme has an approach for avoiding harm. The first strategy is to avoid any situation that could endanger the girls. For example, if someone or the girl's family compels the girl to marry early and the girl reports to us, we will report the situation to the law enforcement, as per UNICEF's programme plan. The second strategy is to protect the girls once an event that could harm them happens. For example, after reporting a case of child marriage to the legal body or a concerned organization, we must protect the girl, her family, her friends, or the individual who reports the case from any injury or threat, as per the UNICEF programme plan. The UNICEF programme also considers who will be responsible for protecting the girls and how they would do it. In the case of the no harm approach, the main aim of this programme is that "no one should be harmed as a result of this programme." So, the UNICEF programme is carried out as planned. Implementer, health sector, Dirre, Oromia*



*Because we signed a memorandum of understanding with the women and children affairs, the police, the judiciary, the attorney and the health office to work together since protecting the rights of girls is everyone's responsibility. We are making an effort. Implementer, education sector, Dasenech, SNNPR*

*I and other gender club members learned how to communicate and report gender-based violence and child marriage. This means if a girl from the school face violence or other problems like if they have a workload at home, they directly come to me and report because I am the secretary of the gender club. Then I tell my teacher who runs the gender club and we give advice for their parents. And those who committed violence will get advice and warning if the case is not serious. But if the case is serious, the girl will transfer the case to the legal affairs office. Adolescent girl aged 14–19, Nyangatom, SNNPR*

*After learning about the consequences of early marriage in school, I become very conscious. If I face similar situations in the future, I know who to contact. My teachers told me that I report to them, and that they are ready to assist me. So, I can overcome any challenges in the future. ADG (10–13)\_DM 1, Pos. 55–56 Miyo, Oromia*

- How does the programme implementation take cognizance of local contextual issues, including community conflict?

**There was a clear acknowledgement across implementer interviews that some components of the programme directly challenge prevailing cultural norms and practices around gender equality, early marriage and FGM, as well as cultural taboos concerning discussing menstruation.** There was some variation from region to region in the impact of these attitudes, and the scale of the challenge this posed to programme implementation.

**However, a majority of implementers also felt that this demonstrated that the programme was responding to contextual issues.** They discussed the risks and harms posed to adolescent girls by existing attitudes to gender and saw the programme as a necessary intervention based on accurate analysis of the context.

Bearing this in mind, implementers outlined measures put in place by UNICEF to ensure that the work was carried out appropriately; these related to programme guidelines and choice of implementers. Programme materials and training manuals clearly set out the need for context sensitivity. Those selected to run activities were required to be familiar with, or preferably from, the local area.

**Interviewees also emphasized the vital importance of building relationships with communities through awareness-raising and sensitization activities.** This allowed implementers to address community and family concerns, gradually seeking to alter perceptions on gender equality and menstruation. Including religious leaders and community elders in the process from the design stage was highlighted as particularly important. Implementers in SNNPR also described altering their process to ensure it was appropriate and responded to cultural attitudes of pastoralist communities.

**The health and nutrition components of the programme were seen as significantly less contentious, and therefore easier to implement, with fewer concerns about the need for context sensitivity.** A small number of implementers reported that framing the programme as a health and nutrition intervention had been a helpful way to allay community concerns.

**While most feedback judged that the programme had responded to contextual issues effectively, there were also some criticisms of the approach at a local level.** In two instances, religious and community leaders had not been included sufficiently in programme planning and implementation, which had exacerbated negative responses to activities. In one of these cases, the implementers recognized this as a problem, and were able to adapt, bringing this important group on-board.

**Lack of community consultation or co-creation also had a negative impact on efforts to improve water supply in schools in Nyangatom, SNNPR.** The use of roof rainwater harvesting was not appropriate for the local climate and level of rainfall. As a result, toilet facilities were not available to adolescent girls.

*The UNICEF joint programme is designed to implement activities that take into account the local context. For example, the programme involves community members, such as community and religious leaders, who are invited to share their ideas and thoughts on the programme. So, to avoid any potential conflict during the programme's implementation, we first discussed with community and religious leaders what the right course of action would be. Implementer, Education sector, Moyale, Oromia*

*To avoid community conflict as a result of the programme's implementation, we provided community orientation with the help of community influencers before the programme's implementation. For example, before we implemented the mechanism of reporting on the issue of gender-based violence, we gathered community members and taught them what gender-based violence is, its negative impacts, and what the country's law says about it. Implementer, WASH sector, Miyo, Oromia*

*To make it relevant to the context, I think it's better to engage the particular community during programme design because all programmes do not work in all areas. However, most interventions came from top-to-bottom. For example, the thing I mentioned earlier about school roof water harvesting could be a good example. This can be prevented if our community was involved in designing the intervention, interventions should be designed from bottom-to-top [bottom-up]. This might result in more sustainable solution to the problems. For example, in our area, it's good to use groundwater or water from the Omo River instead of rainwater. Implementer, WASH sector, Nyangatom, SNNPR*

### 3.3.5 Good practice and sustainability

#### What aspects of the programme are good practice and should be replicated? (S1 4.1)

**There was consistent feedback that all the main elements of the programme were good practice and should be replicated.** Implementers were clear that the gender club model was effective and should be continued and expanded where possible. In particular, they mentioned the provision of sanitary pads, soap and underwear as important. While ultimately lack of and provision of these items is a policy issue for government, requiring advocacy, in the meantime the programme needs to provide materials essential for clubs to operate and programme uptake. Many implementers described the benefits they saw for adolescent girls in terms of improved knowledge and understanding of menstruation, and some emphasized the improved self-confidence and happiness among participant girls. There were a few anecdotal reports of improvements in school attendance and dropout rates, and one anecdotal report of lowered rates of early marriage. However, other interviewees described the increased vulnerability to child marriage of girls who were out of school during the COVID-19 related closures (discussed in section 3.4).

**Implementers especially found the combination of the three aspects of the programme – education, nutrition, and WASH – to be an effective approach, highlighting how interlinked these areas are.** Within this, two elements were emphasized as crucial: investment in water supply to schools to improve the quality of toilet and washing facilities, and provision of iron supplements.

**Participants' feedback echoed that of implementers in confirming that the package of gender club interventions was good practice.** Adolescent girls greatly valued provision of sanitary pads to help them manage their period, along with education about menstruation. They also emphasized the positive impacts on their confidence and well-being of work on gender equality, with many expressing a desire to share their experiences with others.

*First of all, the gender club in the school has to be sustained in the future. Because many students are benefiting from it. Female students recognize gender equality. There is no fear of menstruation; they believe that it is a natural process and they ask for sanitary pads if they see their menstruation at school and go to the safe space for washing and changing the sanitary pad. Implementer, education sector, Raytu, Oromia*

*Supports and motivation given to the female students in the gender club changed my feeling. Our teachers inspire us to be a confident and clever student. They encourage us to be active in our education. My engagement in the drama and other activities helped me eliminate my fear of speaking in front of others. The discussions in the*

*gender club also helped me to know about gender equality which made me feel good. Adolescent girl aged 10–13, Sire, Oromia*

*What the picture below illustrates is that in the middle of the class my period just came and I was shocked. So, I went directly to my teacher for a help and told her what happened and then the picture shows when my teacher try to calm me down. She told me not to worry because there are lots of free sanitary pads which I could use. So, she gave me one and I felt happy and continued attending class for the rest of the day with no problem. Adolescent girl aged 14–19, Moyale, Oromia*

*My thinking has changed a lot since I joined the club. I know now that I should not be shy or get shocked when I see menstruation. I think that I can see menstruation and still be clean and proud of myself. I also think I can teach others what I have learned and also achieve my goal. And I think women are everything: a loving mother, a caring sister and also a wife so women deserve respect. Adolescent girl aged 10–13, Dugna fango, SNNPR*

- What aspects of the programme would need to be modified or strengthened if this was to be scaled up? Why? (S2 4.2)

**Interviewees gave clear feedback that the programme should be scaled up in its current form and expanded where possible to include currently excluded groups.** Both including more eligible girls from participating schools, and altering the programme to include out-of-school girls was recommended. Some participants mentioned that educating boys on menstruation and gender equality issues would also be needed as a next step to improving context for girls.

**The most common feedback on necessary modifications from implementers and from participants was the need for greater investment in school infrastructure to support programme delivery.** Improved water supply and toilet facilities were mentioned most frequently. Interviewees also sought greater investment in building extra rooms for safe spaces, and gender club meetings – and saw that it would be hard to expand without these.

**Another vital aspect mentioned frequently was political support and commitment from local government.** Feedback varied from region to region – in SNNPR, for example, better links to the Women, Children and Families department was seen as important. In Oromia, implementers reported a need for more engagement and involvement at woreda level. Although there was more variation in the department and level where more local government engagement was needed, it was clear that political support and coordination was key to any future scaling up.

**Similarly, interviewees commonly underlined the vital importance of involving the community, and of awareness-raising and sensitization work.** In particular, implementers recommended an increased focus on influential community figures such as religious leaders and community elders. Some participants discussed the gap between their own knowledge of gender equality issues, gained through the programmes, and ideas about gender in the community. They also felt more investment in changing community perceptions would be valuable.

**A final recommendation emerging from the interviews was the need to strengthen supervision and review processes.** This was mentioned less frequently, but some implementers found that more regular reviews should be used at school level to help address any problems in a timelier way and ensure the quality of implementation.

**There was a clear recognition of need for increased budget to achieve any of this, however.** Implementers reflected that this has been a significant constraint on implementation thus far – in terms of the number of girls that could be included in gender clubs, for example. Some implementers therefore highlighted the need to consider sustainable financing options going forwards, particularly if any scaling up is planned, as UNICEF currently funds the programme with no government support.

*I wish to see more girls would join and involve in gender club. I also want to see boys' awareness about menstruation and gender equality improved. So discussion sessions should be organized for boys as well. In addition, I think the services should not be limited to school. I also want other out-of-school adolescent girls who do not have access for gender club to get this benefit just like us because they also suffer from harmful traditional practices. Adolescent girl aged 14–19, Dasenech, SNNPR*

*I wish in the future our club will be more suitable for watching Yegna drama and discuss about it. As you have seen the room is very narrow and doesn't match with the number of students participating in the club. The gender club has 100 members (75 girls and 25 boys). The room doesn't accommodate all of us. Adolescent girl aged 14–19, Raytu, Oromia*

*I need special space in school to change sanitary pads or a place to take rest. We need clean water in the school. There is shower (facility) but there is no water in the school. I want that this gets solved. I want us to get clean drinking water. The shower room has no water. Adolescent girl aged 14–19, Dirre, Oromia*

*My experience could be more complete. I think this could be accomplished by teaching the community. I draw this picture to show myself teaching the community about the negative health consequences of female circumcision, female abduction and gender-based violence which are common practices in my community. I learned about these issues very well but the community still thinks that girls are inferior to boys. In addition, they think that the role of girls is to get married and have children. So, I want to change this through education. Adolescent girl aged 14–19, Dasenech, SNNPR*

- Have capacities been enhanced in front-line service providers and community influencers in order to support the sustainability of results? (S4 4.4)

**The interviews did not provide much evidence on capacity building, and questions about quality of service delivery were not asked to service users, unlike at baseline.** Feedback from implementers was that front-line service providers, for example health workers and clinic staff, were largely effective, and that training offered by UNICEF had enhanced their capacities. Some reported that many providers had worked on a number of UNICEF programmes previously, contributing to their ability to deliver this programme effectively. Others found that the training offered for this specific programme had contributed to the front-line workers' capacities. The evidence did not provide much detail on the ways in which providers' skills had been enhanced, or the elements of training that were most useful. Staff turnover was cited as a problem that would affect sustainability, however, with trained service providers often moving on. Girls were asked about their experiences of and feelings about health service providers at baseline. This will be picked up again at endline including in the quantitative component of the evaluation.

**Feedback on the impact of training and sensitization work with community influencers was more mixed.** Implementers acknowledged that some work had been done to include community leaders in programme, and to bolster their support for the programme's messaging and activities. They also felt that more needed to be done to achieve this, particularly with religious leaders and community elders. The importance of actively considering and reaching these groups in any future programming was emphasized.

*The UNICEF programme is taught to all front-line service workers and community influencers. As a result, they have sufficient capacity to maintain the programme's outcomes. Even before they begin this programme, they have shown significant ability to work with the community and students in a variety of situations, both positive and negative. They've worked on UNICEF joint programme-related programmes and activities before. Overall, I feel they have a high effect on achieving and sustaining the UNICEF joint programme's outcomes. Implementer, WASH sector, Miyo, Oromia*

*There is a good start in this regard, for example, we tried to include elders, religious leaders and Aba Gadas who are influencers to be part and parcel of the joint programme. But the extent of their involvement is less and we will do more in the future. Implementer, health sector, Raytu, Oromia*

### 3.4 Change pathways

The midline process evaluation allowed for a deeper qualitative investigation into the ways in which implementers, girls and caregivers are experiencing and responding to the programme. The set of questions on change pathways has also allowed us to capture any signs of early changes as a result of the programme that can be investigated in more detail through programme monitoring and evaluation and in endline evaluation. Because of the stage of implementation, there is more evidence on the menstrual health and hygiene (MHH) component of the programme and that balance is reflected here in the presentation of findings.

#### 3.4.1 Knowledge and attitudes

Have there been increases in knowledge and improved attitudes and behaviours of family members related to adolescent health and nutrition? What changes? How and why? (R4: 1.4)

**Interviews with implementers, girls and guardians all point to positive outcomes already in terms of improved knowledge and understanding of MHH, by both girls and their families, as well as the impacts of harmful practices such as early marriage, FGM and heavy domestic work on children. This is through girls participating in gender clubs and directly sharing this information with family members.**

Interviewees – implementers, guardians and girls – reported increased confidence in girls along a number of dimensions, related directly to gender club participation. Implementers described improved self-confidence of girls and a reduction in fear of the menstrual cycle, hand-in-hand with improved knowledge and awareness of menstruation challenges. Younger girls reported that they are more prepared for menarche. Interviewees described less fear and, in line with the baseline, acceptance of menstruation as natural and described by some as ‘a gift’.

*I think that other girl students need to be active participant in the clubs like me. Because when they participate in clubs, they can be cleverer. And they will be aware how men can abuse girls. Because the education that we get from different clubs may not be found in the formal learning and teaching process. When I saw menstruation for the first time, I was in the school but I was not shocked since I learned about it in the clubs. Then, I ask my teacher to give me pads then she showed me how to use pads and I used it properly. I think should not be shy because we girls have separate toilets and we have also separate rooms that we can use to take rest and to change pads. I consider myself lucky, because everyone including the government gives us the privilege to motivate other girls and women. And am eager to learn and I know the biological difference between boys and girls. And I think menstruation is a natural gift for women so I know I should not be scared of it. Adolescent girl aged 14–19 Nyangatom, SNNPR*

*From my observation, she started to think that menstruation is a natural phenomenon in every woman. They showed her how to use menstrual pad and now she knows she can use one whenever she needs it. She also knows about early marriage and abuses women face. She also started to think that girls can protect themselves from any sexual violence. Parent of adolescent girl aged 10–13 Nyangatom, SNNPR*

*The programme is well-adapted. The programme provides a lot of advantages. Due to this, the girls, their families, and their teachers have observed and understood the programme’s benefits. For example, the family is contrasting their daughters’ previous behaviour or knowledge with what they have currently. So, they understand the significance of the programme for their daughters. Even the girls are adopting the programme and telling their families about their experiences. Implementer, water sector, Miyo, Oromia*

*The programme meets the basic needs of the participants. They refused to get married or mutilated so they come to school and tell what is happening in their houses. This is the result of the awareness creation and training works which were given to the beneficiaries in collaboration with other sectors. Again, female students need separate toilet and safe rooms to take rest and change pads. And the programme is all about addressing these needs of the students. So we can say that the programme meets the need of the participants. Implementer, education sector Dasanech, SNNPR*



**Girls' improved understanding about what is happening when they menstruate also appears to contribute towards greater confidence to ask for things like toilet breaks, sanitary pads or pain relief, so that their needs are met.** Teachers have been key to this, in helping create a supportive environment for girls.

*I used to not talk about my period in front of my friends and family. I used to also get terrified to ask permission from my teacher to use the restroom. I sometimes feel sad that all this has happened to me. However, after learning about menstruation in school, I knew what it is and why I am experiencing it. Now, when I need to change my pad or take a break, I ask my teacher for permission and leave the classroom. This makes me happy. Besides, I now know what an iron tablet is and what it can do for me. Adolescent girl aged 14–19 Dirre, Oromia*

*After I joined this gender club, I started to use sanitary pad regularly and properly. My teachers and club members influenced me to do this. When my period came during class time, I was able to go to my teacher and ask for a help. She motivates me to feel free to ask anything I wanted. She gives me sanitary pads too. The fact that I am a member of this club helped me to understand menstruation better, that it is something natural and to take care of myself better when I am on my period. Watching 'Yegna' drama influenced me that I develop better awareness about menstrual cycle. Taking weekly iron tablet helped to avoid abdominal pain when I am on my period. I was also told that it can be used as a supplement to food. Adolescent girl aged 14–19 Miyo, Oromia*

*She got new knowledge that she did not know before. She freely asks for help from her teachers, starts expressing her thoughts, and became confident. Learning about all the things about adolescents, menstruation, and menstrual pads helped her to get new knowledge. Guardian of adolescent girl aged 10–13 Kebridahar, Somali*

**Overall, improved knowledge and understanding of menstruation appears to be contributing towards the more supportive environment for girls in schools. There also is emerging evidence for some shifts in attitude, with ridiculing girls about menstruation becoming less acceptable.** Access to sanitary pads means girls are no longer as vulnerable to taunts from boys and other girls for having menstrual blood on their clothing.

*The first drawing is a boy, this means boys in their school used to tease and laugh at the girls during their menstruation time when it shows in their cloths. This used to happen to the girls before they joined gender club and start using sanitary pad. The second drawing shows a clean girl who keeps her personal hygiene and who is not laughed at. Adolescent girl aged 10–13 Daru Lebo, Oromia.*

*Previously, when a girl's period touches the school uniform, the entire class would laugh at her. However, after learning about menstruation, I realize that instead of laughing at that girl, we should be supporting her. So, I have now understood that girls and women need assistance during their menstruation. In my opinion, menstruation is sign that a girl or a woman has a very good health. If a girl or woman is not seeing menstruation, she will not be able to have a child or a baby. Learning about these things gives me hope and happiness. I learned that menstruation is a natural gift and it is not a dirty thing. Previously, I had no idea what an iron tablet was. But now that I've received the iron tablet, I very much understand what it is. ... I am a positive girl now. I developed good communication skills. My desire to learn has increased a lot. Before, I joined this programme I used to get angry with no reason. I don't respond positively to people when they talk to me. I used to behave badly. After I joined the programme [the gender club], my behaviour has completely changed. I could easily communicate with my classmates and my teachers. I respond to people with smile. At home when my family saw my sanitary pad and laughed at me, I use to get upset. But now I tell them about the benefit of using sanitary pad. I tell people not to laugh at girls and I explain why. I tell them that menstrual cycle is a normal and natural process. I advise them to help their sisters became friendly to others. I and my friends tell the boys not to laugh at girls when they notice that they are on their period. Some of them don't want to hear you. But we discuss with those who are willing to hear us. I also help girls to overcome their fear. Adolescent girl aged 14–19, Dirre, Oromia*

**Girls who participate in gender clubs feel it is important to share the knowledge they have gained with non-participants. This includes not only their peers who are not attending school, but also their mothers**

**and other female family members.** Many interviewees described girls sharing knowledge about menstrual cycles gained from attending gender club and being able to talk about menstrual issues with other female family members such as mothers and sisters, in a way that was not possible before as girls felt shame, with the subject seen to be ‘taboo’. One interviewee described the value to the whole family of their daughter attending gender club, pointing to promising secondary benefits/ spillover and the effectiveness of gender clubs as a ‘way in’ to the wider community:

*She told me that it could be harmful to have a baby at less than two years interval, so I changed my mind and now I have no interest to give birth in less than two years interval. For that I got the motivation to start using family planning methods. I am now more encouraged to talk to my daughter on several issues. I feel that participating in gender club is important for everyone including the family of the gender club members. Mother of adolescent girl aged 14–19 Dirre, Oromia*

*1a. What she was like before: She used to feel ashamed to talk about menstruation. She didn’t even talk to her elder sister. Actually, I didn’t tell her about the changes which are expected during adolescent. I have never told her or her elder sister about menstruation because of our culture.*

*1b. What she is like now: She is now able to initiate discussion with her sister about menstruation and other changes which are expected during adolescence period. She also told me that she learned about how to use menstrual pad in the gender club. She started teaching her little sister whose age is 10. Guardian of adolescent girl aged 10–13 Nyangatom, SNNPR*

*Her engagement in the gender club has a huge positive impact on her. She always tells us things we do not know earlier. She tells us about the knowledge and the skills she got from her school and gender club. I feel amused when she advises adults like us at this very young age. All of these is because of the encouragement from her teachers and her membership in the gender club. Guardian of adolescent girl aged 10–13 Ayantu-Rayitu, Oromia*

*Her involvement in this gender club also helped me to change the way I think. It made me more transparent with her. I used to be silent, but now I teach her openly. I think I have learned some things from her. For example, I learned when a child is conceived following a period. I also learned about use of sanitary pad and good hygiene. I think she should continue involving on this programme (the gender club) because it changed her a lot... It made me happy. If she hadn’t taken this lesson, she wouldn’t have taught me. She went there (to the gender club) and learned, and she brought it to me. The use of sanitary pad has made a huge difference in my life I was not serious about using sanitary pad until she told me about it. My communication with my daughter also helped me to use modern family planning. Generally, I became more aware of these things and I am very happy for this. Code: Mother of adolescent girl aged 14–19 Dirre, Oromia*

*Before my daughter starts participating in gender club, I was not familiar and never used sanitary pad. But now because my daughter brought sanitary pad from school, introduced me with it and showed me how to use it, I started buying sanitary pad from the nearest city and use it for myself as well. By using sanitary pad, I now keep my personal hygiene all the time. Mother of adolescent girl aged 10–13, Daro Lebu, Oromia*

*My girl also teaches me a lot. For example, the medicine (iron tablet) given to my daughter was the same medicine given to me during my pregnancy. She told me that these tablets help replace blood loss during menstruation or birth. So now I see how important it is to listen to my girls’ advice. Is it me or my daughter who is older? I’m the older one. However, she is growing in her understanding of things, much faster than I am. Education is the reason behind this. So now I realized that education can improve my ability to think, like my daughter, I always wanted to learn, but I am unable to do so because I have lost my mother. My children, on the other hand, are all learning now. Allah be blessed. Father of adolescent girl aged 14–19 Moyale, Oromia*

**Reported improved communication in families related to menstruation has led to greater understanding and increased well-being overall, and improved family relations.** Many guardians interviewed described improving their own behaviour towards their girls, highlighting closer relationships developing between girls and guardians since gender clubs started. One mother stated:

*Understanding what girls are capable of doing and including the fact that being a girl doesn’t prevent us from reaching our goal, I become interested in my girl’s growth and became very close to her. Our intimacy is amazing. It made me love her even more. I also started respecting her decision. I become more intimate with her. I love myself because of her. Surprisingly her education changed my behaviour a lot. I used to not allow her to go to the*

*club before, now I motivate her to go there regularly. After she started explaining to me what they are doing at the gender club- for instance they learn how to use sanitary pads, keep their hygiene, in addition to the school providing free sanitary pad, underwear and soap, I become totally supportive. Our kids don't have to pass through what we have passed. [Mother of adolescent girl aged 14–19 Miyo, Oromia](#)*

Interviews also suggest that strengthened relationships between mother and daughter may relate to a shake-up in awareness of gender roles and norms within the household and attempts towards treating sons and daughters more equally. One mother described how she has been reflecting on her own childhood and as a result striving to improve things for her daughters. Many guardians remarked on girls growing in confidence and voiced pride in girls' increased confidence and independence as a result of participating in the gender clubs:

*During our childhood times we girls were very shy and want to hide ourselves but when I saw my daughter on the stage when she teaches about how to use menstrual pads, creating awareness for other girls my eyes fill with tears. I am so happy and proud of her. This is what she got from the clubs. She is confident and independent. [Mother of adolescent girl aged 14–19 Nyangatom, SNNPR](#)*

The father of an adolescent girl aged 14–19 described their improved relationship:

*We have a mother-daughter relationship. We have now a better and stronger relationship than before. I am eager to hear about my girl's experience of menstruation. So now she talks to me about her menstruation and I also understand what she's going through. We are now getting closer to each other and developing positive relationships. [Father of adolescent girl aged 14–19 Moyale, Oromia](#)*

*Previously, I often got angry and spoke loudly when she talks to me about menstruation. I used to tell her, "We will discuss when you reach that stage..." It was a mistake I could have talked with her. Now I am talking to my younger daughter about those issues. We discuss a lot within our house these days. It could be any family related issue. [Mother of adolescent girl aged 10–13 Ayantu-Sire, Oromia](#)*

*I advise her about her future and I always give her extra time to study. I always make sure that she has equal opportunity as her brother. I don't overburden her with extra jobs at home and allow her to play sometimes and encourage her to explore her hidden potential...The culture I grew-up put a heavy burden on women. Women were only expected to do domestic work and they don't go beyond that. Because of this I used to put pressure on my daughter while giving better privilege for my son. I allow him to play and protect him not to do work at home. But now, my thinking and behaviour has completely changed. So, I now treat them equally and given them equal opportunity and privilege. At home, I divide the jobs equally between them. For example, when he is washing the dishes, she cleans the house etc. I couldn't ignore her ideas anymore. We discuss and make decisions together. I recommend such education and training for other girls and even for boys as it is very important to work together to remove the barriers women face in our society. [Mother of adolescent girl aged 10–13 Ayantu-Rayitu, Oromia](#)*

*She influenced me to change my thinking. I remembered my childhood; I was not confident and I was shy to talk about menstruation. Now, I am thinking that I should not allow that my daughter because this time is not the same as those times in the past. I started to listen to her and give myself time to discuss issues with her. I learned not overload her with domestic work. In the past, our parents didn't give us their time and didn't listen to our problems. They used to shout on us. They didn't allow us to express our feelings. As I told you, I was unfairly treating the girl in our neighbourhood who became pregnant accidentally. It was only after Umalkayir joined the gender club, I started to approach her and treat her well...I feel motivated to spend time with her and discuss about gender-based violence. Now I become interested to join Umalkayir in community awareness creation. When she told me about her friend who was a victim of child marriage and who was forced to drop out from school, I became more interested to fight for such causes. There is a cultural problem in our community; the community doesn't want to educate their daughter. Most parents use their daughter for marriage and to collect bride wealth. [Mother of adolescent girl aged 14–19 Ayantu-Rayitu, Oromia](#)*

**There is some evidence for increased support to daughters to prioritize their homework and studying over domestic chores.** Alongside parental support, girls also reported that they themselves were more focused on their studies, and perceived improvements in academic performance and attitude as a result. Parents described treating sons and daughters equally as a result of the programme, taking care not to



overburden girls with domestic chores, although there still remains some tension. Increased confidence in girls, coupled with the ability to more comfortably manage their periods in the school setting, suggests they may be more likely to push to go to school rather than stay home to help with domestic chores if asked.

*For instance, if I told her to do certain things at home, she didn't refuse to do them. She didn't challenge me when I allowed my boys to play and denied her permission to do the same. I know I made a mistake there. Now, she speaks about gender equality and she always reminds me to treat her equally with her brother. She tells me to equally share domestic activities her and her brother. So I appreciated it and I even want to share this with other parents in my neighbourhood.* [Mother of adolescent girl aged 10–13 Ayantu-Rayitu, Oromia](#)

*Now, she is studying and doing her homework and she is using her time effectively. As you can observe, here we are busy and now we are collecting our harvests from the field and we need the support of our children and even our neighbours. Before Beza joined the club and became aware of the importance of her education she could get absent and help us at home. But now, she tells me that she can only help us over the weekends and after school. Yet, she is still supporting us and she is taking care of her little brother too. I am happy about that. Now I am starting to think of her future and her success in her education.* [Guardian of adolescent girl aged 10–13 Ayantu-Sire, Oromia](#)

*The Rural School programme as a whole is a very good initiative. Students' involvement is charged with strong emotion and enthusiasm. In some areas, watching TV shows was a first-time experience for the students. There are also students who learned how their cultural practices, which they thought universally acceptable, were wrong for the first time. For instance, sharing domestic tasks between brothers and sisters. Students reported that they learned from the Yegna drama (from the brother and sister characters) for the first time that boys can do tasks that are culturally assigned to girls (like making cow dung cakes for domestic fuel supply).* [Programme implementer KII](#)

*[Since the programme started] I respect girls and I believe girls are equal with boys. So, I treated my daughter equally with my sons. I believe girls should be independent so I need my girl to stand for herself. And also I want girls to be sociable so I help my girl to build communication skills. I support her in her activities and participation in the clubs.* [Guardian of adolescent girl aged 14–19 Nyangatom, SNNPR](#)

*She asks me or her mother permission to go to the gender club. I don't mind allowing her to go there because she goes with her friends. I also don't want her to miss the club but we need her to help us at home too...I understand now how my encouragement and support is key to my daughter's achievement. Who is disadvantaged if I refuse to let her join the club? It is both me and my daughter. She would benefit herself and myself if she learns something from the school club and progresses herself to a higher level. When she first asked me to attend her club, I refused because she had to assist her mum with some chores at home. But now, my daughter is happy because I allow her to attend the club. I understand that if I allow her to join the gender club at school, both of us would benefit. Females were not allowed to attend school previously. However, we are watching television these days and my children have taught me a lot. My daughter also tells me about what she has learned at school. I do now recognize the need of educating girls for the sake of having a healthy family and country.* [Father of adolescent girl aged 10–13, Miyo, Oromia](#)

*I observed that my daughter has gotten matured even though she is still quite young. For example, if she doesn't see a good face on me, she won't approach me and shared her problems with me. She might go for someone else instead. So I want to keep a positive face as much as possible so that she is comfortable to talk with me. Previously, I have never discussed about menstruation or any other topic with my girl. But now since she wants to talk about it with me, I am willing to talk with her too. I explain to her what she needs to do during her period. She also expresses her emotions including the pain she experiences during her menstruation. So now I'm talking to my daughter about menstruation. Now I'm giving my girl advice because she needs to get advice at this age. She behaves well most of the time but if I noticed something wrong, I approach and advise her a fault in her. She now had a lot of needs and interests and she may get into wrong things to meet those needs. As a mother, I must do counsel with her. I give her permission to go to the girls' club when she asks because I have noticed she is learning a lot in that club. Even though we have a lot of work at home, I don't want her miss on the club or school. As a good mother, it is my responsibility to encourage my daughter to do well on her education. So I'm encouraging my daughter to finish her homework first and join the girls' club. Previously, the community used to say that "education has no value for women." However, educated women are now leading the country. "Be the president of Ethiopia, Sahilawerk Zewude, your model," I tell my daughter. "She, too, is a woman. You will be like her if you learn." So now I'm encouraging my daughter to grow into a strong woman.* [Father of adolescent girl aged 14–19, Miyo, Oromia](#)

**Guardians reported improved knowledge and understanding of impacts of early marriage on girls' health as well as the needs of girls during menstruation.** Guardians also reported some increased awareness of importance of balanced diet and nutritious food for their children's development:

*I also realized that a balanced diet (nutritious food) is very important to be healthy. It is important for healthy mental and physical development of children and I am now very conscious of this to provide for my family. The lessons and experiences I got from my daughter alerted me about raising children with confidence and I am eager that my girl brings additional knowledge to the family in the future as well. ADG10–13DM, Pos. 90 Ayantu-Rayitu, Oromia*

*My father and mother also contributed a lot for my experience. Since my father provides me books when I ask him to buy and he always motivates me to be a clever student. He also buys me menstrual pads. My mother also treats me well and encourages me to ask her anything that I want. Adolescent girl aged 10–13, Dugna fango, SNNPR*

*I understood now that iron tablet is essential for my daughter. I started to believe in the importance of discussion. I talk to her now like my sister; our relationship has improved as a result. Mother of adolescent girl aged 14–19, Miyo, Oromia*

*I am very comfortable with my daughter participating in the club because I know they teach her good things. I believe now that discussion about menstrual cycle is very crucial. I think that girls or women should or must be given a special attention. I also think that the iron tablets are very important for my daughter. Mother of adolescent girl aged 14–19, Moyale, Oromia*

**Increased awareness of what constitutes abusive behaviour by men towards females was reported by younger and older girls.** Both guardians and girls described improved knowledge and processes for reporting gender-based violence and other damaging practices (part of the 'do-no-harm' principles designed into the programme), improved awareness of the potential detrimental effect of early marriage on girls' health and as a barrier to education. Once again, the importance of family support for good outcomes came out strongly in the interviews.

**One interviewee, however, described a potential backlash against girls who do things differently, with some tension between girls who attend gender club and those who do not.** This may be minimized by increasing programme coverage and including all girls (and boys) in a school, although for some girls they may not have the necessary permission to attend from their guardians. This illustrates the importance of thinking about the wider ecosystem – peers, family, community – of support needed.

*My classmates started to distance themselves from me while we play at school and during class group discussions. Because they are worried that I will perform better in class than they do. They aren't members of the girls' club. So they tease me when I go to a special room to change my pads and rest during my menstruation cycle. This makes me hesitant/afraid to go to a special room.*

*My stepmother increased the load of work on me and refused to let me go to the girls' club. When I'm getting ready to go to school or the girls' club, she always tells me to finish my homework. If I refuse to obey her orders, my father gets angry. My father tries to persuade me not to watch 'Yegna' television. During the Yegna programme, he always tells me, I should rather do my homework.*

*When I go to school by myself, the boys in my village throw verbal comments at me. Our village girls always walk to school in group. My friend, is not living close to where I live, so I go to school or to the girls' club sessions by myself. Then, there are always the boys in the neighbourhood who constantly verbally harass and irritate me. My family has refused to accept my suggestion for them to help me improve my experiences with the girls' club. Unfortunately, they're all so busy with their jobs and they instead insist that I assist them with their homework. They don't care if I join the girls' club or not. However, I enjoy watching Yegna television programme at school. Adolescent girl aged 10–13, Oromia, Miyo*

*Adolescent girls and the community are benefited most. As I said earlier, educating girls is educating the community. Sending girls to school and attempting to create a comfortable environment for girls in school so that they are not ashamed of their periods, as well as trying to avoid child marriage and gender-based violence. The*

*teachers also try to understand and support girls when they feel sick or have their period. But previously, these students were bullied when they had a period incident. Also, both the girls and other students have more information now. Implementer, education sector Kebridahar, Somali*

**At the community level there is some increased awareness and understanding of specific nutritional needs of women, but this is at an early stage of implementation and there is still some way to go.** One notable change as a result of the programme is a shift in knowledge about iron supplements – going from communities seeing these as a medicine and somehow potentially harmful (for example, one fear expressed in some interviews was the former belief it would cause infertility) towards viewing iron as a food supplement.

*Previously, members of the community did not consider food to be medication. They recognized the iron tablet as medicine after taking advice on how to use it. They also didn't seem to mind or understand why women require more healthy diets. They completely grasped why females require more healthy diets after the weekly iron tablet programme was implemented in the classroom. Even though most pregnant women are given iron supplements, they are unsure why they should take them. They had finally grasped the benefits of receiving iron tablets. So the UNICEF joint programme is gradually raising community awareness. This community is likewise eager to acquire knowledge from this programme. The UNICEF joint programme on nutrition and health is relevant in the context of the community. Implementer, health sector (nutrition), Dirre, Oromia*

*The attitude of the local people is changing and it is promising. Now they accepted the idea of gender equality and started working in that direction. But still due to our limitation to reach all, there is still an intervention gap to be addressed in the future. With regard to nutrition and balanced diet, people have got a good understanding but a lot has to be done in the future. Implementer, education sector, Raytu, Oromia*

*As far as I know, there is nothing done related to nutrition, but this programme tries to change things that the community accepts as good culture. Through repeated meetings and by establishing gender clubs in schools, the community is changing in a good way. It really helps these woreda (Kebridahar) girls. Implementer, education office, Kebridahar, Somali*

### 3.4.2 Access and use of services

**How is the programme increasing adolescent girls' use of youth-friendly health services? How and why? (ES1. 2.1) For whom? If not, why not?**

**Evidence from the midterm process evaluation suggests gender clubs work well as a point of access for young people (girls) to youth-friendly health services.** This focuses mainly on menstrual health and hygiene, access to sanitary pads and iron supplements, but also encompasses information about nutrition as well as messaging about gender equality and damaging social norms. The clubs receive good support from teachers as well as support from parents in allowing girls to attend. Many interviewees reported that, through attending clubs, girls are becoming more confident, which forms a foundation for ensuring active participation in the programme, leading to desired outcomes.

*Her teachers and the gender club will take the most credit for the changes. When she returns home from school, she tells us she learned many things in the gender club. Her active participation in the gender club and the guidance and advice from her teachers enabled her to develop self-confidence. We also allowed her to attend the programmes in the gender club; I didn't prevent her from attending the gender club. As parents, when she asks for any support, we cooperated and supported her because the benefit is for all of us. We are also benefiting from the changes in her attitude and the knowledge she is bringing home. Guardian of adolescent girl aged 10–13 Ayantu-Rayitu, Oromia*

*I'm competing to be a rank student in my class. My father assists me with my studies by asking me questions based on what I've learned in class. Additionally, my father gives me permission to attend the girls' club. My*

teachers also helping me to be more confident. My teachers allow me to participate in various programmes of the girls club. Reading poems in class and in the girls' club, for example. Adolescent girl aged 14–19, Dirre, Oromia

My teachers' effort in the gender club played a great role. They encourage me and appreciate me for my participation in the club. My parents also encourage me to participate in the gender club. As a result, I gradually began to enjoy my engagement in the school. Adolescent girl aged 14–19 Ayantu-Sire, Oromia

**Much understanding is gained or reinforced through watching the Yegna drama.** The TV show appears to be a big success: girls cited the TV drama as a good source of information, viewers identify with the characters and enjoy watching. The obvious constraint is lack of access to television sets or electricity constraints in school. Some interviewees reported not having enough time to discuss the drama afterwards.

Watching 'Yegna' drama helped me change my thinking. After I started to watching 'Yegna' drama I came to understand that menstruation is a natural thing. I let go of my fears and even started helping other. 'Yegna' drama teaches about menstrual cycle, child marriage and male and female equality. Adolescent girl aged 14–19, Dirre, Oromia

I think watching 'Yegna' drama influenced her. The characters always communicate with their friends and mothers on the show 'Yegna'. That part changed her perspective and her attitude. She has learned a lot from that drama. She took vaccine and other drugs for anaemia which is given for female students after she watched this drama. I myself was sceptical about those drugs. Then she showed me the prescription and I allowed. So, she took that drug after watching the 'Yegna' drama. So the experience she got from 'Yegna' drama helped her a lot. Guardian of adolescent girl aged 14–19 Miyo, Oromia

The project is fully accepted by the target groups. Out of the 9.8 million viewers, 89% are frequent viewers, watching episode by episode. They know the characters and associate themselves with the different characters. Based on an internal impact assessment of season 1–3 in June 2020, because of watching the programme, about 78% learned new things; about 49% talked about the topics addressed by the drama with another person, about 42% investigated about something new from other people, the Internet, etc. to increase their knowledge. Per thematic area, comparing viewers from non-viewers, the difference in knowledge, attitude and practice is big – by 23–37 percentage points depending on the issue (nutrition, hygiene, etc.). KII programme implementer

3a. What my experience could have looked like/felt like if it was better. I draw this picture because I think all girls will benefit if they watch the 'Yegna' programme. So, it would have been better if we have television in our school so that girls and boys can watch the programme during our break time. Most of the students do not have television in their home, so they can't learn from the programme. I like the drama because it gives a lot of education and it is a lot of fun as well. Adolescent girl aged 10–13, Nyangatom, SNNPR

I don't watch the 'Yegna' television programme because I don't have television. Adolescent girl aged 14–19, Dugna fango, SNNPR

**Access to sanitary pads and health benefits from taking deworming tablets and iron supplements have had positive impacts on girls' well-being.** However, some supply chain constraints were reported during the implementation period up to the time of the evaluation data collection, partly related to political instability, affecting access to these services. Improved knowledge and understanding of iron deficiency and the purpose of iron tablets has been strengthened by the demonstration effect of teachers and health workers also receiving and taking iron supplements. Girls reported they felt better once they started to take the supplements. Some interviewees suggest it is still early days in terms of beginning to see changes in behaviour related to nutrition. However, others suggest some promising emerging changes in hygiene and family planning.

I was not so happy about my daughter taking the iron tablets because the people in our village told us that "the tablets made them infertile." But health extension workers have explained to us about the iron tablets and I

*allowed my daughter to take the tablets since then. In fact, my daughter is highly motivated and often takes water with her if she is about to take the tablet at school. Father of adolescent girl aged 14–19, Moyale, Oromia*

*The education and provision of iron tablets helped me to have knowledge about my health status and what I needed to be healthy. I had dizziness and blurred vision due to anaemia, before I took these tablets. I thought it was a genetically transmitted disease. Having education about iron helped me to change my thinking around this. I was also surprised that after I taking this drug, my health returned back to normal...After I started using free menstrual pads, I'm felt free to play with my friends, laugh and smile. I am also no longer angry at my family and teachers when they ask me to do something. I obey them happily. I live in peace with my family now. I am no longer scared to leave my sit and walk while on my period because I use pads and my period will not touch my clothes. I started to like myself because I can be neat the whole time of my period because I am using pads. I feel free. I am now able to go to the Mosque because of the free pads. After getting training on menstruation on how to keep myself clean, I started practising good hygiene. Since I started to use deworming tablets, I am eating well. Adolescent girl aged 14–19, Dirre, Oromia*

*As I said before, supply chain problem is a big problem in our context. To achieve the aims of the programme the necessary materials have to be made available to us. Regarding supply chain there is a problem at all levels, including UNICEF. Implementer, health sector, Moyale, Oromia*

*With regard to nutrition, there is a change and we have been playing a leading role for the community to have a nutritious food to lead a health life and become productive. But a lot of assignment is in front of us to make it more fruitful as the change brought on gender equality. Implementers, health sector, WASH, Raytu, Oromia*

**The most serious impediment to being able to follow through on activities and practices encouraged by the programme is the lack of continuous water supply.** As well as shortages of resources for gender club, other resource constraints in schools reported by interviewees include books and general school supplies. One girl voiced fears about lack of adequate security of school buildings that threatens their store of gender club materials.

*We need extra menstrual pad in the store because sometimes they used to tell us that they finished pads when girls ask for them. I and other students need sustainable water supply in the school. Again, I want to take additional trainings to upgrade my knowledge. Moreover, we students need additional books that we can refer to in addition to what we have learned in the class. And there is shortage of class in the school it would be nice if we have extra class. Adolescent girl aged 10–13 Dugna fango, SNNPR*

*I wish to have continuous water supply for the toilet and rest room. The other thing is about the school fence. Our school do not have fence so a thief can easily get in and steal many things. For example, thieves attempted to break our special centre that we use to change menstruation pad. They brock the door and stole few things. I wish that the school has a safe fence so that we feel safe. Adolescent girl aged 10–13 Nyangatom, SNNPR*

**Access is also constrained by lack of space in schools to be able to provide adequate safe spaces.** Combined with the lack of water supply, this means it is difficult for girls to change and dispose of sanitary pads, which undermines programme implementation and achievements. Limited space is exacerbated by COVID-19 restrictions but appears to be a long-standing issue even without the challenges posed by measures to deal with the pandemic.

*There are some gaps in the implementation process. For instance, we have safe space with all the facilities only in two schools. Therefore, it is difficult to apply all the menstrual health management services if schools don't have safe spaces or rooms that can be used by adolescent girls. We have shortage of rooms in almost all schools. We have also shortage of inputs and budget that limit the implementation of the programme. Again, the programme is mostly implemented in schools but the schools in rural areas don't have enough access to water supply. So in some schools,*



*water is transported by car to solve the problem. But the schools need permanent access to water supply. Implementers, WASH, Dugna fango, SNNPR*

*But schools that are found in rural areas do not have extra rooms that can be used as safe spaces. Because when schools were built there was no plan to build safe spaces in the schools. Let alone for safe space, there is no enough classroom for the formal education. Implementers, WASH, Dugna fango, SNNPR*

**Interviewees reported early signs that the provision of safe spaces for girls, where available, as well as menstrual pads have already reduced absenteeism, (SNNPR, Somali).** This sounds promising but needs to be backed up by monitoring data and in subsequent evaluation. Knock-on effects of improved school performance have also been reported. For example, one mother interviewed suggested, *“She now knows what to do when she is in her menstruation time. She has improved her performance in school nowadays.”* (ADG (10–13)\_DM, Pos. 67–68 Daro Lebu, Oromia). This also needs to be verified with data, because evidence suggests that provision of pads alone do not impact on girls’ educational outcomes.<sup>8</sup> This could be investigated further during implementer monitoring and evaluation and at endline. Involvement in gender club, and the messaging about gender equality has also been linked to girls’ increased motivation towards their studies.

*Answer: Adolescent girls have benefited. All awareness creation activities helped to impart adequate knowledge about changes which occur during adolescence. Provision of free menstrual pads also helped girls who could not afford. The safe space has also contributed to the prevention of school absenteeism, Implementers, health sector Dugna fango, SNNPR*

*Because of child marriage and parents’ influence, girls were forced to leave school. After this gender club is established, we have got good knowledge so that girls who previously withdraw from school can get back to school. Adolescent girl aged 10–13, Kebridahar, Somali*

*In general, after joining the club she became a different person. She became a clever student. She started to give more attention for her education. She became a very confident girl. She got also trained in different reproductive health issues. For example about gender-based violence. She became respectful person. She obeys me and her sisters. Adolescent girl aged 14–19 Dugna fango, SNNPR*

**The midline process evaluation interviews suggest that certain groups have been excluded so far from accessing the programme, notably out-of-school girls and girls from nomadic pastoralist families.** The lack of out-of-school component was highlighted as a gap by both implementers and participants, with the need very apparent from the ground (woreda) level. The manual used in the gender groups is tailored towards the school delivery mechanism, whereas the out-of-school context needs to take into account the lower likelihood of women and girls being able to read and write and additional domestic responsibilities constraining their availability/free time (KII programme implementer). Schools in remote rural areas are also more likely to be excluded due to transportation problems, despite programme focus on remote and hard to reach areas, whether lack of access to transport or insufficient resources provided by the programme for implementers to pay for public transport, for example a *bajaj* (Tuktuk taxi), in remote rural areas. This makes it difficult for follow-up. In addition, remote areas are more likely to have disruption in supply of materials. Interviewees described people moving around, including women and young people for trading and marketing, as a barrier to engagement and participation. For nomadic pastoralist families, movement is further exacerbated by resource pressure, especially lack of access to water.

*The second issue is that no structure has been established and no plans have been made to monitor people who are participating in this programme, such as girls. Girls who are not regular students such as weekend and night*

<sup>8</sup> Calder, R. July 2015. Bloody Myths: Why I Don’t Think Sanitary Pads Impact Girls’ Educational Outcomes. Blog post. <https://www.triplepundit.com/story/2015/bloody-myths-why-i-dont-think-sanitary-pads-impact-girls-educational-outcomes/32926>

students are likewise ineligible for this programme. Due to budget constraints, like the out-of-school girls, we lack a systematic approach to keep track of non-regular students to the UNICEF joint programme. The reason for excluding female students who are not above 10 years age stems from the UNICEF programme's goal. The goal is to improve the nutritional, hygienic, and educational status of girl students age between 10–19. Implementers, health sector (nutrition), Dirre, Oromia

We pick female students above the age of 10 years based on these [student record] books. Students who are not of reproductive age [adolescents] or who learn in weekends or at night are, on the other hand, excluded from the programme. Because the UNICEF-supported joint programme is aimed only at schoolgirls who attend classes in the regular programme. Weekend and evening students are not eligible. Implementers, education sector, Moyale, Oromia

The women and adolescents trading or marketing movement is one big barrier for engagement and participation. The other is lack of access to water supply. I hope when the health development army starts functioning well in gathering the women together for discussion, it will help in reducing those problem. Implementers, health sector, Daro Lebu, Oromia

For example, 10 schools participated in the UNICEF joint programme for the first time during its implementation. The schools were then reduced to five due to budget cuts. The majority of schools are located far apart from one another and from the woreda administration. Because of the distance, supplies are not dispersed evenly throughout the school. The nearest schools are receiving supplies on schedule, as well as a variety of goods and services. Because they're nearest to the woreda office. This indicates that we have transportation issues for implementing the programme in each school. A shortage of resources is also a key barrier to the programme's implementation. Most of the time, the girls have trouble using the girls' toilets and special spaces due to lack of water. We also don't have enough money to hold coffee ceremony for the girls before they get their iron tablets. SSI Implementers, water sector, Miyo, Oromia

Do you think anyone misses out, who should benefit? Who? How? Why? In what circumstances? Yes, there are schools that are not included in the programme because they are far from the woreda centre (Kebriahar). There is a lack of transportation, and children herd cattle during the day, so they miss classes. If we get solar light, we (education office) propose giving classes at night because the teachers live nearby. Implementer, Education Office, Kebriahar, Somali

The interventions are not implemented in all schools. There are many schools that have not benefited. There are rural schools which have vulnerable girls but could not be included because of resource limitation. Implementers, health sector, Dugna fango, SNNPR

Yes, people in this area move from place to place frequently, so we miss a lot of girls from school as well as from gender clubs. Implementer, education office, Kebriahar, Somali

Girls who live far from the town are not included in the programme and, as previously mentioned, people in this area do not stay long in one place, so we miss girls who were in that school. There are around seven schools that have closed recently due to people moving from that area. Implementer, education sector, Kebriahar, Somali

The surrounding areas do not have access because the programme base is here in Dasanech and remote and pastoral areas are not participating because they are far from the town because of resource and infrastructure limitations. Implementer, education sector, Dasanech, SNNPR

Do you think anyone misses out, who should benefit? Who? How? Why? In what circumstances? Answer: Nakriman and Naptokoyit villages were not targeted by the programme. The reason is there are no access roads to these villages. So they are excluded. They are near but there is no road and are highly exposed to the Omo River overflow. In order to include them, constructing road is very important. Implementer, water sector, Nyangatom, SNNPR

### 3.4.3 Programme perceptions

What are participants' perceptions about the programme's pathways towards KAP change in relation to health and nutrition thematics, including the appropriateness of 'dose' delivered?

**Involvement in gender clubs was linked to improved commitment and focus at school.** Adolescent girls and their caregivers reported improved 'attentiveness' in school because girls became physically more comfortable when using sanitary pads, and less anxious about their period. Gender clubs also equipped girls

with better knowledge and understanding of menstruation, and with the tools to discuss the topic more freely with teachers, peers and families. The majority of girls interviewed reported feeling happier and more confident in school as a result. Many participated more actively in lessons and felt more confident to ask and answer questions.

*Following her involvement in the gender club, she become more attentive towards her education. Now, she understands about gender equality, FGM, early marriage, and other cultural impacts on girls. She thinks it is important to speak for other girls because she is perceived exemplary to other girls. For this she thinks she has adequate knowledge to pass on to others. Eg on FGM, early marriage etc. Adolescent girl aged 14–19, Ayantu-Sire, Oromia*

*In addition, I used to think that I could not be comfortable during menstruation in classroom. Now I think that girls should come to class during their menstruation time. I also think that girls should not make a decision quickly. Instead, they have to think many times before making a decision because there are many tricky things which can lead us in to danger. The knowledge I gained is useful to my present and future life. I know how and where I should spend my free time. I also know which friends are good and which are bad friends. On addition, I used to think that iron tablets do not have any benefit but now I think every adolescent girl should take iron tablet and it is important to her health. Adolescent girl aged 14–19, Dugna fango, SNNPR*

*Since we all came from uneducated families, no one has ever told us about menstruation and related issues. But now, after joining gender club, I now know about menstruation and that I should use sanitary pad while on my period so I started using sanitary pad continually. Adolescent girl aged 14–19, Daro Lebu, Oromia*

*After joining this gender club she became neat. She even started to care about her sisters' and brothers' hygiene. She improved her academic performance. Guardian of Adolescent girl aged 14–19, Dirre, Oromia*

*As a result of education, she got from the gender club, she doesn't get nervous when her period comes. She easily is able to use the sanitary pad and the underwear given to her from through the programme. Guardian of Adolescent girl aged 14–19, Moyale, Oromia*

*I am highly eager and energetic to know something new so I now do not want to miss the class and I attend and follow my teacher's advice and order. I do not want to accept things that I am not convinced and I eager to ask and understand if things are not clear to me. This quality is acquired through attending and engaging in gender club and my teacher's and parents' continuous supervision and advice. Adolescent girl aged 10–13, Ayantu-Rayitu, Oromia*

*Before my involvement in the gender club, I had very poor understanding of how to effectively use my time. I used to waste my time in household chores supporting my mother. I used to spend less time on my homework and hardly participate in the classroom. But, now, I am planning my time well. I am doing my homework on time and studying hard...I have also started to participate in the classroom – I ask and answer questions. Adolescent girl aged 10-13 Ayantu-Sire, Oromia*

*I became a very proactive student. I used to be a shy girl who can't speak in front of people. Now I can express my ideas and my feelings in front of people. I also involve in different school activities. Students always came to me when they have questions to the school director about and I ask for them. I also started doing presentation in front of my classmates. I also developed my ability because I participated in different training sessions and discussions organized for girls. I am now able to say no if I don't agree with the idea. I became logical thinker because before making a decision I want to try to see it from different angles. I also became a strong person who can face and overcome challenges. Adolescent girl aged 14–19, Dugna fango, SNNPR*

**Adolescent girls and their caregivers also reported marked changes in their knowledge of gendered vulnerabilities they face since participating in gender clubs.** They described a better understanding of the risks of early marriage and pregnancy, and of sexual and reproductive health. They also outlined improved awareness of different forms of gender-based violence, and knowledge of how to report any incidents they or others experienced.

*I also noticed how to report gender-based violence that may happen in our school and in our village. I have learned about early marriage and how much it affects our health. It is a barrier to our education. I have experienced when our friends were forced to get married and drop out of school. These girls feel sad when they see that we are still learning and getting better opportunity. I told my mother about these girls and she told me that she will make sure*



*I get protected from such harmful practices and pursue my education till the end. I am happy that I have a family who can protect me from these bad practices. Adolescent girl aged 10-13, Ayantu-Sire, Oromia*

*I learned about the negative impact of early marriage which is very a common practice in our village. I learned that early marriage leads to damage to girls' uterus during sexual intercourse and childbirth because her body is not well developed. I learned about female abduction, rape and other sexual violence. These are common in rural areas. Female abduction can cause physical disability because everything is forceful. I also learned that rape can cause different sexual transmitted diseases including HIV. I learned about how to protect myself and report violent acts and I know about the negative consequences of violence on girls. Adolescent girl aged 14-19, Dugna fango, SNNPR*

*I never knew that underage marriage could bring health crisis before joining gender club but now I have knowledge about the side effect of underage marriage. I have learned the negative side of underage marriage health wise, underage marriage can bring difficulties during delivery so I decided not to get married before finishing school. Adolescent girl aged 14-19, Daro Lebu, Oromia*

*She now knew about underage marriage and its health crisis; losing a lot of blood can happen during delivery and to the extent of losing life during birth. Guardian of Adolescent girl aged 14-19, Daro Lebu, Oromia*

*She is aware of the challenges that girls face like early marriage, gender-based violence and FGM mutilation. She also thinks that there should be a shared household responsibilities between men and women and when she saw bad thing happening to girls in the school or one of her friends, she thinks that there should be some corrective actions. Guardian of Adolescent girl aged 14-19, Nyangatom, SNNPR*

*I used to think that no one is listening and taking action to protect girls because the community has respect for boys than girls. Now, I learned how to protect myself from any kind of gender-based violence. I know that I can report to my teacher or if it is serious, I can even report to the police. I used to think that girls are weak when they face a challenge. But now I think girls are strong and can face and pass any challenge. Adolescent girl aged 14-19, Dugna fango, SNNPR*

**Participants were able to articulate their own changing ideas about gender, their greater belief in equality between men and women, and the ways this made them reflect on their families' and communities' attitudes and treatment of girls and women.** Many found new value in education for girls, and saw new importance in girls finishing school, rather than marrying early. Some adolescent girls now saw new plans and ambitions for their future careers. Participants questioned prevailing gender roles and differential treatment of girls in the home. Some articulated a need for broader change in the way girls and women are valued and treated in their community, in terms of early marriage and sexual violence, for example.

*The societal barrier deep-rooted in my community restricted girls/ women to domestic work and taking care of children. Often girls end up getting married dropping out from school. Most of the time girls are less self-confident and always depend on what their parents say. After I joined the gender club, I become more confident about reaching my life goals. I understood what gender-based violence means. Unknowingly, my parents used to give priority to my brothers. But now I convinced them that I am equal with my brothers and they recognized that well.*

*I become active in expressing my view without any fear. I attempt to change the negative attitude of people towards females and advise younger girls in my community to join the school, to feel confident and proud of being a girl. Adolescent Girl aged 10-13 Ayantu-Rayitu, Oromia*

*Previously, I believed or felt that women are inferior. I used to believe that we were made to experience adversity. However I joined the gender club, no longer consider females as inferior to males. Adolescent girl aged 14-19, Oromia, Moyale*

*The trainings from the different NGOs and government offices enhanced her awareness around gender issues. She has learned about gender equality. Training and teachings in the gender club also contributed a lot to her thinking. Her constant participation in the gender club helped her to gain knowledge regarding menstruation, how to be confident, how to report any harmful practices against girls. Guardian of Adolescent girl aged 14-19, Ayantu- Sire, Oromia*

*She feels that women are important and she is not shy. She feels that women are equal with men. She is happy because she is a member of the gender club. Her active participation in the clubs helped her to develop good feelings that she has now. She is not shy because she gets the chance to speak in public. She knows that both men and women are equal since she learned that in the club. ...Since she become a member of the club her behaviour changed*

*in a good way and helped her to be independent who believe in herself. ... She now believes that she can be anything that she wants to be. Adolescent girl aged 14–19, Nyangatom, SNNPR*

*-The drawing is a girl holding a book. I believe journalism is not only for boys, so I want to be a journalist or a TV host like the boys when I grow up. Adolescent girl aged 14–19, Daro Lebu, Oromia*

*I am feeling confident in asking questions and participating in the gender club, and I know that I will go to college, graduate, and get a job. I am fearless, eager to learn, hopeful, and have developed the ability to say no to things like child marriage and gender-based violence. I can do anything that a boy can do. Adolescent girl aged 14–19 Kebridahar, Somali*

*After joining this club, I understood that male and female are equal. I think I should continue my education and help my younger sisters and children in my neighbour. I should advise them not panic and tell their mother when they see their period. As I saw from “Yegna” drama that the saying males have bigger appetite than females is not true. I am aware that male and boys and girls are equal in every way including appetite. I am now aware that menstruation is a natural thing and every girl all over the world can experience it. My thinking has completely changed after I joined the gender club. I think that girls issue should be taken seriously by the community. I think that the community has to be concerned about us because we are the next generation for this country. Previously I had no idea that the community is important for us (girls) because my family didn’t teach us about this. Now, I think that boys should also be involved in the discussion about girls. Boys can’t live alone without girls. So they have to care about us. I also think that taking deworming tablet is important for my health. I also think that taking iron tablet is very essential for my body. I think sharing my knowledge with my younger sisters and neighbours makes a lot of difference. Adolescent girl aged 14–19, Dirre Oromia*

*At present, I am proud of myself and happy and I see a bright future. In general, I am confident as I do believe that I can do what I want to do and there is no difference between males and females other than our biological difference. Adolescent girl age 10–13 Ayantu-Rayitu, Oromia*

*She has seen a lot of girls joining University so that made her to study hard to be just like those girls. She wanted to be like them. She wanted to be a public speaker. I noticed that these strong desires that she has now came after she started engaging in different activities in the gender club. Guardian of adolescent girl aged 14–19, Miyo, Oromia*

**Many girls also felt a growing sense of confidence to communicate their feelings and opinions, and to share the things they had learned from gender clubs.** They described sharing knowledge about menstruation with their friends, classmates, and with their mothers, and took pride in being able to support other girls to manage their period with less anxiety. Some had also been able to share new knowledge of ways to act if subject to harassment or violence, again growing in confidence from feeling more equipped to protect themselves and others. They felt able, in some cases, to discuss gender roles within their own home, and effect small changes; for example, in the amount of domestic duties they carried out.

*I became an outspoken person. I can say no when someone tries to violate my right. I also respect others’ right. I became a very confident girl. In addition, I became a helpful person and I like to share what I know for other students. Previously, I used to laugh at other girls when their menses touches their skirt. Now I help them. Adolescent girl aged 10–13, Nyangatom, SNNPR*

*The awareness and understanding I got from the life skill training on how to respect people and showing good discipline have changed my thinking. I got lessons about gender equality from my teachers in the gender club. I learned about the equality between boys and girls – both are born free and equal. Now I am confident and have no fear of anything. In case I have a question, I speak freely and ask my teachers and my parents at home. I got enough knowledge that I should not get nervous if I see menstruation at some point. It will not surprise or shock me anymore. Now, I know my rights well. For example, I ask my family to provide me with balanced diet and allow me to have enough time to read my books. I also know my responsibility such as taking care of and supporting my little brother my duties and responsibilities. Adolescent girl aged 10–13, Ayantu-Rayitu, Oromia*

*Open discussion with my friends in the gender club made me more confident. I understood that being a female is not bad, some boys in our school laughed at girls when their menstruation touched their skirts. But I told them it is something natural and gift given from God. I told them that being female is not being Najisaa (means not impure). My understanding on classroom absenteeism, school dropout as a result of menstruation, and traditional practices*

*such as FGM and early child marriage gave me to have a holistic view of girls and women's issues which are increased my self-confidence. Adolescent girl aged 10–13, Ayantu-Rayitu, Oromia*

*How my experience contributed to these changes in my feeling: After I joined gender club, I learned that I should help and support others. If I saw a girl who is in danger, I should approach her like a friend, talk to her and ask what is going on. I feel I need to know what is bothering her so that I can help her if the problem is minor. And if the case is related to violence, I can report to the teacher who manages and runs gender club. If I could not find the teacher, I know the director of Women and Children Affairs office so I can directly report to the director. And being helpful makes me happy. Adolescent girl aged 14–19, Nyangatom, SNNPR*

*She's now talking about the menstruation session she had at school and that they are told to educate their family at home. I now know that my daughter is well aware of menstruation. When I ask her to do something at home, she asks me, back, "Why the others at home can't do that?" "Why am I the only one doing that?" Then I tell her, "You're a girl, and they are boys." She one told me that there is nothing like a girls' and an boys' work and boys and girls are equal. I then recognized that my daughter is even aware of men's and women's equality. Father of adolescent girl aged 10–13, Miyo, Oromia*

*Participating in various school programmes has helped my daughter a lot. My daughter feels motivated when she participates in the gender club and she feels sad if she missed it. The club helps her because it promotes women's equality. The girls at this club have become open and have started to talk to each other. It helped them to share their life experiences. They also become supportive of one another. Guardian of adolescent girl aged 14–19, Moyale, Oromia*

*I always ask her what she learned from trainings and meetings. So I learned a lot from her. Now, I know about different gender-based abuses and their negative impacts. I now think that girls are equal with boys. I think that she can achieve whatever she wants. Guardian of adolescent girl aged 14–19, Dugna fango, SNNPR*

*At home, she is an adviser and advocator of gender equality and speaks out boldly and condemns harmful traditional practices in the community. She pays attention to her education and she doesn't like absenteeism and school dropout. She even started to wake up in the morning to prepare for school so that she will not arrive late at school. She wants to be a clever student and always strives to get new knowledge and opportunities to learn. She also discourages early marriage. She became active and sociable in terms of her relationship with other people. She started to openly discuss about different topics with others. After school, she tells that she has learned about early marriage, menstruation, gender equality etc. Not only she tells me what she learned but also she is influencing me to change my thinking about some of these issues and practice them at home. In the evening, when we are sitting around together, she shares her experiences from the gender club. She also encourages me to help the poor and the disabled people. Now I realized that my son and my daughter are equal and I treat them equally be it about allowing them to play or their share in the domestic activities. Guardian of adolescent girl aged 10–13, Ayantu- Rayitu, Oromia*

**The impact of girls' improved confidence, happiness and ability to communicate often spilled over into other areas of their lives, improving the quality of key relationships.** Participants described closer, happier friendships, and fewer feelings of loneliness. They also felt able to make new friendships, including with boys. They reported better, more open relationships at home, particularly with their mothers. Many caregivers confirmed that they were able to communicate more openly with their daughter, and that their relationship had become closer as a result. There was a palpable sense of happiness from caregivers in seeing these changes in their daughters: *"I think talking to each other openly has been wonderful for both my daughter and myself. The bond between me and my daughter has strengthened and this means everything for me."* (Father of adolescent girl aged 14–19, Dirre, Oromia)

*She is no longer shy or afraid of anything. For example, she now makes eye contact when she speaks to me. Every time she sees me, she feels like she wants to speak with me. She is confident to ask what she wants from me. As a good father, I must always be there for my daughter. Nothing makes me happier than watching my daughter happy. She is now happy. She used to be ashamed of herself previously. She is no longer that kind of girl since she started to actively participate in school. She even talks to her mother as a friend. Now I believe my daughter is confident about herself. She doesn't feel worried because she knows how to deal with any issue that she faces.*

Recently, she wrote a poem and asked her brothers and sister to assess and give her feedback. That shows me that she is becoming confident in herself. [Father of adolescent girl age 10–13, Miyo, Oromia](#)

My behaviour has also changed. I became friendly. I used to have communication with few students but now I speak to many students who are not in my class as well. I can even communicate with boys easily. I also have many friends. I became an outspoken person. [Adolescent girl aged 10–13, Nyangatom, SNNPR](#)

She was not a good at communicating with people before she joined this gender club. Currently she thinks that good communication is key for anything. She started to believe that when she talks to me or her sisters/brothers or her friends, she feels less stressed. The training helped her to think positively about relationship with other people. [Guardian of adolescent girl aged 14–19, Dirre, Oromia](#)

The gender club taught her the advantage of building self-confidence and sharing ideas with people. Therefore, she started to practice this. She slowly then started to enjoy relationships and communication with people and I saw her becoming happier every day as a result.

How her behaviour has changed: She is now more open with me. Joining this club helped her to communicate well with me. Most of the girls won't tell you anything, but she doesn't hide things from me. We talk a lot about her because she became free and transparent to share her experience with me. She also started to study hard. I also teach her many things so that she will not get deceived. [Guardian of adolescent girl aged 14–19, Dirre, Oromia](#)

She used to have difficulty in communicating with people. She started to think that communicating with me is very important for her overall development. She became a positive thinker and an open-minded person after she started watching the 'Yegna' drama and the advice she gets from her teachers in the gender club.

How her experience contributed to this: The fact that she spends time with her friends helped her to interact freely with people. [Guardian of adolescent girl aged 14–19, Moyale, Oromia](#)

She has started spending her time with her friends since she joined this group. She now understood that being friendly to others is quite important. She studies at her friend's house, and they visit her as well. I give her permission to go there if it is useful for her. Her mother also allows her to go unless there is some work to be done at home. I follow up with my daughter to see how she is doing when at home and school regularly. As a result, she now recognizes the importance of education. She is enthusiastic about learning any subject at school. She has not been absent from school. [Guardian of adolescent girl aged 10–13, Miyo, Oromia](#)

She used to be a shy and closed girl. However, she became sociable after joining the girls club. I remember when other children took me to their relatives places, she used to always stay at home because she is shy to mix with people. But now she goes to her friends place to check if she is ok. Also these days, when I ask her to accompany me to visit relatives, she does go with me. She now shares her thoughts and feelings with me. She used to keep silent even when she faced problems. Now she ask me when she needs something and I also encourage her to tell me if I noticed something wrong. [Guardian of adolescent girl aged 14–19, Moyale, Oromia](#)

2c. How my experience has changed the way I behave...My behaviour has also changed. I became friendly. I used to have communication with few students but now I speak to many students who are not in my class as well. I can even communicate with boys easily. I also have many friends. [Adolescent girl aged 10–13, Nyangatom, SNNPR](#)

I changed the way I treat my brothers because before I become a member of the clubs, I used to disrespect my brothers as I am the only daughter and the last child to my family, so I had special treatment. This made me to have unnecessary behaviour. But now, I respect my elder brothers and my twin brothers. I changed the way I approach boys and avoided unnecessary jokes because it may lead to other things that puts me in danger. So girls should be friends with boys just like sisters and brothers but not as girlfriends. I also changed my attitude towards my peers since there are both good and bad students in terms of behaviour. So, I select my friends carefully. [Adolescent girl aged 14–19, Nyangatom, SNNPR](#)

### 3.4.4 Explanatory factors

How have participants interacted with the interventions?

It is evident from the midline process evaluation analysis that different types of interviewees (implementers, guardians, girls) widely recognize that the programme addresses an important unmet need of women and girls, with the potential to be life-changing. Even with delayed and partial implementation, girls and guardians are reporting wide-ranging positive outcomes with a great emphasis on how the programme has led to improvements in how people feel.

*All sectors, particularly the water, health, and education offices, have given us a hand in implementing the UNICEF joint programme in the school. In addition, the girls at the school are happy and eager to participate in any programme that may benefit them. Another reason that motivates us to implement the programme at the school is the condition or problem that we observe among the girls. SSI, Implementers, education sector, Moyale, Oromia*

*The main factor that helped for the implementation of this programme is its idea. We were working on this programme previously. We were working on this programme in a good way. Except some problems like lack of supply chain which started to happen now, the programme is very good, has a potential of changing the [conditions of the] target group. So the idea of the programme is the main factor that helped us in the implementation. SSI, Implementers, health sector, Moyale, Oromia*

**Programme relevance means that so far there has been strong commitment from a wide range of stakeholders to the programme, from parents to teachers in schools, to woreda staff.** This is a key enabling factor for programme progress. Awareness campaigns also encouraged good uptake, further enhanced by ongoing continuous support, follow-up and monitoring. Overall, working with the right people and engaging community members, in particular working with ‘influential women’ also helped to create the right conditions for implementation.

*The commitment of the woreda staff, who brought the programme to woreda level. The collaboration of the woreda and kebele staffs makes the implementation successful. SSI, Implementers, health sector, Daro Lebu, Oromia*

*Awareness creation campaign increases the number of participants because it helps the participants know the benefits of the programme’s implementation. Implementers, education sector, Dasanech, SNNPR*

*The awareness creation work was successful and we used all the resources that were allocated to the programme. And we have continuous support, follow-up and monitoring system. Schools also discharge their responsibilities of managing clubs. The institutional support of collaborators has also played a big role, because they trained seven teachers on how to make home-made menstrual pads so that they can in turn train students in their respective schools. Implementers, education sector, Dasanech, SNNPR*

*The good thing is that the work that we do in the programme is not a one-time job. Rather it’s continuous. The follow-up and monitoring system is also another factor that helps the programme implementation. Regional health officers come here for inspection. For instance, regional WASH officer was here for inspection. After the inspection some corrective measures have been taken. So higher officials do not only allocate budget but they follow up the activities that have been done at grassroots level. Additional to nutrition-related activities, the programme resources are used to help other health-related activities. For instance, when we send a car for the programme service, we integrate other health-related activities that are being implemented in the same area. Implementers, health sector, Naygatom, SNNPR*

*During training and awareness creation events we try to include influential women in the society. Health extension workers are working closely with the influential women, because if the women are changed they can change the rest of their society easily. Implementers, WASH, Dugna fango, SNNPR*

**Support from active, committed teachers is key making sure the school environment is conducive to programme success.** This has been enhanced by effective training of teachers and well-structured coordination in schools. A bridge between pupils and teachers in the gender clubs is formed through using capable female students as gender club heads (described by interviewees as ‘clever girl’), alongside a female



teacher coordinator, who enable good communication between gender clubs and implementers (SSI Implementers, education sector, Raytu, Oromia). Use of focal students in gender groups improves engagement. However, the labelling of the focal student as 'clever girl' is problematic, especially if this is widespread, as it suggests a bias in selecting girls for this role, potentially making other girls feel less valuable and further privileging those who are selected.

*We have very active, committed teachers that can influence the students and the family to send their children to school. In case the school absenteeism became high in the school, teachers were going to the village and advise the community or parents to send back their daughters to the school. They are also teachers who advise the community not to force their daughter to marriage without their willingness. Implementers, health sector, WASH, Raytu, Oromia*

*File documentation and utilization of sanitary pads were very nice and good. Furthermore, our teachers who took the training provided by UNICEF successfully implemented the activities; when they come back to school, they trained our gender club members, elders and religious leaders. The students are very active and the coordination, chain of command and communication are very nice. For example, very active and clever female students from the gender clubs assigned as gender club heads made things easy to strengthen our work as students can communicate with us through her. In their absence, students communicate with the female teacher who is the coordinator of the gender club for information exchange and other matters. Implementers, education sector (Raytu Oromia)*

*The role of focal students is also undeniable for improving engagement. Implementers, health sector Dugna fango, SNNPR*

**Students and implementers are encouraged by demonstrated positive impacts of the programme, with high teacher and student engagement in the interventions.** This 'demonstration effect' is thought to have generated further good progress in attitude change and levels of awareness among students and families. Uptake is further fostered through girls' growing trust in the programme founded on improved knowledge and understanding, which suggests that the programme sets in train a virtuous circle.

*The positive development that we observed on our students encouraged other students and the programme implementers. The attitudinal change and the level of awareness created among the students, the families are progressive and promising. Teachers and students' engagement and participation in the programme is very high. The support of UNICEF in finance and technical aspect is appreciable. Coordination among the different sectors and the selection of active and clever girl student as a manager of the gender club with proper selection of women teacher as a coordinator of the gender club made the facilitation of the programme smooth and fruitful. Implementers, health, WASH, Raytu, Oromia*

*I have learned about menstruation after joining the girls club. Our teachers and health extension workers taught us about menstruation, including what it is, how to keep personal hygiene, and why only girls and women experience menstruation and not men. Since the programme started its implementation in our school, I've been receiving iron tablets on a weekly basis. When I first received these tablets, I was terrified. Because it was only 74 students (including me) that were involving in the programme. However, I now have a good understanding of the programme and don't feel that way anymore.*

*Deworming medicines are also provided by the health extension workers. We got briefing on the use of the deworming tablets before we began receiving them. Now I am getting used to these programmes because receiving a deworming tablet is the third initiative that our school has launched. I'm also receiving the tablets with no hesitation. Adolescent girl aged 14–19 Dirre, Oromia*

Family support is a crucial enabler for engagement with and participation in the programme, especially in gender club. Guardians spoke about the positive effects gender club has been having on their girls, and the wider benefit to the family which means that they prioritize attending gender club after school over the need to have their girls home to help with domestic chores.

*My family's support is essential for me to continue participating in the girls club. If they refuse to let me attend the program, I will not be able to participate in the future. Adolescent girl aged 10-13 Miyo, Oromia*



*My parents gave me permission to participate in the clubs and they are happy about it. I come to the club in the afternoon and sometimes on Saturday for participation* [Adolescent girl aged 10-13 Dasenech, SNNPR](#)

*After my daughter's involvement in the gender club, I have strengthened my relationship with her. We often talk and discuss about the lessons she learns in the gender club. I start to give her enough time to study and encourage her to focus on her study. Previously, there is no open discussion in b/n my daughter and me and even as a family amongst all of us. But now we will discuss together openly issues like FGM, menstruation, early marriage, child labor abuse, and gender equality. I respect and accept my daughter's view points on these issues. I mean I would not say she is a child and she doesn't know anything. Because I understood and recognized that what she often brings for discussion when we gather together is very important. I was the victim of many of the bad practices she talks about in my earlier life as a woman. I now aspire a lot if I educate her in a better school in the future. I started to have high hopes for her.* [Guardian of Adolescent girl aged 10-13 Ayantu-Oromia-Rayitu](#)

*It made me love her even more. I also started respecting her decision. I become more intimate with her. I love my self because of her. Surprisingly her education changed my behavior a lot. I used to not allow her to go to the club before, now I motivate her to go there regularly. After she started explain ing to me what they are doing at the gender club- for instance they learn how to use sanitary pads, keep their hygiene, in addition to the school providing free sanitary pad, underwear and soap, I become totally supportive. Our kids don't have to pass through what we have passed.* [Guardian of Adolescent girl aged 14-19 Miyo, Oromia](#)

## 4 Conclusions

### Box 1: An Oromiya Story

*Previously, I hardly used to laugh and smile when my friends joked and laughed. But now I laugh with my friends. My friends even noticed it and told me I have improved a lot in this regard. They give me comments "You look different, you've changed a lot, what did you get?" Then I explain to them that the free menstrual pads at school is the reason for all these changes.*

*After getting the training on menstruation at school, I have started to appreciate being a female and start to be thankful as a result.*

*Playing with my friends while on my period is one good behaviour that I have developed since joining the girls club. I used to deliberately avoid playing with my friends for fear of my period touching my school uniform.*

*I now can use pads so I can leave my seat and go outside to play with my friends with no stress.*

*I used to be very nervous to go to mosque while I am on my period because I used to be conscious that people know that I am having my period. After learning about menstruation and how to keep my personal hygiene using pads, I am able to pray to Allah outside of the mosque.*

*I used to get abdominal pain when I eat food during my period. I used to not have an appetite as well. However, after I got a deworming medicines from school, I have not had this issue. I now eat whatever I want even if I am on my period.*

*Prior to joining the females club, I used to be so unresponsive and sometimes angry at my parents and I used to not obey them when they ask me to do something like go shopping or buy something. Now, I am living peacefully with them.*

*Now, I practice good hygiene and I am able to keep myself neat. Before I started to involve in the girls club, I hardly used to wash my body while on my period. Because, I think that if I washed my body during my period, I will get contaminated and will get sick. But after I joined this club, I'm washing my body and my underwear during the period. I also change the pads frequently to keep myself neat. After I received training about menstruation, I understood I have to take care of myself. For instance, I don't carry a heavy stuff, instead I take rest.*

[Adolescent girl aged 14-19 Dirre, Oromia](#)

The descriptive and analytical account from the midline process evaluation of how implementation has played out, from a range of perspectives, aims to improve understanding of how and why the UNICEF Joint Programme is making a difference and to generate learning for programme adaptation both towards and beyond endline.

### Are the core activities of the project consistent with the intended results chain/ theory of change?

**Overall, the objectives and activities of the programme respond directly to the needs of women and girls in the implementation areas, and implementers and participants feel that the programme is well targeted.** The combination of WASH, nutrition and education elements in the programme respond to the needs of the target groups effectively, and to the contexts in which they operate. The programme components are seen not only as complementary but necessary to implement in combination in order to achieve desired outcomes and is in line with the programme theory of change. There is some promising evidence emerging for key short and medium-term outcomes in the theory of change, suggesting that the programme is fit for purpose and on the right track.

**Programme design includes do-no-harm principles, including policies both for preventing, and responding to harms, and a mechanism for reporting harms.** This is not in the theory of change. The midline process evaluation found that interviewees (implementers as well as girls) described clear processes to report potential and actual harms, including early marriage and gender-based violence. This was seen by some interviewees as a direct challenge to prevalent social and cultural norms and one part of the programme that does not have consensus from community members about its positive value and this was most evident in the isolated cases where it was felt that local community engagement including of key local leaders had not been sufficient. However, implementers recognize the risks and harms posed to adolescent girls by existing attitudes to gender and saw the programme as a necessary intervention based on accurate analysis of the context. This emphasizes the vital importance of building relationships with communities through awareness-raising and sensitization activities and being able to modify approaches to context.

### How and why the UNICEF Joint Programme makes a difference

**The midline process evaluation finds more evidence of important positive changes and outcomes associated with the programme than one would expect given the stage of implementation and the challenges faced by the programme to date.** The interviews with girls and guardians present powerful testimonies to the importance of the programme in providing a service so desperately needed in communities. This refers not only to the provision of sanitary pads, but the combination of programming including messaging about harmful practices and gender equality more broadly delivered through the gender clubs. Girls and their guardians reported a range of positive outcomes related to the way girls are feeling:

*I think I will still be experiencing these changes in my feelings. Because I feel comfortable about how I am feeling now. My friends and family are also happy because of this. I'm in a good mood right now. I'm going to continue engaging in the girls club because I want to continue to enjoy these good emotions I have now. Adolescent girl aged 14–19, Dirre, Oromia*

**There is a sense that girls are becoming more confident and, with a more supportive environment provided by teachers and families, they seem feel more empowered, for example to continue to attend school and to focus on and prioritize their studies.** There are also important reported impacts on social capital, with improved relationships between girls and their families (notably their parents) as well as with their friends. Also, with a greater understanding of gendered vulnerabilities, participants were able to articulate their own changing ideas about gender, their greater belief in equality between men and women, and the ways this made them reflect on their families' and communities' attitudes and treatment of girls and women.

**The multi-sector approach is intrinsic to the programme design. It ensures the right people are brought together which underpins the success so far in implementing the programme.** A key enabling factor for programme implementation was the multi-sectoral coordination platform. Involving education and agriculture sectors through the thematic working groups and involving religious and community leaders.

**A joint programme of this type with many moving parts requires a lot of coordination, and there is a need for UNICEF to more strongly coordinate for maximum programme impact.** When focal point persons work effectively together this enables collaboration and communication; this helps implementers ensure that messaging is coherent across sectors, and that the different elements of the programme are in place as needed. However, issues with coordination were among the most commonly cited barriers to effective programme implementation, and their exact nature varied context-to-context.

**Implementers were focused and committed to supporting engagement in the programme, which was particularly effective when professionals from across sectors worked as a team.** Families, teachers and girls themselves were also key in supporting participation. There was consistent feedback that all the main elements of the programme were good practice and should be replicated and scaled up. Implementers were clear that the gender club model was effective and should be continued and expanded where possible. Gender clubs have been embraced by girls who value the access to free sanitary pads, and the space to view the Yegna programme. Gender messaging through the clubs has increased girls' confidence, which in turn creates a virtuous circle in terms of increasing their commitment to the gender clubs as well as sharing the information with those not participating, including family members.

**Context has been the most important influence on implementation: notably COVID-19 and conflict.** This was out of the programme's control and unexpected, causing major disruption to implementation. It has meant also that the issues addressed by the programme are more likely to have fallen in relative importance in terms of government priority.

**Water scarcity was widely cited as a major barrier to implementation, also outside of programme control but not unexpected.** Without water, girls cannot carry out the hygiene practices advocated by the programme, or take their iron tablets, seriously curbing the effectiveness of delivery. The programme needs to be able to build this into the design by assuming programming for the harshest conditions and explicitly take into account resource scarcity, remoteness, lack of electricity, rather than designing for 'ideal' conditions/best case scenario. This may have been one of the casualties of budget cuts to the programme in response to the pressing need to respond to the effects of COVID-19 and civil unrest.

**Another key issue raised in implementation was coverage: the pool of participants was reduced at school level using additional targeting criteria, as the funding, resources and space in schools did not allow them to include all eligible adolescent girls in gender clubs.** While the programme endeavoured to target the most vulnerable girls with the resources available, there was some reporting of girls entering into early marriage as a direct result of school closures and economic hardship associated with the COVID-19 pandemic in particular. This is worthy of further investigation. There were concerns that large groups who would benefit from the programme were excluded, either due to lack of resources, lack of space, or the current lack of functioning out-of-school component. There is also limited evidence of boys' participation at the time of the midline process evaluation. Even though selection at the local level aimed to focus on rural and remote areas in order to target lower income, more marginalized groups, rural areas were those most likely to experience supply constraints and issues with transportation and access and therefore more likely to experience exclusion.

## 5 Lessons Learned and Recommendations

*I want a free menstrual pad timely to keep me from being absent from class*

*I want to have a mini media to share information and get better knowledge.*

*I want a separate female toilet. It will help me change pads freely.*

*I want a place to rest when I am on my period-to take a rest, not to be absent from class.*

*I want to have a separate office for the gender club to work fully and have meetings regularly.*

*I want to use water for hygiene. I always go home to change pads because of lack of water.*

Adolescent girl aged 10–13 Kebridahar, Somali

## 5.1 For UNICEF's programme implementation

- **There is a need for greater investment in school infrastructure to support programme delivery.** Improved water supply and toilet facilities were mentioned most frequently. Some parts of the programme are absolutely fundamental, for example the WASH component. Without access to water, it is difficult for schools to stay open (families move away), and for girls to put into practice what they are learning, etc. Effectiveness is limited by lack of water, limiting the benefits girls derive from safe spaces and female-only toilets. The programme needs to explicitly design for and mitigate against water scarcity as a priority.
- **Interviewees gave clear feedback that the programme should be scaled up in its current form and expanded where possible to include currently excluded groups.**
  - The out-of-school (OOS) component could have proved indispensable during the school closures. Once again, this points towards planning for the worst-case scenario. In the event that UNICEF are not able to deliver through schools, having the OOS component in place and functioning allows for expansion of this delivery mechanism to reach all girls now out of school (temporarily or permanently), mitigating the impact of school closures. This is particularly important given what we know about students out of school due to the pandemic and not returning – some parents see schools as risky places to be, for example, in relation to ongoing COVID-19 pandemic – and the increased vulnerability to early marriage this seems to lead to, in combination with worsening economic situation in families.
  - Educating boys on menstruation and gender equality issues would also be needed as a next step to improving the school and community environment for girls.
  - Greater investment is needed in building extra rooms for safe spaces, and gender club meetings, it would be hard to expand the programme without these.
- **In line with baseline findings, some reported that nutrition awareness and knowledge is already high.** Some households (Oromia) have good knowledge about sound nutrition practices and the main factors driving poor dietary diversity and nutritional status were financial (household income poverty) and limited food availability. This suggests tailoring programme delivery to needs is crucial – especially as programme resources are limited. The focus should therefore be on the biggest constraints that it is feasible for implementers to address.
- **Gender club heads are a vital bridge between girls (their peers) and leadership.** We advise that the gender club head should be a rotating office, giving ALL girls a chance to feel special and to build their leadership skills.
- **Given the vital importance of involving the community, and of awareness-raising and sensitization work,** there needs to be a continued/increased focus on influential community figures such as religious leaders and community elders. Investing in changing community perceptions would also help to close the any gaps between participants' own knowledge of gender equality issues, gained through the programmes, and ideas about gender in the community.

- **As budget has been a significant constraint on implementation so far, the programme may need to consider sustainable financing options**, particularly if any scaling up is planned, as UNICEF currently funds the programme without government support.

## 5.2 For UNICEF's programme monitoring

- **Strengthen supervision and review processes:** more regular reviews at school level would help address any problems quicker, and ensure the quality of implementation. This would also enable the programme to respond and adapt to the context and to more timely implementation challenges.
- **Collect supporting data:** Much of the reported outcomes in the midline process evaluation are promising but need to be supported by data. More data on: school attendance; reasons for absenteeism (for example, are girls absent because they need to manage pain?); school attainment for example, would be useful to help to verify outcomes as implementation proceeds.

## 5.3 For further evaluation rounds

- Ensure further evaluation rounds, notably endline, capture how girls perceive provision of health services in order to make the comparison to baseline (quantitative data collection). As noted in the baseline report, satisfaction with services needs to be assessed more rigorously during endline evaluation, using appropriate composite satisfaction measures.
- Other key data needed at endline is school enrolment for girls.
- Further focus on how the programme has responded to the above recommendations is also necessary in the endline evaluation, particularly those related to WASH activities and provision for OOS (see Section 5.1 above), and accessibility and availability of gender clubs.

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## ANNEX A: UNICEF Joint Programme summary and theory of change

### Programme summary

**UNICEF Ethiopia's Joint Adolescent Nutrition-WASH-Education joint programme is a mixed package of interventions**, including a number of different activities aiming to influence and improve knowledge, perceptions and outcomes in nutrition and menstrual health and hygiene (MHH), and to improve access to and use of health and nutrition-related goods and services, through building the self-esteem and agency of adolescent girls). This will better equip them to make positive life choices, resulting in long-term improvements in their own health and nutrition, as well as that of their future infants and children. The UNICEF Nutrition/WASH/Education Joint Programme focuses on adolescent malnutrition, through providing the resources, facilities and soft skills required to meet immediate needs surrounding malnutrition and ill-health, while also providing a range of support functions aiming to address some of the underlying issues facing adolescents in Ethiopia. The programme is designed to interact with other development programmes such as the Comprehensive Integrated Nutrition Services (CINuS).

**Table A1 below outlines the core programme components, implementing partners and geographical scope of the interventions.** It should be noted that not all components of the intervention, particularly around the safe spaces component, were sufficiently developed at the time of the baseline data collection. It was agreed with UNICEF that baseline indicators for these components would be excluded.

Table A1: Core components of the UNICEF Joint Programme

Project component	Implementing partner	Description	Scope
Adolescent-friendly health service training	MoH	Adolescent specific approach to the training for health service providers, in particular health extension workers, but also health workers and midwives. <ul style="list-style-type: none"> <li>- Provides necessary knowledge on adolescent development</li> <li>- Identifies appropriate communications style between health service providers and ADGs</li> </ul>	101 CINuS woredas
Reinforce PSNP nutrition linkages	MoH/MoAG	Development of training material ensuring ADGs in PSNP households (typically out of school) access health and nutrition services. <ul style="list-style-type: none"> <li>- PSNP platform links to adolescent-friendly health services</li> <li>- Manual for PSNP health service providers</li> </ul>	101 CINuS woredas
Weekly iron supplementation	FMoH	Weekly iron supplementation through school platforms for in-school ADGs and in facility/community platforms for out-of-schools ADGs: <ul style="list-style-type: none"> <li>- Advocacy strategy</li> <li>- Distribution across pilot woredas</li> </ul>	17 pilot woredas (Our understanding is that the pilot will roll out in all project regions with the exception of Gambella)



Project component	Implementing partner	Description	Scope
Deworming Campaign	FMoH	Scale-up of adolescent deworming and development of key messages on nutrition, hygiene and sanitation delivered at different touch points: <ul style="list-style-type: none"> <li>- Technical support</li> <li>- Procurement of deworming tablets</li> <li>- Planning and development of deworming campaign guide</li> </ul>	70 CINuS woredas
Social behaviour change campaign	Not yet determined	Developing new or supporting current media campaign integrating health and nutrition messaging	52 CINuS woredas
Life skills education programme	MoE	Gender clubs – improving gender inequalities; understanding physiological, cultural, and emotional differences, and how to access support	17 Pilot woredas
Menstrual health and hygiene	UNICEF/FMoH	The MHH component will roll out in 56 schools within the community-based nutrition (CBN)/woredas. The aim is to select larger 'cluster' primary schools wherever possible, so that large numbers of children can be reached and that other schools are more likely to visit these facilities and emulate the approach. The work in schools aims to support schoolgirls with the following: <ul style="list-style-type: none"> <li>- The knowledge and capacity to manage menstruation, through social and behavioural change interventions</li> <li>- The availability of, access to, use and sustainability of safe and hygienic menstrual pads</li> <li>- The availability of a safe space in schools for girls</li> <li>- The availability of and access to water, sanitation facilities and pad disposal mechanisms – 'MHH friendly' WASH facilities</li> </ul>	52 CINuS woredas
Safe spaces for out-of-school girls	Not yet determined	Life skills curriculum for out-of-school ADG's, using a range of different approaches of 'safe spaces' within the community	17 pilot woredas

**The adolescent-friendly health services, and connections with PSNP will be implemented in 101 CINuS woredas** (with the exception of MHH friendly facilities, as noted above), spread across eight regions by a number of implementing partners (table A.2). MHH, WASH components and SBCC will be implemented across 52 woredas. Safe spaces for out-of-school girls, and gender clubs for in-school adolescents for the delivery of life skills programming, and weekly iron folic acid (IFA) supplementation are pilot projects and will be implemented across 17 woredas. Deworming for adolescents 10–14 will be implemented across 70 woredas by the Ministry of Health (MoH) while UNICEF will ‘top up’ to 15–19-year-olds.

Table A.2 UNICEF Joint Programme target woreda by region

Region	Target number of woredas
Afar	9
Amhara	16
B-Gumuz	9
Gambella	4
Oromia	25
SNNP	20
Somali	8
Tigray	10
<b>Total</b>	<b>101</b>

## UNICEF Ethiopia joint programme theory of change

**During inception, the theory of change for the programme was developed and refined.** Here we present a summary narrative of the theory of change, followed by a visual representation.

Adolescent girls’ limited voice and agency and access to assets and services, combined with age and gender-discriminatory norms in the enabling environment, contribute to the likelihood of their heightened vulnerability to malnutrition, iron deficiency and other health-related issues. UNICEF recognize that in order to address the issues around adolescent nutrition and health, a dual track approach is necessary. A series of immediate needs must be met to provide adolescent girls with essential assets and services, including (inter alia) MHH management and the provision of sanitary pads, the creation of adolescent-friendly sexual reproductive health services, and nutritional information. This will require working with adolescent girls to support access to relevant information and services, and with service providers, to increase the relevance and quality of services for adolescents.

In addition to these immediate needs, UNICEF recognizes that there are a number of sociocultural barriers that prevent adolescents from achieving better health and nutrition. These relate both to the individual level – the girls own voice and agency – and the enabling environment, where discriminatory norms are at play within families, households, kin groups, other reference groups, the community and wider society. Building adolescent girls’ self-efficacy, and creating a more enabling environment requires a long-term approach which works directly with girls themselves to enable them to be more skilled negotiators and confident advocates, and with families and communities to improve knowledge, awareness and behaviour concerning puberty, menstrual health, sexual reproductive health, child protection (e.g. child marriage) and nutrition.

Mirroring the problem analysis, the theory of change for the joint programme can be explained as working on change in three different domains: (i) voice and agency; (ii) assets and services; and (iii) enabling environment. While the joint programme has a number of subcomponents, each with specific objectives and implementation platforms, they all contribute to these three interrelated domains of change, with some subcomponents contributing to change in all three.

### Voice and agency

UNICEF recognize that girls need improved self-efficacy to define and act on their health and nutrition goals. There are two main approaches that UNICEF are using to increase adolescent girls’ voice and agency:

4. **Safe spaces for out-of-school girls:** As part of the safe space offering, UNICEF will identify appropriate community facilitators who will support out-of-school girls, many of whom will be young mothers. By coming together with their peers in a safe space where they can speak freely, receive information and support and be linked to services in the community, out-of-school adolescent girls will be better able to define their goals, and act on these through effective negotiation, advocacy and decision-making.
5. **Gender clubs in-school:** UNICEF will support the design of a gender club curriculum that will ultimately change the behaviours of adolescent boys and girls on a range of issues related to health, nutrition, puberty, MHH and child protection. Armed with increased information and new-found skills and confidence, adolescent girls will be able to exercise greater voice and agency in school, at home and in the community, and boys will become stronger advocates for girls and demonstrate more positive masculinity.

The programme will support in-school and out-of-school adolescent girls, and in-school adolescent boys to have the knowledge, skills, capabilities and support that they need in order to negotiate and advocate successfully for improved health and nutrition. It will raise the awareness of adolescents around: (i) the unique set of issues they face; and (ii) the potential options available to them in both resources and services, which are critical first steps in enabling adolescents to improve their nutrition and health. However, raising awareness alone is unlikely to lead to much change, if adolescents are in an environment where they are unable to action changes in their own lives.

### Assets and services

UNICEF recognize that in order to improve the nutrition and health status of adolescents, particularly girls, there are a number of assets and services that adolescent girls need access to and which need to be more adolescent-friendly for girls to use and benefit from them. These include social capital (stronger and more supportive connections with peers and adults), human assets and services (education and health services and information), economic and natural capital (with a focus on food resources) and physical goods and services (infrastructure and products related to nutrition and MHH).

There are six main approaches that UNICEF are using to increase adolescent girls' access to, use of and benefit from assets and services. These are:

1. **Safe spaces for out-of-school girls:** UNICEF will develop a curriculum specifically based on the needs of out-of-school girls, including life skills, and building their awareness around issues affecting their health and nutrition. As part of the safe space offering, UNICEF will identify appropriate community facilitators, and will provide the training required for the delivery of the full curricula in a range of community safe spaces. By coming together as a group to receive information and support, and be linked to services in the community, out-of-school adolescent girls will build their social and human assets.
2. **Improved adolescent-friendly health and nutrition services:** UNICEF recognize that adolescents have different needs from adults and children, which in turn requires a tailored approach to ensure that adolescents have access to health facilities and services that are appropriate for their unique needs. UNICEF has supported the development of the youth and adolescent-friendly services package in health facilities through the design of the specific adolescent-friendly training for health workers and teachers, and an adolescent-friendly and specific guideline that will be taught in schools through gender clubs. Schools will also provide a reporting mechanism for gender-based violence including child marriage, and setting up support for girls, e.g. psychosocial counselling and referral to other appropriate health services where necessary. In concert with school-based activities, UNICEF's adolescent-friendly service provider training will increase the supply of services that are tailored to adolescents' unique needs, and support and advice that is directly relevant to their lives. This training will be delivered to health service providers, who will deliver services

through facilities, will reach adolescents in their homes and will act as a referral service for other health facilities.

3. **Gender clubs in-school:** UNICEF is supporting the development and roll-out of a curriculum, through gender clubs in a number of pilot schools, which will provide adolescents boys' and girls' increased awareness and knowledge of the issues they face, pertaining to nutrition, health and growth, as well as information on how to address these both at home and with the support of community health services. This will stimulate increased demand for these services.
4. **MHH spaces and facilities:** The MHH subcomponent mainly focuses on providing in-school adolescent girls with the space and facilities they require to manage their menstruation with ease and dignity. In each school a dedicated room will be made available where adolescent girls can go to deal with their menstruation needs in privacy and safety. Each of these rooms will be fitted with wash basin, emergency kits containing sanitary pads and other supplies such as spare clothing, and mattresses in case of severe cramps. UNICEF will upgrade facilities in 52 of the 101 CINuS schools so that all schools have access to clean water, soap, and sex-segregated lockable toilets.
5. **IFA and deworming tablets:** UNICEF will provide a course of deworming for adolescents in 70 woredas, and a course of IFA tablets for all adolescent girls in 17 of the CINuS woredas.
6. **Adolescent specific PSNP linkage:** UNICEF has also been engaged in the development of a manual and SBCC materials for PSNP which focus on increasing knowledge and awareness of adolescents needs. These tools will be used to strengthen the linkage between PSNP and health and nutrition services available in health facilities.

**This work will improve the health and nutrition status of both out-of-school and in-school adolescent girls.** Out-of-school adolescent girls will have increased knowledge and information, better access to adolescent-friendly health and nutrition services, stronger peer relationships and the support of a community facilitator. In-school adolescent girls will have increased knowledge and information, easy access to the range of goods and services in schools and the community that are specifically tailored to adolescent health (including MHH) and nutrition needs, stronger peer and teacher relationships and IFA and deworming.

### Enabling environment

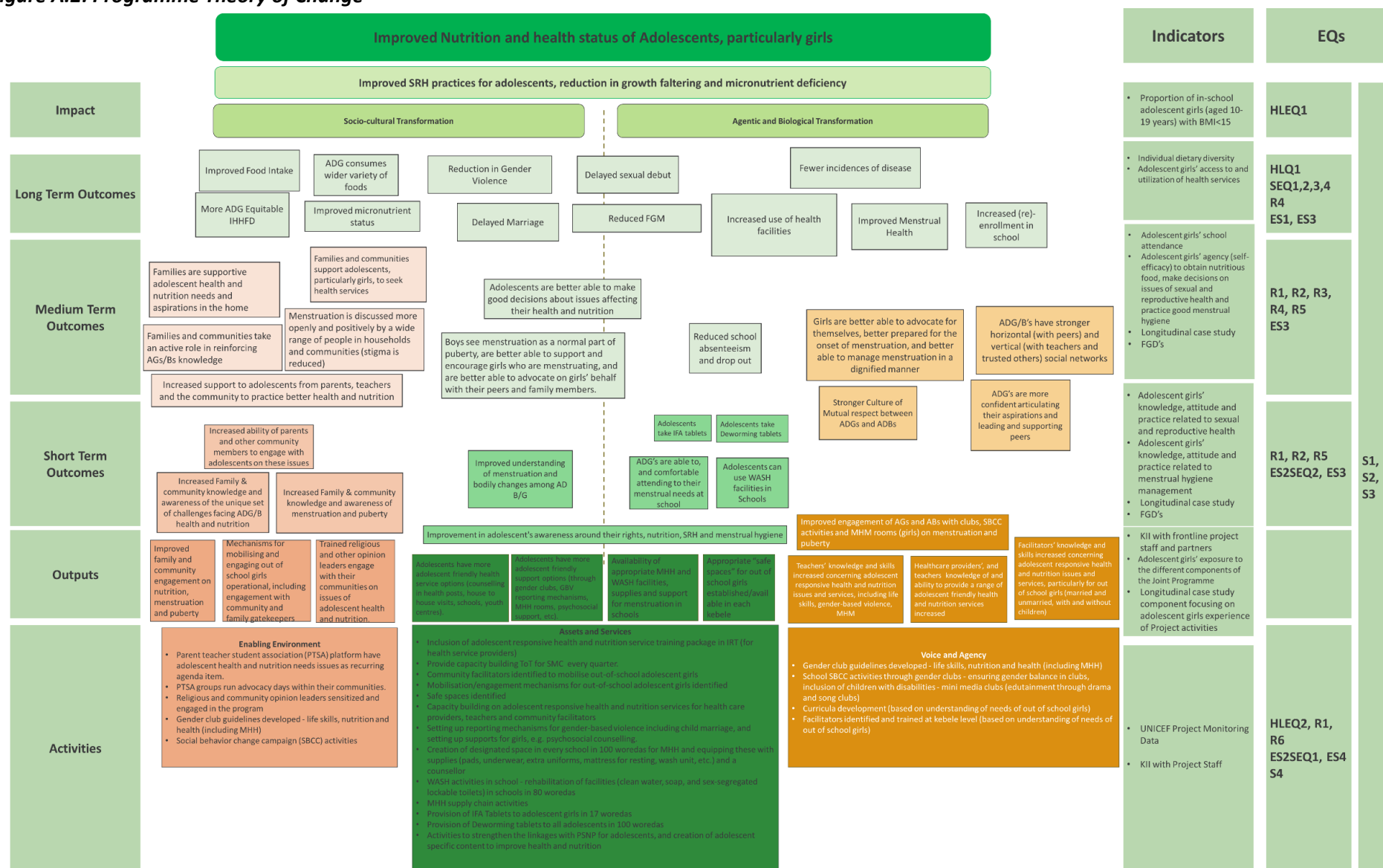
In order for adolescents to make informed decisions about issues that affect their health and nutrition, UNICEF recognize that families and communities need to be aware of the unique set of issues facing adolescents, and supportive of the decisions they need to make to improve their health and nutritional status. In the context of pervasive harmful social norms this needs to be an ongoing process of awareness-raising and counselling. There are four main approaches that UNICEF will employ to create a more enabling environment for adolescent girls:

1. **Parent-teacher student association (PTSA) groups, and community sensitization and mobilization:** UNICEF will reach communities through the pre-existing PTSA groups, which will include discussion of adolescent specific needs and issues as part of their regular meetings. The PTSA groups will also help to run advocacy days within communities to further raise awareness around the unique set of issues facing adolescents. This will be complemented by a programme of sensitization and engagement of religious and community leaders by UNICEF and government nutrition experts. It is expected that trained opinion leaders will then influence their communities.
2. **Complementary community mobilization for safe spaces:** UNICEF will work to identify appropriate facilitators to identify and mobilize out-of-school adolescent girls in communities. Part of this mobilization will also include engaging with communities to raise awareness of the unique set of issues facing out-of-school adolescent girls.

3. **MHH activities in gender clubs** have been designed to raise awareness and understanding of menstruation and its implications for all adolescents. This is intended to create an environment of understanding in schools, particularly among teachers and male peers, to destigmatize menstruation. If a supportive atmosphere in schools can be fostered, adolescent girls will feel more confident in managing their menstruation in school free of judgment, and reducing the likelihood of girls having to go home and consequently missing school.
4. **SBCC:** Acknowledging the importance of social, cultural and gender norms in creating an enabling environment for adolescents to exercise their agency regarding their unique set of needs and aspirations, UNICEF will work with communities to increase their awareness of the unique issues facing adolescents, in particular girls, and to shift attitudes towards adolescent girls' health and nutrition. They will do this through a social behaviour change campaign using media, potentially community media, in areas where the programme is focused. This could also involve community listening/watching and discussion groups.

The joint programme aims to create a more enabling environment for the improvement of adolescent girls' health and nutrition through multiple activities, including: engaging parents through the PTSA, working with opinion leaders through focused training and sensitization, and supporting both of these groups to engage with and influence the wider community. The programme also aims to increase support to girls in schools and health facilities through engaging boys in gender clubs, and supporting teachers and health providers through provision of training on an adolescent-friendly health and nutrition curriculum. This will result in increased knowledge, improved attitudes and more effective behaviours in support of adolescent girls' improved health and nutrition. Engagement activities will thus inform a wider range of stakeholders of the importance of adolescence as a period of growth, and adolescents' vulnerability to a number of issues, including poor nutrition, overwork, child marriage and early childbearing. Community engagement also seeks to create a more enabling environment and to create demand for adolescent nutrition and health by tackling discrimination against girls and fostering more positive attitudes. It will thus help to enable families and communities to support adolescents in their everyday lives to maximize their growth and potential.

**Figure A.2: Programme Theory of Change**





## ANNEX B: Evaluation matrix

The original evaluation matrix for the evaluation is presented here. The process evaluation that replaced the midline evaluation developed its own set of process evaluation questions that included EQs from the original matrix below. These are referenced against the PE questions in the main report.

OECD/DAC criteria	High-level evaluation questions	Sub questions	Indicator/criteria	Phase	Theory of change	Data sources	Analytical approach
Impact	HLQ 1 To what extent has the programme contributed towards impact level change? How and Why?	<p>What is the difference in change in BMI for age &lt;15th percentile between in-school adolescent girls who have:</p> <ol style="list-style-type: none"> <li>1. Increased use of adolescent-friendly health services.</li> <li>2. Increased use of adolescent-friendly health services <u>and</u> MHH facilities in school.</li> <li>3. Increased use of adolescent-friendly health services <u>and</u> in-school gender clubs <u>and</u> iron supplementation.</li> <li>4. Increased use of adolescent-friendly health services <u>and</u> in-school gender clubs <u>and</u> iron supplementation <u>and</u> MHH facilities in school.</li> </ol> <p>a. How and why? b. What has constrained and enabled change?</p>	Proportion of in-school adolescent girls (aged 10–17 years) with BMI for age <15th percentile	Endline	Impact	Quantitative Survey Qualitative component Process evaluation	Baseline/ endline comparison Qualitative component Contribution analysis
	HLQ 2 What are the changes in activity and output level indicators of the program?	<p>How significant are these changes? Are they on track or off track and why?</p>	Framework indicators for Activity and outputs		Outputs Activities	UNICEF project monitoring data KIIs with Front-line SPs FGDs with ADGs	Qualitative component
R1	1.1 What is the difference in impact indicator achievement in the different regions?	Why is there differential impact and what might explain differential impact?	<p>All impact and outcome indicators.</p> <p>Investigation of differences in design/adaptations.</p>	Endline	Impact Outcomes Outputs Activities	Quantitative survey Qualitative component	Qualitative component Quantitative descriptive

OECD/DAC criteria	High-level evaluation questions	Sub questions	Indicator/criteria	Phase	Theory of change	Data sources	Analytical approach
		Has the intervention design been adapted to meet differences in regional or zonal context? How?					process evaluation
R2	1.2 Have there been increases in knowledge and improvements in attitudes and behaviours regarding nutrition and health among adolescent girls and boys? What changes? How and why?	<p>To what extent have in-school adolescent girls' knowledge, attitudes and behaviours changed regarding their own health and nutrition? What changes? How and why? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?</p> <p>Have out-of-school girls' knowledge, attitudes and behaviours changed regarding their own, and girls', health and nutrition? What changes? How and why? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?</p> <p>Have boys' knowledge, attitudes and behaviours changed regarding their own, and girls', health and nutrition? What changes? How and why? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?</p>	<p>KAP scores</p> <p>Reported changes over time in the longitudinal narratives and examination of the contribution of the UNICEF Joint Programme.</p>	Endline	Outcome	<p>Quantitative survey</p> <p>Qualitative components</p> <p>Process evaluation</p>	<p>Baseline/ endline comparison</p> <p>Contribution analysis</p> <p>Qualitative component</p>
R3	1.3 Has there been an increase in adolescent girls' voice and agency regarding health and nutrition in family, community, and service (health and education) settings? What changes? How and why?	<p>To what extent have in-school adolescent girls' experienced changes in their voice and agency? What changes? How and why?</p> <p>Have out-of-school girls' voice and agency changed regarding their own protection, health and nutrition? What changes? How and why?</p>	<p>KAP/outcomes survey</p> <p>Reported changes over time in the longitudinal narratives, and broader FGDs. Examination of the contribution of the UNICEF Joint Programme</p>	Endline	Outcome	<p>Quantitative survey</p> <p>Qualitative component</p>	<p>Baseline/ endline comparison</p> <p>Contribution analysis</p> <p>Qualitative component</p>

OECD/DAC criteria	High-level evaluation questions	Sub questions	Indicator/criteria	Phase	Theory of change	Data sources	Analytical approach
R4	1.4 Have there been increases in knowledge and improved attitudes and behaviours of family members related to adolescent health and nutrition? What changes? How and why?	<p>What changes are observed in intra-household behaviours, e.g. such as domestic responsibilities, violence against girls, dietary diversity and food allocation, menstruation, etc.? How and why have these changes come about? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?</p> <p>What changes are observed in family support for girls at the community and service level, e.g. mobility, school enrolment and attendance, child marriage, FGM, utilization of health and nutrition services, etc. How and why have these changes come about? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?</p>	<p>KAP Scores Adolescent girls' dietary diversity</p> <p>Reported changes over time in the longitudinal narratives, and broader FGDs. Examination of the contribution of the UNICEF Joint Programme</p>	Baseline Midline Endline	Outcome	Qualitative Component	<p>Qualitative component</p> <p>Quantitative survey</p> <p>Contribution analysis</p>
R5	1.5 Has the programme shifted discriminatory age and gender-related social norms concerning adolescent girls' health and nutrition? How and why?	<p>To what extent have norms related to sexual and reproductive health shifted? How and why?</p> <p>To what extent have norms related to MHH shifted? How and why?</p> <p>To what extent have norms related to nutrition shifted, how and why?</p>	<p>Reported changes over time in the longitudinal narratives, and broader FGDs. Examination of the contribution of the UNICEF Joint Programme</p> <p>KAP/outcome survey</p>	Endline	Outcome	<p>Qualitative component</p> <p>Longitudinal case studies</p> <p>FGD's</p> <p>Quantitative survey</p>	<p>Contribution analysis</p> <p>Qualitative component</p> <p>Baseline/endline comparison</p>
R6	1.6 Does the programme effectively use a 'do-no-harm' approach sensitive to local contextual issues?	<p>How has UNICEF planned and implemented in order to 'do-no-harm'?</p> <p>How does the programme implementation take cognizance of local contextual issues, including community conflict?</p>	Assessment against criteria of 'do-no-harm' programming	Midline Endline	Activities	<p>UNICEF implementation manuals</p> <p>KII – UNICEF Staff</p>	Process evaluation
ES1	2.1 To what extent has the programme increased adolescent girls' use of	To what extent did use of adolescent-friendly health services increase for in school ADG's? How and why?	<p>Outcome indicators</p> <p>Access to health services</p>	Midline (qualitative)	Outcome	Quantitative survey	Baseline/endline comparison

OECD/DAC criteria	High-level evaluation questions	Sub questions	Indicator/criteria	Phase	Theory of change	Data sources	Analytical approach
	youth-friendly health services? How and why?	Has use of adolescent-friendly health services in the community changed for OOS ADGs? How and why? What were the key barriers and enablers to using YFHS for different groups of adolescents (including ADG heads of household and girls with disabilities)?		Endline (quantitative and qualitative)		Qualitative component Health Services Records (if UNICEF can access)	Contribution analysis Qualitative component
ES2	2.2 To what extent did external factors beyond the control of the programme affect the achievement of outcomes and impact?	Were there any factors external to the programme that affected the implementation of the UNICEF Joint Programme? How and why? Were there any external factors that significantly affected the outcomes of the UNICEF Joint Programme? How and why?	Fidelity of programming Reported changes over time in the longitudinal narratives, and broader FGDs	Midline Endline	Activities Outcomes	UNICEF project reports KIIs Qualitative investigation of programme experience	Process evaluation Qualitative component
ES3	2.3 Were there any unanticipated effects (positive or negative)?	How and why did these come about?	Outcome	Midline Endline	Outcomes Activities	Longitudinal case studies FGDs KII's	Qualitative Process evaluation
ES4	3.1 Were the targeted populations sufficiently engaged in the process?	How was the programme designed to increase engagement? Who was included/excluded? How and why? What worked to increase engagement?	Activities	Midline Endline	Activities and outputs	Longitudinal case studies FGDs KIIs	Process evaluation Qualitative
S1	4.1 What aspects of the programme are good practice and should be replicated?	What recommendations are there based on the evaluation regarding potential for scale?	n/a	Endline	Activities, Outcomes and Impact	Synthesis of all evaluation methods as part of the endline deliverable	All
S2	4.2 What aspects of the programme would need to be modified or	Which packages of the programme are more effective? How and why?	Impact and outcomes indicators Fidelity, dose, reach and participant interaction	Endline	Activities, Outcomes and Impact	Synthesis of all evaluation methods as part	All

OECD/DAC criteria	High-level evaluation questions	Sub questions	Indicator/criteria	Phase	Theory of change	Data sources	Analytical approach
	strengthened if this was to be scaled up? Why?					of the endline deliverable	
S3	4.3 What aspects of the programme are more context dependent than others, with implications for replication?	How relevant are different packages of the programme in different woreda contexts? What challenges are likely to be encountered in replicating the programme in both similar and different woredas? What other contextual factors could affect replication?	Impact and outcome indicators Fidelity, dose, reach and participant interaction	Endline	Activities, Outcomes and Impact	Synthesis of all evaluation methods as part of the endline deliverable	All
S4	4.4 Have capacities been enhanced in front-line service providers and community influencers to sustain the results?	In what ways, how and why have service providers' ability to deliver adolescent responsive services increased? In what ways, how and why have community influencers increased their ability to support ADGs to achieve improved health and nutrition?	KII experiences from front-line service providers Adolescent experience of activities Fidelity, dose, reach and participant interaction	Midline Endline	Activities Outcomes	UNICEF project monitoring data and reports KIIs Longitudinal surveys FGD's	Process evaluation Qualitative component

## ANNEX C Timeline for the Evaluation

List of activities	Timeline 2021/2022
Training of qualitative researchers by Itad/MMA	4–6 October
Processing of ethical clearance and support documents	4–22 October
Deployment planning and logistical arrangements for the fieldwork	18–25 October
Refresher sessions on research tools, task allocation, etc.	25 Oct
Deployment of qualitative field researchers	26–27 October
Researchers return to Addis Ababa (Considering the minimum and maximum days of stay in the field including travel)	1–15 November
Regional and federal-level interview of implementers	1–15 November
Transcription of data by researchers (including case studies and implementers interviews at woreda, regional and federal levels)	2–30 November
Review of transcripts submitted by researchers	8 November – 9 December <sup>9</sup>
MMA shares reviewed transcripts to Itad in three batches 1st batch 2nd batch 3rd batch	15 November 30 November 10 December
Itad's final feedback on transcripts	15 December
Clean up and final submission of all of the transcripts to Itad	20 December
Coding of transcripts	November–December
Data analysis	December 2021 – January 2022
Report writing and review	January 2022

<sup>9</sup> Field researchers completed individual transcripts on different paces depending on the date they returned to Addis. MMA reviewed transcripts upon on receipt from field researchers. All reviewed transcripts and notes compiled by regions as well as case studies and implementer sub- categories and shared with ITAD for review in three batches.



## ANNEX D: Data collection deployment plan

### SNNPR: Case studies

Region	Zone	Woreda	School	Treatment	Age group	No. of girls	No. of decision maker/ mother	Assigned researchers
SNNP	South Omo	Nyangatom	Nakeriyaman	T-4	Age 10–13 and 14–19	2 (1 from each)	2	Meron/Berhane
SNNP	South Omo	Desanech	Researchers to choose one	T-2	Age 10–13 & 14–19	2 (1 from each)	2	Meron/Berhane
SNNP	Wolayita	Dugina Fango	Researchers to choose one	T-2	Age 10–13 & 14–19	2 (1 from each)	2	Meron/Berhane

### SNNPR: Implementers interview at woreda level

	Zone	Woreda	No. of interviews	Sector	Assigned researchers
1	South Omo	Nyangatom	2	Woreda Health office Woreda education office	Meron; Berhane
		Desanech	2	Woreda Health office Woreda Education Office	Meron; Berhane
2	Wolayita	Dugina Fango	2	Woreda Health Office Woreda Education Office	Meron; Berhane

**Oromia: Case studies**

Region	Zone	Woreda	School	Treatment	Age group	No. of girls	No. of decision maker/mother	Assigned researcher
Oromia	Arsi	Sire	Ibsata Oda	T-4	Age 10–13 & 14–19	2 (1 from each)	2	Ayantu
	East Bale	Rayitu	Arda kalo; Bare Dimtu Eegu Hara adi Halo Badhadha		Age 10–13 & 14–19	2 (1 from each)	2	Ayantu
	Borena	Dire	Dide Mega Medhecho Mega Primary Qebena’a Soda		Age 10–13 & 14–19	2 (1 from each)	2	Sena; Dinkayow
		Miyo	Cheri Tururaa Hidi Primary Hidha Babo Miyo Primary Teso Primary		Age 10–13 & 14–19	2 (1 from each)	2	Sena; Dinkayow
		Moyale	Tuka Primary School	T-4	Age 10–13 & 14–19	2 (1 from each)	2	Sena; Dinkayow
	West Hararghe	Daro Lebu	Fugug; Haro Adi Oda Aneso Sa’ada, Sakina		Age 10–13 & 14–19	2 (1 from each)	2	Eden

**Oromia: Implementers interviewed in each woreda**

Zone	Woreda	No. of interviews	Sector	Assigned researcher
Borena	Dire	2	Health Centre (community) Water	Sena; Dinkayow
Borena	Miyo	2	Water; Education	Sena; Dinkayow
Borena	Moyale	2	Woreda Health Office education (community)	Sena; Dinkayow
West Hararghe	Daro Lebu	2	Woreda Health Office Woreda Education Office	Eden
Arsi	Sire	2	Woreda Health Office Education	Ayantu
East Bale	Rayitu	2	Woreda Education Office Woreda Health Office	Ayantu

### Somali: Case studies

Region	Zone	Woreda	School	Treatment	Age group	No. of girls	No. of decision maker/ mother	Assigned researcher
Somali	Korahe	Kebridehar	Dalad Primary School	T-4	Age 10–13 & Age 14–19	2 (1 from each age category)	2 (1 from each age category)	Mekdelawit

### Somali: Implementers interviewed in each woreda

Zone	Woreda	No. of interviews	Sectors	Assigned researcher
Korahe	Kebridehar	2	Woreda Water Bureau Education	Mekdelawit

### List of key informant interviews held at federal and regional level

No.	Region/ Organization/sector	Role/position
1.	Girl Effect Ethiopia, Addis Ababa	Evidence and Impact Senior Manager
2.	UNICEF, Addis Ababa	Child Protection Focal Person
3.	SNNPR, Health Bureau	Nutrition Officer and the Regional Nutrition Focal Person for the Joint Program
4.	Somali Region, Health Bureau	Program Coordinator
5.	UNICEF, Addis Ababa	Child Protection Officer
6.	UNICEF, Addis Ababa	Communication for Development (CD4) specialist, Menstruation Management Focal Person, under MHH/WASH, UNICEF.
7.	CARE Ethiopia, Addis Ababa	Manager of the Manager of the “Out-of-school adolescent girls with the engagement of Men and Boys”

## ANNEX E: Coding framework for UNICEF Ethiopia Joint Programme

Code	Memo
Context	How do the contexts in the regions/nationally/locally enable or inhibit implementation?
Context\regions	
Context\ national	
Context\local	
Context\replication	What aspects of the programme are more context dependent than others, with implications for replication?
Context\external factors	How have external factors beyond the control of the programme affected the achievement of outcomes and impact? (Fidelity of programming)
Context\external factors\implementation	Factors external to the programme that affected implementation
Context\external factors\outcomes	Factors external to programme that affected outcomes
Relevance	How are the objectives of the programme responding to the needs of programme participants (household to national levels) given the current context? (to what extent and for whom?)
Relevance\responds to needs	Is the programme contextually relevant from the perspective of the sociocultural system?
Relevance\responds to context	In what ways has it made use of situated norms, systems and practices around nutrition and health to effectively operationalize the programme in a context relevant way
Implementation	Was the programme implemented as planned? How? Why/ Why not? What have been the main barriers, enablers and adaptations to the interventions?
Implementation\Adaptations	How has implementation adapted over the course of the programme and why?
Implementation\Enablers	
Implementation\Barriers	
Implementation\Targeting	Is the programme targeting the right people?
Implementation\Participant engagement	Were the targeted populations sufficiently engaged in the process? how girls engaged in the process; and what enabled / prevented their engagement


Code	Memo
Implementation\Perceptions	what they felt about the services/interventions they accessed
Implementation\Services accessed	
Implementation\Good practice	What aspects of the programme are good practice and should be replicated?
Implementation\Modifications for scale-up	What aspects of the programme would need to be modified or strengthened if this was to be scaled up? Why?
Implementation\Capacity built	Have capacities been enhanced in front-line service providers and community influencers in order to support the sustainability of results?
Implementation\Do-no-harm	How has UNICEF planned and implemented in order to 'do-no-harm'?
Implementation\Context-sensitive	How does the programme implementation take cognizance of local contextual issues, including community conflict?
Implementation\Coordination	Which mechanisms for coordination are working, and which are not?
Implementation\Coordination\functioning well	
Implementation\Coordination\not functioning	
Implementation\Coherence	How well do the programme interventions fit together, create synergies and coherence (internal coherence)?
Outcomes	Change pathways questions ('Mechanisms of impact') look specifically at the activities/interventions, considering how they have been operationalized and the experiences and perceptions of community members and other stakeholders (such as implementers and government)
Outcomes\increases in knowledge	
Outcomes\improved attitudes and behaviours	<p>Have there been increases in knowledge and improved attitudes and behaviours of family members related to adolescent health and nutrition? What changes? How and why?</p> <p>What changes are observed in intra-household behaviours, such as: domestic responsibilities, violence against girls, dietary diversity and food allocation, menstruation, etc.? How and why have these changes come about? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?</p>
Outcomes\improved attitudes and behaviours\domestic responsibilities	



Code	Memo
Outcomes\improved attitudes and behaviours\violence against girls	
Outcomes\improved attitudes and behaviours\dietary diversity	
Outcomes\improved attitudes and behaviours\food allocation	
Outcomes\improved attitudes and behaviours\ menstruation	
Outcomes\family support for girls	What changes are observed in family support for girls at the community and service level, e.g. mobility, school enrolment and attendance, child marriage, FGM, utilization of health and nutrition services, etc. How and why have these changes come about? What is the relationship between changes in knowledge, attitude and behaviour and what affects this?
Outcomes\family support for girls\mobility	
Outcomes\family support for girls\school enrolment and attendance	
Outcomes\family support for girls\child marriage	
Outcomes\family support for girls\FGM	
Outcomes\family support for girls\utilization of health and nutrition services	
Outcomes\use of YFHS	How is the programme increasing adolescent girls' use of youth-friendly health services? How and why? (ES1. 2.1) For whom? If not, why not?
Outcomes\theory of change	Are the core activities of the project consistent with the intended results chain/ theory of change?
Outcomes\perceptions	how the services/interventions experiences have affected girls' thinking, feelings, behaviours' in relation to the different thematic and whether there was enough dose or not and in relation to which bits of the services/interventions

Code	Memo
Outcomes\perceptions\appropriate 'dose'	
Outcomes\perceptions\health	
Outcomes\perceptions\nutrition	
Outcomes\perceptions\KAP gained	
Outcomes\interaction with interventions	How have participants interacted with the interventions? (focus on anticipated and unanticipated processes)

## ANNEX F: Ethical approval from EPHI (revised for midline)



### Ethiopian Public Health Institute Institutional Review Board (EPHI-IRB)

#### Protocol Amendment Submission Form

PROTOCOL NUMBER: EPHI-IRB-213- 2019		SUBMITTED DATE: 28.09.2021	
PROTOCOL TITLE: <b>Midline Evaluation of the UNICEF Ethiopia Nutrition-WASH-Education Joint Programme</b>			
PRINCIPAL INVESTIGATOR: Dr Rebecca Calder			
INSTITUTE: ITAD LTD WITH MMA		Telephone: +1 778-990-1718	
APPROVED DATE:		NO. OF AMENDMENT: 1	
<p><b>DESCRIPTION AND REASON FOR THE AMENDMENT:</b></p> <p>The above protocol has three phases: baseline, midline and end line. The baseline was conducted in 2019 in eight regions (Tigray, Afar, Amhara, Oromiya, SNNP, Somali, Gambella and B/Gumuz) and the report was shared with the EPHI in early 2020. However, this midline study is to be conducted in Oromiya, SNNP and Somali regions due to the following reasons:</p> <ol style="list-style-type: none"> <li>1. Due to the Covid 19 pandemic and security reasons, the implementation of the program has been limited to the three regions and the Gambela and B/Gumuz regions were not include</li> <li>2. The onset of Covid19 in early 2020 significantly impeded programme implementation, given the critical importance of the school within the programme. The decline in the security situation in various parts of Ethiopia has also affected the programme, particularly in Tigray but also in other regions in the last 8 months</li> <li>3. Due to point 1 above, last year we agreed with UNICEF to delay the midline exercise by a year, and we formally reported that delay to EPHI</li> <li>4. This year, we have ongoing security issues meaning that some of the key woredas we planned to visit in Tigray, Amhara and Afar are in accessible</li> <li>5. The midline exercise was always qualitative only, with a strong focus on process evaluation and the experience of the programme for implementing agencies. As a result of delays and restrictions, we have had to cut back the geographical coverage of the midline exercise. UNICEF has been updating us regarding the security situations in different regions/woredas and we have been following accordingly.</li> </ol> <p>For these reasons, we need the amendment of the ethical clearance.</p>			
TYPE OF AMENDMENT REQUESTED:			

☒ EXPEDITED (Minor changes)

☐ FULL BOARD REVIEW BY IRB (More than minor changes or that amendment "materially affects risks to subjects")

SIGNATURES:

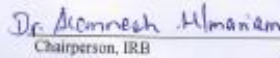


Principal Investigator

Date: 27/09/21

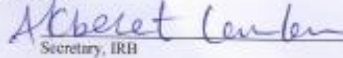
COMMENTS: ☐ EXPEDITED (Minor changes) ☐ FULL BOARD REVIEWED

APPROVALS

  
Chairperson, IRB

Date:

COMPLETION

  
Secretary, IRB



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## ANNEX G: Terms of Reference

***Attached as separate PDF file***



We want the resources invested in international development  
to have the greatest possible impact on people's lives.  
We provide the insight and ideas to ensure that they do.

Itad  
Preece House  
Davigdor Road  
Hove BN3 1RE  
United Kingdom

+44 (0) 1273 765 250

[itad.com](http://itad.com)