

WFP EVALUATION

Evaluation of the Breaking Barriers for Girls' Education Programme in Chad 2019–2022



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Key Personnel for the Evaluation

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Executive Summary

1. The American Institutes for Research (AIR) conducted the final joint evaluation of the Breaking Barriers for Girls' Education (BBGE) programme in Chad implemented from October 2019 to December 2022 by the World Food Programme (WFP) in conjunction with the United Nations International Children's Emergency Fund (UNICEF) and the United Nations Population Fund (UNFPA). This joint evaluation was commissioned by the WFP School-Based Programmes (SBP) division in Rome for the purposes of accountability and learning.¹ The evaluation's objectives are to assess the relevance, coherence, efficiency, effectiveness, perceived impact, and sustainability of the BBGE programme in Chad and offer actionable steps for program improvement. This report presents the evaluation findings and conclusions.

CONTEXT

2. Chad was targeted for the BBGE programme due to outstanding barriers to girls' education, high levels of poverty and food insecurity, and crisis contexts that place girls at risk. On average, children in Chad spend 7.3 years in school². Girls drop out of primary and secondary school at high rates due to early marriage and unplanned pregnancy.³ Despite improvement in the education sector over the last decade, the net school enrolment rate and female-to-male schooling rate have decreased in recent years in Chad.⁴ Primary school enrolment remains low, and it is estimated that fewer than one third of students who enroll in primary school eventually complete it. As of 2018, only 20% of age-eligible youth were enrolled in secondary and tertiary education, a rate that was far lower for girls (14%) than boys (27%). By comparison, secondary school enrolment rates are twice as high in neighbouring Cameroon and Sudan.⁵
3. Chadian children who attend school often fail to receive an education of high quality. In 2019, 77% of children did not attain the minimum competency levels for reading, and 89% of children did not attain the minimum competency levels for math at the end of primary school.⁶ Moreover, the country's education institutions are overburdened in areas where internally displaced persons (IDPs) and refugees live. The COVID-19 pandemic exacerbated many pressing developmental challenges faced by Chad. Schools were officially closed in March 2020 to curb the spread of the virus; students were gradually allowed to return to classrooms starting in June 2020, and all students were invited back in October 2020. Students did not have the luxury of online learning: Over 90% of rural students were unable to access learning in any form in the immediate aftermath of the pandemic, and only 8% of households in July 2020 that had previously provided for the education of their children continued to do so in the context of the pandemic. Key services provided through schools were interrupted, including school meals and reproductive health services.⁷
4. The country faces many challenges in addressing cross-cutting developmental needs such as gender equality, health, and food security: According to the United Nations Development Programme (UNDP), Chad ranks second to last (190 out of 191) amongst countries included in the most recent version of the Human Development Index (HDI).⁸ Chad is also increasingly confronting the effects of climate change, as evidenced by desertification of traditional croplands and the waters of Lake Chad, disappearing grazing lands, increases in severe flooding, and climbing food insecurity.⁹ The country is ill equipped to meet the climate threat: Chad ranked last out of 182 countries in the 2020 Notre Dame Global Adaptation Index on climate change vulnerability.¹⁰ Food security is further threatened by the current global food price crisis and the regional insecurity in neighbouring Cameroon

¹ We refer hereafter to the 'joint evaluation', commissioned concurrently by the WFP, UNICEF, and UNFPA and managed by WFP, simply as the 'evaluation' for simplicity's sake.

² UNICEF, 2018

³ Ibid

⁴ Sustainable Development Report, 2021

⁵ Tchana et al., 2021

⁶ PASEC, 2019

⁷ Tchana Tchana et al., 2021

⁸ UNDP, 2022

⁹ World Bank, 2021

¹⁰ University of Notre Dame, 2023

and Nigeria.¹¹ Furthermore, education in Chad is beset by many educational challenges, including poor attendance and instructional quality, gender inequality, and rapid population growth.¹²

SUBJECT OF THE EVALUATION

5. Within this context, WFP, UNICEF, and UNFPA joined together with government ministries, parent associations, and other local non-governmental organizations (NGOs) and community-based organizations (CBOs) to implement a package of activities with funding from Global Affairs Canada (GAC) (over CAD 16.4 million) in the Lac and Logone Oriental regions of Chad. The overall aim of the BBGE programme was to increase access to education for girls, particularly those living in fragile and conflict-affected areas, by reducing and removing persistent barriers to their enrolment and attendance in school. The main barriers to education targeted by BBGE activities included hunger and poverty, gender-based violence, gaps in school-based health and WASH services, lack of nutrition support services, disapproving attitudes regarding girls' education, lack of awareness of sexual and reproductive health rights, and insufficient capacity at government and local levels to address girls' specific educational needs.
6. To accomplish the overall programme goal of increasing educational access for girls by addressing common barriers, the BBGE team implemented a host of activities targeting primary and secondary school children, parents, teachers, community members, and relevant government personnel. The programme activities included provision of school meals, distribution of cash grants and scholarships for girls (hereafter referred to jointly as "financial incentives"); training for students on topics such as sexual and reproductive health (SRH), gender-based violence (GBV), water, sanitation, and hygiene (WASH), life skills, and HIV; after-school tutoring; healthcare referral services for students; financial incentives for high-performing girl students; "welcome kit" grants to secondary school girls; distribution of sanitary napkins; distribution of micronutrient supplements and deworming medications; community-based sensitization on the importance of girls' education; the creation of community safe spaces for adolescent girls; training of school cooks and parent-teacher associations (PTAs); and support to women's groups and mothers for income-generating activities (IGAs).
7. UNICEF, UNFPA, and WFP created a theory of change (ToC) for the BBGE programme, depicting hypothesized links between programme activities and a reduction in barriers to schooling. The shared format of implementation, with each agency taking responsibility for activities aligned with their organizational mandate, ensured that the program aligned with all stakeholders' workflows. Once a household's immediate basic needs are met (i.e., shelter, food, water, and clothing), the ToC suggests, it could begin supporting the human capital development of the children through investments in health, nutrition, and education. The ToC indicates that the combination of activities within the BBGE programme should result in increased access to nutritious foods; increased incentives for adolescent girls' school enrolment and attendance; increased knowledge about girls' rights to education, GBV prevention, and SRHR; and increased government capacity to address these issues. The increased access to education and knowledge of gender equality issues should reduce barriers to school attendance, including barriers such as social norms, poor health, poverty, opportunity costs of attending school, personal safety concerns, weak institutional capacity, and lack of awareness of the importance of education for girls. Once these barriers are reduced and removed, girls should have greater access to education and improved well-being, especially in crisis contexts. The ToC contains a "stacking" of outcomes and objectives; namely, the same results at different levels of the program logic. Please refer to Annex 14 for a detailed presentation of the ToC.
8. The expected users for this evaluation report include the WFP SBP Division and its decision-making partners; WFP, UNICEF, and UNFPA headquarters and regional and country offices; the ministries of education and health in Chad; GAC; and local NGOs and CBOs acting as implementing partners.

EVALUATION METHODOLOGY AND SCOPE

9. The two main objectives of the BBGE evaluation are accountability and learning, with an emphasis on learning, and the ultimate goal is to promote gender equality and women's prosperity. The evaluation methodology used in this report is in line with the inception report which operationalized the evaluation process at hand and incorporated feedback from the Evaluation Reference Group (ERG) to ensure buy-in from key stakeholders and evaluator responsiveness to the needs and priorities of the implementing partners.

¹¹ Defontaine & Castet, 2021

¹² PASEC, 2019

10. AIR used a mixed-methods approach, integrating quantitative and qualitative methods to (a) assess progress successful implementation resulting from the joint approach to the programme, and (c) examine the partnerships amongst the organizations responsible for implementing the BBGE programme in Chad. The evaluation questions (EQs) that aided us in meeting these objectives reflect the six main OECD-DAC criteria: (a) relevance of the programme, (b) coherence of the programme with existing strategies and interventions in the country, (c) efficiency of programme implementation, (d) effectiveness of the programme, (e) sustainability of the programme, and (f) perceived programme impact. Addressing these questions enabled us to evaluate the programme design and implementation as well as identify factors that enable sustainability of the BBGE programme. Across all EQs, we consider gender equality and women’s empowerment. For example, we examine the gender responsiveness of programme activities, potential barriers to access for women and girls, and gender-specific contextual factors that may have influenced women’s and girls’ experiences with the programme. For the evaluation in Chad, we designed a mixed-methods approach to answer all EQs, creating synergies in the process (Table 1). A mixed-methods approach provides a more comprehensive understanding of how the program worked and what its outcomes were, and it enabled us to delve more deeply into the observed patterns of findings.

Table 1. Evaluation Criteria and Evaluation Questions

Evaluation criteria	Evaluation question
1. Relevance	Were the BBGE programme activities relevant to the health and educational needs of preadolescent and adolescent girls, particularly girls from marginalized groups, within the humanitarian context of the target zones?
2. Coherence	To what extent did the programme’s objectives and activities align with national government policies and priorities and with relevant programmes operating in the target provinces?
3. Efficiency	To what extent did programme activities deliver results in a timely and efficient way within the UNICEF, UNFPA, and WFP partnership?
4. Effectiveness	To what extent did programme activities result in expected outputs and outcomes?
5. Sustainability	To what extent did the programme improve government and community capacity and ownership of activities?
6. Impact	To what extent did the programme achieve desired outcomes for girls’ education?

11. The quantitative component included a school census with 57 schools and surveys from a total of 566 household and 560 youth respondents in the Lac and Logone Oriental regions. The qualitative component included 16 focus group discussions (FGDs) with adolescents, parents, and community members, separated according to sex at four sites, 25 key informant interviews (KIIs) with community and government stakeholders, and six organizational FGDs at the headquarters and country levels. The research team ensured that both quantitative and qualitative data collection tools would yield data sufficient to analyse the program’s impact on girls’ education and empowerment (please see Annex 4 for the complete data collection tools). We triangulated the findings from both the quantitative and qualitative components, along with information from existing program documents, monitoring data, and most recent logframe provided by the WFP, to comprehensively address all research questions and provide recommendations for programme improvement. In this report, wherever possible, we begin with presenting quantitative findings and bring qualitative data to support them. However, some research questions are only addressed using qualitative data. Data collection took place between January and February 2023.

12. While the AIR team took steps to mitigate the risks to the study validity, we could not avoid several factors. These include (a) lack of data or limited data such as quantitative baseline data, missing recall data, detailed monitoring documents, and first round of data collection not meeting quality standards; (b) social desirability bias and sensitive questions in survey data; and (c) logistical challenges related to data collection, including remote work, river flooding in the Lac and Logone Oriental provinces, political insecurity in N'Djamena, and data collection in several languages. We considered these limitations and discussed several implications and mitigation strategies in the report, including a second round of data collection meeting quality standards.

KEY FINDINGS

Relevance

13. BBGE activities were designed to address education barriers related to poverty and food insecurity; health, WASH, and nutrition service gaps; attitudes towards girls’ education, SRHR, and GBV in schools and communities;

and institutional capacity to support girls' education. Quantitative and qualitative data confirm these as key barriers and suggest that the comprehensiveness of BBGE activities provided relevant support to targeted communities. Data also suggest that BBGE communities were amongst the most vulnerable in Chad, suggesting that the programme reached its intended set of beneficiaries.

Coherence and Connectedness

14. The BBGE programme's objectives and activities successfully aligned with the Government of Chad's relevant policies and priorities for the education; food security and nutrition; gender-based violence prevention; water, sanitation, and hygiene; and health sectors. The programme's joint approach was generally compatible with the government's strategies and objectives as well as with WFP, UNICEF, and UNFPA strategies and objectives aimed at increasing youth access to education and addressing gender disparities across their primary sectors of operation. BBGE's joint approach was also compatible with the strategies and objectives of individual agencies. All three UN agencies had the objective of reducing gender barriers nationally through their specific areas of implementation, consistent with BBGE's broader objectives and specific components and activities.

Efficiency

15. Programme activities implemented within the UNICEF, UNFPA, and WFP partnership were generally delivered in a timely and economical way. Some activities were delayed or not fully delivered, including cash transfers, food delivery, some health services, identification of safe spaces, and construction of preschools. Among external factors, COVID-19 delayed the BBGE start up and implementation. Findings also indicate some internal factors such as limited consultation with communities during the planning phase and lack of coordination between implementing partners, which hindered the timely achievement of results.

Effectiveness and Perceived Impact

16. The BBGE programme had an ambitious set of activities planned for Chad aimed at girls, schools, and communities. The school census indicated that BBGE schools received, on average, five of the six school-based activities (i.e., school meals, cash incentives, trainings, nutritional supplements/deworming, constructions on latrines and hand washing stations, and sanitary kits). Among programme activities, school meals were most widely delivered (81% of primary schools), followed by latrine construction (75% of schools) and followed by cash incentives (73% of schools), while other programme components were implemented with less fidelity.
17. Overall, the quantitative and qualitative evidence suggest that BBGE may have improved education outcomes of youth in BBGE communities. Enrolment and attendance rates were high in program schools – 93% and 70%, respectively. These results aligned with the high educational aspirations of both caregivers and youth. Further, cash grants and school meals were perceived to help most in overcoming barriers to educational attainment for youth and were perceived as the two BBGE flagship activities. Teachers believe girls are enrolling in school at higher rates due to the BBGE programme.
18. Youth knowledge of behaviours related to health, WASH, SRH, and HIV were mixed, with no clear indication of observed positive trends. Although latrine construction took place in 75% of BBGE schools, the implementation of other WASH and health-related activities, such as micronutrient supplementation, seem to have been less successful. Specifically, complementary sensitization and trainings on WASH topics will ensure that investments in WASH infrastructure and nutritional supplements translates into improved health knowledge and behaviours.
19. Several internal and external factors affected the programme's effectiveness including lack of engagement of local actors and the limited timeframe as well as COVID-19 pandemic, conflict, lack of existing infrastructure, and natural disaster events.

Sustainability

20. There is uncertainty about the sustainability of the programme beyond its initial phase. Implementers referred to the initial project period as a pilot and indicated that a continuation of BBGE largely depended on the results of the external evaluation. At the same time, there is evidence that the outreach to parents and community members appears to have been successful in garnering commitment to support girls' education beyond the initial BBGE implementation period, however, resource-intensive activities (such as financial incentives) will not continue in the absence of external funding, and there were concerns about girls' ability to stay in school without support from BBGE. Furthermore, parents and community stakeholders expressed a sense of dependency and

helplessness and a lack of clear vision for sustaining BBGE activities in the absence of external support to carry activities forward.

CONCLUSIONS

21. All intended programme activities were implemented, implying that the WFP, UNICEF, and UNFPA jointly leveraged their expertise to provide a multidimensional intervention. However, occasional coordination issues at the ground level emerged, as well as some concerns over funding flows. The project should adopt a more centralized mechanism for coordinating implementation amongst WFP, UNICEF, UNFPA and their subcontractors. This advice seems appropriate for implementation of BBGE (were to be continued) and also for any future scale-up efforts.
22. Fidelity of implementation was strong in Chad; however we find evidence of improper targeting of certain interventions to intended beneficiaries with boys being as likely as girls to report receipt of certain programme activities targeted at only girls (i.e., financial incentives and welcome kits) even though the overarching aim was to increase girls' enrolment in and attendance at school. Although improper targeting was more prevalent in Chad than in Niger, this may have positively affected the reception and perception of the programme in the communities as we heard less complaints from parents about boys being left out. It is strategically desirable to obtain community buy-in and prevent backlash against the programme to support its sustainability. Further, boys living in crisis context may also benefit from similar activities.
23. Overall, indicators related to school enrolment and education aspirations were high, especially for girls from target areas. However, youth knowledge of BBGE-targeted behaviours (e.g., SRH, WASH) was mixed, likely related to variation in implementation of those programme activities. The BBGE programme should have considered more intensive and repeated trainings reaching a larger proportion of the targeted groups (especially teachers), on girls' education, SRH, and GBV to encourage change in related attitude, knowledge, and behaviours.
24. Financial incentives and school meals were perceived to help most in overcoming barriers to educational attainment for youth and were the two of the most widely received BBGE activities. At the same time, delays in the distribution of financial incentives and school meals delivery could have led to reduced effectiveness of the BBGE programme in Chad. For example, delays in the distribution of financial incentives could have led to reduced effectiveness of the BBGE programme by causing delays in enrolment and leading some girls to drop out of school for short periods until the finances were received. Therefore, it is essential that resources are distributed efficiently to ensure activities are implemented in a timely manner in order to maximize impacts.
25. Sensitization on the importance of girls' education showed some possibility of continuation in the absence of external support; however, there was a strong sense of dependency on programme implementers on the part of community members. For future programming as well as for any potential continuation of the BBGE programme, it is advisable to draw a sustainability plan from inception. As of now, flagship activities of the BBGE programme, such as financial incentives and school meals, will not continue without the support of the three agencies or other funding sources.

LESSONS LEARNT

26. While this report focuses on the evaluation of the BBGE activities in Chad, the programme was simultaneously implemented in Niger. Drawing on findings from across both countries we now present lessons learned that will serve to inform future expansion of the programme or other joint-approach interventions:
27. **Concentrating resources on fewer schools and prioritizing key activities increases their simultaneous delivery and improves the fidelity of implementation.** Implementation in Chad was better than in Niger, with participants receiving, on average, 5 school-based activities (out of 6) compared to 3 activities in Niger. In Chad, the programme targeted 78 schools and whereas in Niger, BBGE targeted 262 schools. Moreover, according to the programme logic frameworks, activity targets by the end of the project were more likely to be reached in Chad than in Niger. Overall, these findings suggest that the programme should prioritize resource efficiency by focusing on the depth of each activity as opposed to its breadth.
28. Across both countries, school meals and financial incentives were deemed most effective for reducing barriers to girls (and boys) education. **In both Chad and Niger, school meals and financial incentives were widely considered to provide crucial support for facilitating school access for children. These activities should be prioritized if the programme were to be continued.**
29. **In both countries, the BBGE programme overestimated its ability to sufficiently support out-of-school girls in returning to school.** Through our evaluations, we found evidence that out-of-school girls in both countries were

struggling with re-entry into the education system. This phenomenon was more pronounced in Chad, where girls dropped out during the COVID-19 pandemic and did not return though limited efforts were made by the programme to support their return to school. In Niger, in contrast, the BBGE programme included remedial education activities specifically designed to target girls not enrolled in school, but the country's lack of procedures for re-enrolling students who left the system limited the programme's ability to do so. Therefore, it is important for the BBGE programme to consider the additional academic supports needed when students re-enrol in school after an extended period. This is especially important among refugee and IDP populations as disruptions in education are more common due to their necessary transitory nature. A sustainable approach to addressing this issue would require involving the government to ensure that the procedures and systems for supporting out-of-school students returning to the education system can operate even after programs such as BBGE are stopped.

30. **The timing of activities is vital to programme success.** Implementation of various activities aimed at reducing barriers to girls' education is a necessary but insufficient condition for BBGE programme effectiveness. Financial incentives were delayed in both Chad and Niger and were not distributed to beneficiaries until after the start of the school year meaning after school fees and associated expenses were due. For these activities to be most effective, the BBGE program should strive to distribute payments in advance of payment deadlines. Relatedly, the provision of school meals should align with the school calendar such that students receive meals from the first day of school. Since providing food at school is an important activity for encouraging student attendance, ensuring these meals are available for the duration of the school year will produce greater effects on attendance. In Niger, there were also programme delays in the establishment of safe spaces and in health-related activities including creation of school infirmaries, health clubs, and SRH services – activities meant to keep girls' healthy and in school.
31. **With the joint approach, it is important to include country and regional level teams in conversations about programme management and synchronization and not simply coordinate amongst the UN agencies at the headquarters level.** Interviews and focus groups in Chad and Niger and at the headquarters level highlighted a lack of clear communication and coordination between headquarters, country offices, and regional offices as well as between country offices and implementing partners. These communication issues ultimately resulted in some project delays and limited the efficiency of implementation. One commonly cited issue related to the flow of resources, particularly financial resources, from headquarters to implementing partners and the inherent delays resulting from the multiple levels funds needed to travel to reach beneficiaries. Additionally, unclear guidance on the lines of communication and roles of each office, especially at the regional level, led to ambiguous tasks and ownership of activities leading to further delays and programme inefficiencies. For future BBGE or similar programming offered through a joint approach, it may be prudent to recruit programme coordinators to manage all activities and resources as done in the Malawi JPGE or use a centralized coordination mechanism for UN agencies and implementing partners. Additionally, establishing lines of communication and clearly defining roles for each level will facilitate efficient programme implementation.

RECOMMENDATIONS

32. As a result of the evaluation findings, we provide six evidence-based recommendations pertaining to programme efficiency, effectiveness, impact, equity, sustainability, coherence, and connectedness. These recommendations are specific to the evaluation objectives and the program as implemented in Chad and are addressed for the three implementing partners.
33. Recommendation 1: Set up a centralized mechanism for coordination between the three UN agencies and their local subcontractors to improve the joint implementation approach. The coordination unit should include representatives from each UN organization based in-country and the unit should oversee all activity implementation and conduct regular monitoring missions to ensure consistency of the joint approach.
34. Recommendation 2: Clarify targeting of interventions among UN agencies and local subcontractors (for examples, should boys be receiving any interventions, as the evaluation showed that they were?) and improve communication around targeting.
35. Recommendation 3: Improve the timeliness of the provision of financial incentives. Ensure that financial incentives for girls are delivered at the start of the school year to encourage proper and timely use of funds for girls' educational needs.
36. Recommendation 4: Improve timeliness of and communication around school meal provision. Determine bottlenecks in food delivery resulting in delays, and set realistic expectations about when school meals will be provided during the school year (i.e., will they start at the beginning of the school year or a few months in?).
37. Recommendation 5: Increase the length and frequency of trainings on girls' education, SRH, and GBV to target changes in entrenched norms and practices. Mobilize community, religious, and health leaders to facilitate

trainings and encourage participation. Include trainings on fostering a safe school environment and preventing bullying.

38. Recommendation 6: The UN agencies should establish a clear sustainability plan for all programme activities with identified assignments for government, community leaders and country office staff. For activities that require additional financial resources, the sustainability plan should identify which elements can be continued at low or no cost.

Introduction

39. Chad is one of the poorest countries in the world; in 2022, it ranked 190th of 191 countries in the Human Development Index¹³ and has a low average life expectancy and poor educational outcomes. Chad also ranks third lowest on the Gender Development Index,¹⁴ meaning that the educational, health, and financial gaps between men and women are greater than in almost any other country in the world¹⁵. Further, Chad ranks very low in the 2022 Global Hunger Index, at 117th out of 121 countries¹⁶, and over 2.1 million people were estimated to be food insecure in the country during the lean season of 2022 (June–September). A recent rise in food insecurity over the past 3 years has been well documented by sources such as FEWS NET and the WFP. The rise is due to a combination of factors, including the economic downturn associated with the COVID-19 pandemic, disruptions to supply chains and resulting commodity price hikes, the rising cost of fertilizer, flooding, climactic disruptions, and internal and external conflict. The quality of life for households living in poverty in Chad is made worse by the lack of basic household infrastructure: In 2018, less than 2% of poor households had access to electricity, and 48% lacked access to improved water sources. Although extreme poverty had modestly declined between 2011 and 2018, from 47% to 42%, the COVID-19 pandemic offset these gains and caused extreme poverty to return to 2011 levels. Demographic shifts are also putting pressure on a stretched economy: Chad has one of the youngest populations in the world: The median age of citizens is 16.6 years old, and nearly two thirds of the population are younger than 25 years old. Resource constraints and climate vulnerabilities are exacerbated by a rapidly growing population that is expected to swell from 16 million in 2020 to 34 million by 2050¹⁷.
40. To combat some of the challenges that obstruct the attainment of education in Chad, particularly amongst girls, the World Food Programme (WFP), in conjunction with the United Nations International Children’s Emergency Fund (UNICEF) and the United Nations Population Fund (UNFPA), implemented the Breaking Barriers for Girls’ Education (BBGE) programme from October 2019 to June 2022. The BBGE team leveraged a joint approach to programme implementation with the intent of achieving convergence of programme activities for key beneficiaries and thus ultimately reducing or eliminating barriers to education. The main barriers to education targeted by BBGE activities included hunger and poverty; gender-based violence; gaps in school-based health and water, sanitation, and hygiene (WASH) services; lack of nutrition support services; disapproving attitudes regarding girls’ education; lack of awareness of sexual and reproductive health rights; and insufficient capacity at government and local levels to address girls’ specific educational needs. In turn, the programme implemented a package of activities targeting primary and secondary school children, parents, teachers, community members, and relevant government personnel in the Lac and Logone Oriental regions of Chad. Similar activities were implemented in Niger under the same programme umbrella; however, this evaluation report focuses on BBGE implementation in Chad.
41. The American Institutes for Research (AIR) was contracted by the WFP School-Based Programmes (SBP) Division to conduct the endline evaluation of the BBGE programme in Chad. This report describes the joint evaluation purpose and design as well as the findings and conclusions. Finally, this report offers recommendations based on the evaluation results.

1.1. Evaluation Features

42. The American Institutes for Research (AIR) was commissioned by the WFP SBP Division to carry out an evaluation of the BBGE programme in Chad and Niger that covers the entire period of programme implementation. AIR used a mixed-methods approach to investigate the performance of the BBGE programme in achieving outcome improvements for school-age children, including adolescent girls, and assess the strengths and weaknesses of the joint implementation approach used by WFP, UNICEF, and UNFPA.
43. This evaluation aligns with WFP’s greater attention to gender equity and transformation within school feeding programmes and the need to better understand how to develop guidance for such programmes in humanitarian settings. The BBGE programme exemplifies WFP’s new approach to school feeding using an integrated and

¹³ UNDP, 2022

¹⁴ The Gender Development Index measures gender gaps in achievements in three basic dimensions of human development: health (measured by female and male life expectancy at birth), knowledge (measured by female and male expected years of schooling for children and mean years of schooling for adults aged 25 years and older), and living standards (measured by female and male estimated gross national income per capita). It is a ratio of the female to the male Human Development Index.

¹⁵ UNDP, 2022

¹⁶ WFP, 2023

¹⁷ Tchana Tchana et al., 2022

multisectoral package of interventions for school-age children, outlined in its School Feeding Strategy 2020-2030 framework.¹⁸ Its evaluation offers a unique opportunity to learn from the joint implementation of the programme by WFP in tandem UNICEF and UNFPA.

44. The two main objectives of the BBGE evaluation are accountability and learning, with an emphasis on learning, and the ultimate goal is to promote gender equality and women's prosperity.
- **Accountability:** The evaluation assesses and reports on the performance and results of the BBGE programme in Chad. The findings are to be reported to Global Affairs Canada (GAC); national authorities in Chad; and national, regional, and global stakeholders, as well as programme beneficiaries.
 - **Learning:** The evaluation helps in understanding why certain results occurred or did not occur and thus can be used to draw lessons and derive good practices. It also provides evidence-based findings and recommendations to inform operational and strategic decision-making by different stakeholders. The report discusses the intended and unintended effects of the intervention on gender equality and other equality dimensions as well as the programme's ability to meet the needs of marginalized populations, including populations with disabilities, refugees, and internally displaced persons. An emphasis has been placed on understanding the experience of the joint implementation between the three UN agencies and how this approach can be utilised and further improved in the future. Furthermore, the evaluation seeks to contribute to the evidence base on best practices in school-based and school feeding programmes and the potential of such programmes to facilitate girls' education and gender equity, in line with recommendations from the Strategic Evaluation on School Feeding.
45. The objectives of the evaluation include:
- assessing the performance of the BBGE programme, especially as it relates to programming for refugees and IDPs in crisis contexts.
 - uncovering the strengths and weaknesses of the joint-implementation approach to reduce barriers to girls' education, particularly in crisis and emergency contexts.
 - understanding the advantages and disadvantages of the partnership approach; and
 - identifying lessons and good practices from the pilot and other programme activities, with special attention to lessons for programming for girls in crisis and emergency contexts.
46. The purpose of the endline evaluation is to assess outcomes and outputs in relation to results and initial BBGE targets after the programme's full implementation. The endline evaluation captures the knowledge of various key stakeholders to identify programme strengths and weaknesses, determines factors that have affected the results, and identifies lessons learned and best practices. The evaluation also documents programme challenges and whether and in what way they were overcome. In so doing, the evaluation team aims to particularly contribute to the evidence on interagency coordination, programme responsiveness to the COVID-19 pandemic and to humanitarian developments, government ownership, and gender equity and inclusion. We highlight areas that may need improvement and offer recommendations for integration into future programming. AIR's approach is to provide useful and actionable information at endline to enable WFP to make more informed strategic decisions for future programming.
47. The expected users for this evaluation report include the WFP SBP Division and its decision-making partners; WFP, UNICEF, and UNFPA headquarters and regional, and country offices; the ministries of education and health in Chad and Niger; GAC; and local non-governmental organizations (NGOs) and community-based organizations (CBOs) acting as implementing partners.
48. The evaluation team is composed of staff from AIR, who led the design, analysis, and reporting of the evaluation, and staff from Dalberg Research, who led data collection. The AIR team includes Michaela Gulemetova (team lead), Adria Molotsky (quantitative lead), Hannah Ring (qualitative lead), Rosa Castro-Zarzur (project director), John Downes (quantitative analyst), Cody Bock and Liza Kahn (qualitative analysts), and Titiyam Ngaryanouba (senior local expert). The team from Dalberg includes Jasper Gosselt and Benjamin N'Dri.

1.2. Context

49. Chad was targeted for the BBGE intervention due to outstanding barriers to girls' education, high levels of poverty and food insecurity, and crisis contexts that place girls at risk. Education completion rates are extremely low in Chad and reflect spatial and gender inequalities; less than a quarter of boys of relevant age had completed secondary school (24.4%), compared to only 13.9% of girls, while both primary and secondary school completion rates in rural areas lag far behind urban areas. This translates to an overall youth (ages 15-24) literacy rate of just

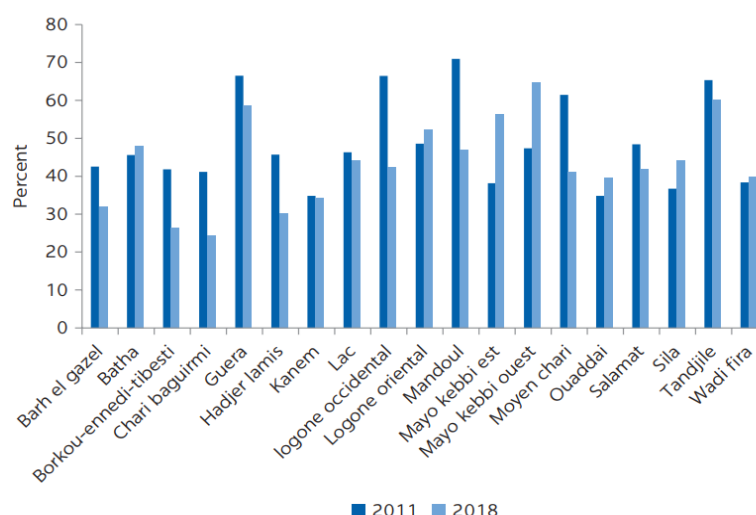
¹⁸ WFP, 2020

35 percent.¹⁹ On average, children in Chad spend 7.3 years in school, and many do not receive high quality instruction while enrolled.²⁰ In 2019, 77% of enrolled children did not attain the minimum competency levels for reading, and 89% did not attain the minimum competency levels for math at the end of primary school.²¹ Despite Government efforts to invest more in the education sector since 2010²², primary school enrolment and the female-to-male schooling rate have stagnated since 2015.²³ Primary school enrolment remains well below the average in sub-Saharan Africa, and it is estimated that fewer than one third of students who enroll in primary school eventually complete it. As of 2018, only 20% of age-eligible youth were enrolled in secondary and tertiary education, a rate that was far lower for girls (14%) than boys (27%). By comparison, secondary school enrolment rates are twice as high in neighbouring Cameroon and Sudan.²⁴

50. Gender-based violence and gender inequality pose a fundamental challenge to girls’ education in Chad. Girls drop out of primary and secondary school at high rates due early marriage and unplanned pregnancy.²⁵ The 2014–2015 DHS-MICS survey showed that 23% of girls are married before the age of 15 and 65% before the age of 18; 38% of 15- to 49-year-olds have suffered from female genital mutilation; 1 in 3 women declare they are a victim of physical violence; and 12% of women endure sexual violence every year.²⁶ Chad is still far from reaching its goals pertaining to SDG 5, Gender Equality, and its Sustainable Development Report from 2022 suggests that “major challenges remain” in the effort to increase demand for family planning and to improve the rate of girls’ primary education.

51. Evidence suggests that the COVID-19 pandemic exacerbated gender inequality in education²⁷. In Chad, schools were officially closed in March 2020 to curb the spread of the virus. Students were gradually allowed to return to classrooms starting in June 2020, and all students were invited back in October 2020. School closures halted the education of most students: 92% of rural students were unable to access education services in the immediate aftermath of the pandemic.²⁸ While the data from Chad is still emerging, findings from across the world suggest that girls were more likely than boys to drop out of school due to the pandemic. Further, the pandemic interrupted the provision of services like school meals and reproductive health

Exhibit 1. Trends in Poverty Rates, by Region, 2011 and 2018



Source. Chad INSEED 2011, 2018 (ECOSIT 3 and ECOSIT 4). Found in Tchana Tchana et al. 2022

¹⁹ UNICEF, 2018

²⁰ Ibid

²¹ PASEC, 2019

²² World Bank. (2022). Government expenditure on education, total (% of government expenditure) – Chad (Dataset). World Bank. <https://data.worldbank.org/indicator/SE.XPD.TOTL.GB.ZS?locations=TD>

²³ Sustainable Development Report, 2021

²⁴ Tchana Tchana et al., 2021

²⁵ UNICEF, 2018

²⁶ UN OCHA, 2021

²⁷ World Bank. (2022, May 25). Assessing the Damage: Early Evidence on Impacts of the COVID-19 Crisis on Girls and Women in Africa (Infographic). World Bank. <https://www.worldbank.org/en/news/infographic/2022/05/25/assessing-the-damage-early-evidence-on-impacts-of-the-covid-19-crisis-on-girls-and-women-in-africa>

²⁸ Tchana Tchana et al., 2021

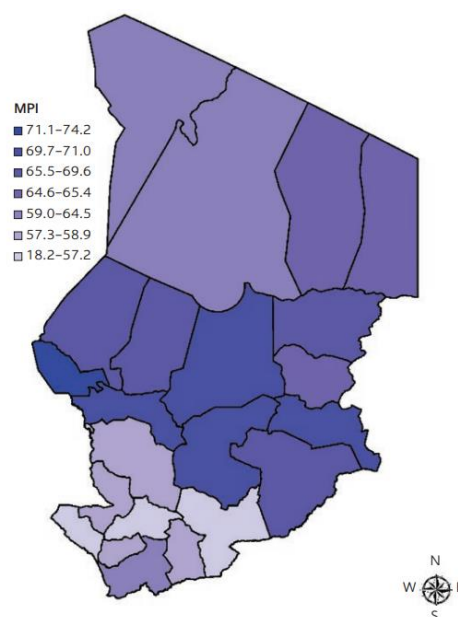
services, contributing to rising rates of food insecurity and adolescent pregnancy.²⁹

52. Relatedly, household vulnerability contributes to the lack of support for girls' schooling and is a driver of early marriage. In general, vulnerability³⁰ is widely distributed amongst rural Chadian regions across different dimensions. The monetary poverty rates are higher in both Lac and Logone Oriental than in the nation as a whole. Although the national poverty rate declined from 47% to 42% between 2011 to 2018, Lac and Logone Oriental, the regions targeted by BBGE, did not follow the trend. The poverty rate showed no change in the Lac region, and it increased in the Logone Oriental region (Exhibit 1).³¹ Furthermore, according to the World Bank, Lac had some of the highest rates of multidimensional poverty (which encompasses poor education outcomes, lack of infrastructure, and monetary poverty) in Chad, primarily due to the isolation of many households and minimal access to infrastructure (Exhibit 2).

53. Food insecurity has remained a consistent humanitarian issue in Chad before, during, and after the BBGE project period. Chad is considered one of the countries most vulnerable to climate change due to its high rates of poverty, increasingly shorter rainy seasons, and competition over scarce resources, amongst a host of other issues. Regional variations in food insecurity can be seasonal in nature or dependent upon structural economic causes (such as ties to global commodity markets in Logone Oriental), but FEWS NET classified both project regions as "stressed" as of March 2023, and the Lac region is projected to be in "crisis" in the later months of 2023.³²

54. Importantly, vulnerability and food security were heightened amid the COVID-19 pandemic: In 2021, the World Bank estimated that 7 out of 10 Chadian households experienced a loss in income due to the pandemic, resulting in a 5.5 percentage point increase in the headcount poverty rate and an additional 850,000 people falling below the poverty line.³³ Surveys conducted during the pandemic showed that 8 out of 10 households reported that they do not eat healthy or nutritious food and worried about the affordability of food.³⁴ At the same time, the intensifying conflicts in the Central African Republic, Sudan, and Nigeria in 2020 and 2021 increased the number of forcibly displaced persons in Chad and further strained the country's social service infrastructure. Between July 2020 and July 2022, UNHCR estimates that Chad's refugee population increased by more than 105,000 people, most of whom fled Sudan and are hosted in Chad's eastern regions.³⁵ Finally, the pandemic has coincided with a contentious political transition which has further weakened the systems of support available to vulnerable Chadians. Since April 2021, Chad has been led by a non-democratic military council, which has periodically quelled domestic unrest through violent means and continues to delay democratic elections.³⁶ Together, these displacement, pandemic, and political factors have weakened institutional support for adolescent girls and their

Exhibit 2. Multidimensional Poverty Index (MPI), by Region



Source. CHAD INSEED 2018 and World Bank 2020; found in Tchana Tchana et al., 2022

²⁹ Ibid

³⁰ While vulnerability entails multiple dimensions, the evaluation team mainly refers to economic vulnerability, or the probability of falling below the poverty line during a given time period; as well as vulnerability to food insecurity, which is the probability of experiencing food insecurity during a given time period. These forms of vulnerability are exacerbated by proximity to conflict and unstable living conditions.

³¹ Chad INSEED 2011, 2018

³² FEWS NET, 2023

³³ Ibid

³⁴ Ibid

³⁵ Tchana Tchana et al., 2021 ; UNHCR Chad. (2022). Statistiques des personnes relevant de la compétence du HCR Juillet 2022. UNHCR. <https://data.unhcr.org/en/documents/details/94608>

³⁶ Human Rights Watch. (2022). Chad: Events of 2022. Human Rights Watch. <https://www.hrw.org/world-report/2023/country-chapters/chad>

families by undermining the capacity of Chadian systems to support their health, educational, and livelihood needs.

55. In the face of these challenges, the Government of Chad has developed a number of policies to guide its approach toward advancing girls' education, reaching the Sustainable Development Goals (SDGs) and working with international partners. Central to these efforts are Chad's 5-year National Development Plans (PNDs). The first PND (2017–2021) focused on developing a gender strategy, preventing GBV, improving livelihoods, and supporting social protection—namely SDGs 1 (Ending Poverty), 2 (Food Security), 5 (Gender Equality), and 8 (Economic Growth). Though the government of President Mahamat Idriss Déby has not yet released the PND for 2022-2026, the IMF indicates that the subsequent PND will prioritize “economic diversification...which will contribute to bolstering resilience, inclusiveness, and poverty reduction.”³⁷ In its statement, the IMF expressed optimism about cooperation with Déby's government; moreover, the Government's recent cooperation with international actors on the first PND indicates that it remains committed to SDG 17, Global Partnership. For instance, UN agencies such as UNICEF, UNFPA, and WFP have supported the government in developing menstruation and hygiene educational materials, building capacity to reduce maternal mortality, and supporting resiliency and out-of-school learning amid the school closures and economic downturn associated with COVID-19. Also guiding international and domestic efforts are key policies like the Interim Education Plan (PIET) (2018-2020); National School Food, Nutrition and Health Policy (PNANSS) (2017); and National Strategic Plan for the Health and Development of Adolescents and Youth (2020-2024). In addition, Chad has signed onto a number of international frameworks in the areas of gender, forced displacement, and education:
- a. Comprehensive Refugee Response Framework (May 2018)
 - b. International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (2022)
 - c. Convention on the Rights of the Child (1990)
 - d. African Charter on the Rights and Welfare of the Child (2000)
 - e. Convention on the Elimination of All forms of Discrimination against Women (1995)
56. Together, these form the institutional backbone of efforts to reach SDG milestones, but significant efforts are still needed on the part of international and Chadian actors to address the multifaceted barriers to girls' education and achieve the 2030 Agenda.
57. BBGE constitutes an important aspect of such efforts. BBGE works to address these national priorities while building on the expertise and mission of WFP, UNICEF, and UNFPA in Chad. WFP, for example, delivers food assistance and cash-based transfers to vulnerable and conflict-affected populations including flood-affected communities in Lac province, and coordinates with the Ministry of Education to implement WFP's school feeding strategy.³⁸ UNICEF's programming includes community engagement to promote girls' education, technical support to the national education sector, and training for children outside the education system.³⁹ UNFPA intervenes to improve the sexual and reproductive health of adolescents and youth through quality healthcare, capacity building and SRH/GBV awareness activities.⁴⁰

1.3. BBGE Program Description

58. The overall aim of the BBGE programme in Chad was to increase access to education for girls, particularly those living in fragile and conflict-affected areas, by reducing and removing persistent barriers to their enrolment and attendance in school. The main barriers to education targeted by BBGE activities included hunger and poverty, gender-based violence, gaps in school-based health and WASH services, lack of nutrition support services, disapproving attitudes regarding girls' education, lack of awareness of sexual and reproductive health rights, and insufficient capacity at government and local levels to address girls' specific educational needs. In turn, the

³⁷ IMF. (2023). Statement by Mr. Sylla, Mr. N'Sonde, and Mr. Bangrim Kibassim on Chad December 22, 2022. IMF African Department. <https://www.elibrary.imf.org/view/journals/002/2023/007/article-A004-en.xml>

³⁸ WFP. (2023). WFP Chad Country Brief. World Food Programme. https://docs.wfp.org/api/documents/WFP-0000148323/download/?_ga=2.217518804.371290160.1684172031-267249680.1675200214

³⁹ UNICEF. Challenges. UNICEF Chad. <https://www.unicef.org/chad/education>

⁴⁰ UNFPA. UNFPA Chad. UNFPA. <https://www.unfpa.org/data/transparency-portal/unfpa-chad>

programme implemented a package of activities targeting primary and secondary school children, parents, teachers, community members, and relevant government personnel in the Lac and Logone Oriental regions of Chad, which comprise a large population of internally displaced and refugee households.

59. **Error! Reference source not found.** Exhibit 3 provides a breakdown of specific programme objectives and illustrative performance indicators in Chad (see Annex 10 for the full logical framework). Specifically, the BBGE aimed to increase access to nutritious foods, create incentives for school attendance, increase knowledge on girls' rights to education, reduce GBV, improve sexual and reproduction health (SRH), increase girls' access to a hygienic environment and knowledge of WASH, and increase government capacity to address these issues in both the short and long term. Each of these activities served to reduce and remove one or more barriers to education for all girls, including adolescent girls, as well as improve their overall well-being and resilience in crisis contexts.

Exhibit 3. BBGE Programme Objectives

Objective 1: Improved access to primary and secondary education
<ul style="list-style-type: none"> Improved access to education for boys and girls, particularly adolescent girls Improved academic achievement Improved access to nutritious food for all children
Objective 2: School-based nutrition, WASH, and health services
<ul style="list-style-type: none"> Improved access to a healthier learning environment Increased intake of iron and folic acid Reduced prevalence of anaemia amongst adolescent girls Improved WASH infrastructure in schools Increased access to birth certificates
Objective 3: Awareness of SRHR and prevention of GBV amongst school-age girls and boys
<ul style="list-style-type: none"> Improved knowledge, attitudes, and practices (KAP) of girls and boys regarding health, SRHR, and GBV
Objective 4: Awareness of SRHR and prevention of GBV for parents, teachers, and the wider community
<ul style="list-style-type: none"> Increased awareness of the importance of girls' education Improved KAP regarding girls' nutrition and SRHR in communities
Objective 5: Strengthening government capacity and coordination at national and local levels
<ul style="list-style-type: none"> Strengthened capacity of government institutions at national and local levels to reduce and remove barriers to girls' education and address their needs through national policies, plans, and budgets

60. To accomplish the overall goal of increasing educational access for girls by addressing common barriers, UNICEF, UNFPA and WFP joined together with the governments, parent associations, and other UN agencies in Chad to implement a combination of activities that made up the BBGE programme during 2019–2022. Global Affairs Canada provided funding of over CAD 16.4 million. The target communities for BBGE programme implementation in the Lac and Logone Oriental regions comprise the most vulnerable populations, including large populations of refugees, internally displaced persons (IDPs), and returnees, so survival is often a priority for families and their children.

61. During the inception phase of the evaluation process, the evaluation team conducted virtual workshops with the country team to gain a deeper understanding of the BBGE activities in Chad and their fidelity of implementation. Table 2 provides a breakdown of the proposed activities, according to the five strategic components of the BBGE programme. Annex 12 provides a more detailed description of the activities conducted in Chad, the primary recipients (students, households, schools, and communities), the leading agency (WFP, UNFPA, or UNICEF) and the implementing partner, and the period of implementation. Overall, the main activities in Chad included the provision of school meals; folic acid supplementation; attendance-based cash transfers for girls; constructions of latrines in schools; trainings in health, nutrition, sexual and reproduction health and rights (SRHR), and gender-based violence (GBV); community sensitization campaigns on the importance of girls' education; creation of safe spaces in the communities for women and adolescent girls; the production and distribution of reusable hygienic pads; birth registration; and creation of school infirmaries. Some of the activities were directly implemented by one of the leading agencies, whereas others were implemented in collaboration with local NGOs and community-based organizations. Annex 13 presents a detailed list of NGOs and CBOs involved in the programme implementation.

Table 2. Proposed BBGE Activities, Organized by Component

Activity set	Illustrative Proposed activities
Component 1: Food security and poverty reduction for education	
Activity 1: Nutritious school meals Activity 2: Financial incentives for adolescent girls Activity 3: Preschools for adolescent mothers returning to school	<ul style="list-style-type: none"> • Cash grants • Scholarships • School meals • IGA grants for women • Training of cooks and storekeepers • Birth registration activities
Component 2: School-based nutrition, WASH, and health services	
Activity 4: Deworming, Iron and folic acid supplementation, and WASH in schools	<ul style="list-style-type: none"> • Micronutrient supplementation • Deworming • Sanitation and hygiene services to schools • Comprehensive school-based nutrition, hygiene, and health education • Trainings to health services providers and health centre managers. • Nutrition and health clubs • Distribution of reusable sanitary pads
Component 3: School-based sensitization and SBCC	
Activity 5: Comprehensive school-based education, including on SRH and GBV	<ul style="list-style-type: none"> • Comprehensive sexuality education (CSE) • Life skills training • Training of healthcare facilities in offering youth-friendly services • Construction of multi-purpose centre to improve student access to e-learning support
Component 4: Community-based sensitization and SBCC	
Activity 6: Reaching beyond the school: community-based sensitization and GBV prevention	<ul style="list-style-type: none"> • Dialogue spaces • SBCC through community radios • Teacher training in nutrition and pedagogy • Training for members of parents' associations in life skills, adolescent sexual and reproductive health, gender-based violence and gender equality at school
Component 5: Capacity strengthening	
Activity 7: Capacity strengthening	<ul style="list-style-type: none"> • Support to implementation partners • National study on girls' education in Chad

Note. GBV = gender-based violence; IGA = income-generating activities; M&E = monitoring and evaluation; SRH = sexual and reproductive health; SBCC = social and behavioural change communication.

62. Programme implementation was planned to begin in October 2019 and continue until October 2021 but was delayed until mid-2020, first because of administrative issues and then because of COVID-19 (see EQ 4.3). After activities began, school closures further delayed implementation where significant migration to the targeted regions brought instances of violence, causing additional school closures and hindering monitoring activities. In addition, because of COVID-19, some interventions were not implemented as originally planned, whereas others never took place. Because of implementation delays, the programme timeline was extended to June 2022. Program design was not adjusted in response to these circumstances, but given the aforementioned delays and challenges, BBGE may have benefited from removing some activities offset by the pandemic and insecurity in favor of more consistent implementation of fewer components.
63. UNICEF, UNFPA, and WFP created a theory of change (ToC) for the BBGE programme, depicting hypothesized links between programme activities and a reduction in barriers to schooling (Annex 15). Once a household's immediate basic needs are met (i.e., shelter, food, water, and clothing), the ToC suggests, it could begin supporting the human capital development of the children through investments in health, nutrition, and education. Because of the traditional importance placed on boys' education over girls' education in Chad, as well as the likelihood of increased safety concerns in conflict-affected areas, the implementers hypothesized that households would prioritize keeping girls, especially adolescent girls, in the home for caretaking duties; marrying

off adolescent girls to start families, in which case responsibility for protection would be assumed by the husband and his family; and sending girls to help tend household agricultural plots for household consumption and crop sales (i.e., household income-generating activities). Accordingly, households often disregard girls' education because it is not viewed as a priority investment for the household. The BBGE programme implemented activities in Chad to reduce and remove barriers to girls' education, particularly adolescent girls, in crisis contexts (i.e., areas characterized by high poverty rates, food insecurity, and shocks leading to internal/external displacement).

64. The ToC indicates that the combination of activities within the BBGE programme should result in increased access to nutritious foods; increased incentives for adolescent girls' school enrolment and attendance; increased knowledge about girls' rights to education, GBV prevention, and SRHR; and increased government capacity to address these issues. The increased access to education and knowledge of gender equality issues should reduce barriers to school attendance, including barriers such as social norms, poor health, poverty, opportunity costs of attending school, personal safety concerns, weak institutional capacity, and lack of awareness of the importance of education for girls. Once these barriers are reduced and removed, girls should have greater access to education and improved well-being, especially in crisis contexts.
65. Achieving impacts through the described pathways rests on several critical assumptions. First, schools must be open and accessible to students for the BBGE programme to realize improvements in girls' and adolescent girls' enrolment and attendance. Accessibility requires more than being physically open and in session (unlike the situation during the COVID-19 pandemic); it requires the schools to exist in communities where there are children to attend. Further, schools being physically open is a necessary but not sufficient condition for improving girls' educational outcomes in Chad. Teacher attendance is important as well. It is vital that when students attend school, they are met with teachers who are ready to engage them in learning.
66. A related assumption involves the ability of both host and refugee communities to access formal education services in the communities. Depending on the context, host communities may shun refugee communities, not allowing them to partake in or use community or government-supported services. Since the BBGE programme is implemented in communities with large refugee populations, the formal inclusion of these groups into the Chadian education system is essential for improving outcomes for girls in this group.⁴¹
67. The success of the BBGE programme in terms of improved health and nutrition rests on the availability and feasibility of procuring and distributing nutrition supplements, sanitary napkins, and food for nutritious school meals. Supply chain constraints can interfere with procurement of such items throughout sub-Saharan Africa. Moreover, the education packages for school children, parents, teachers, and community members should be context specific, age appropriate, and grounded in evidence to produce reliable and valid outcomes related to increased KAP of the target beneficiaries. Lastly, the success of the programme depends on the commitment and motivation of government staff in Chad to implement the BBGE programme activities in schools and communities, draft plans for and allocate budgets to future programmes and activities, and attend capacity development activities. Throughout the evaluation process, AIR analysed the viability of the pathways depicted in the ToC, along with the assumptions described above. Our findings illuminate the extent to which these pathways and assumptions are supported or refuted by the evidence in the field.

Evaluability Assessment

68. During the inception phase of this study, we conducted an evaluability assessment to identify all relevant information sources; assess their reliability, validity, and limitations; and refine our mixed-methods evaluation approach. This assessment specifically entailed a desk review, a stakeholder mapping exercise (see Annex 14), and an activity mapping workshop. AIR reviewed over 150 documents, some of which are used as secondary evidence throughout this report specifically the programme logical frameworks for 2021 and 2022. Despite the numerous reports, briefs, and monitoring and evaluation documents, the evaluation team was able to identify only a few sources of secondary quantitative data. For example, no individual-level baseline data (i.e., before the start of the programme) or detailed financial information on programme costs and expenditures by year and activity were available.⁴²
69. Simultaneously with the desk review, AIR conducted meetings with stakeholders at the headquarters, regional, and local levels. The meetings involved the identification of key BBGE stakeholders, validation of programme activities, and refinement of stakeholder maps and activity timelines.

⁴¹ Burde et al., 2022

⁴² Inception Report, 2022

1.4. Evaluation Methodology, Evaluation Limitations, and Ethical Considerations

70. In this evaluation of the BBGE programme in Chad, the AIR team ((a) assessed performance of the BBGE programme towards the expected outcomes, using the logic framework, (b) examined the partnerships amongst the organizations responsible for implementing the BBGE programme in Chad, (c) uncovered strengths and weaknesses to successful implementation resulting from the joint partnership approach to understand the advantages and disadvantages created through the joint approach, and (d) identified lessons and good practices with special attention to lessons for programming for girls in crisis and emergency contexts.
71. The evaluation questions (EQs) that aided us in meeting these objectives reflect the six main OECD-DAC criteria: (a) relevance of the programme, (b) coherence of the programme with existing strategies and interventions in the country, (c) efficiency of programme implementation, (d) effectiveness of the programme, (e) sustainability of the programme, and (f) perceived programme impact. Addressing these questions enabled us to evaluate the programme design and implementation as well as identify factors that enable sustainability of the BBGE programme. Across all EQs, we consider gender equality and women’s empowerment. For example, we examine the gender responsiveness of programme activities, potential barriers to access for women and girls, and gender-specific contextual factors that may have influenced women’s and girls’ experiences with the programme. For the evaluation in Chad, we designed a mixed-methods approach to answer all EQs, creating synergies in the process (Table 3). We summarize our methodological approach to answer each EQ in the evaluation matrix (a detailed evaluation matrix is presented in Annex 3).

Table 3. Evaluation Criteria and Evaluation Questions

<p>1. Relevance: Were the BBGE programme activities relevant to the health and educational needs of girls and adolescent girls, particularly girls from marginalised groups, within the humanitarian context of the target zones?</p> <p>1.1. To what extent did the programme identify the needs of girls and adolescent girls, and the relevant barriers to girls’ education in Chad?</p> <p>1.2. According to girls, boys, and parents (especially those from marginalised groups), to what extent was the comprehensive nature of the intervention package relevant to their needs generally and with contextual factors such as COVID-19 and security concerns?</p> <p>1.3. To what extent was the programme able to reach the most vulnerable beneficiaries, particularly girls living in conflict-affected areas and girls who were not in school?</p> <p>2. Coherence: To what extent did the programme’s objectives and activities align with national government policies and priorities with relevant programmes operating in the target provinces?</p> <p>2.1. To what extent was the joint approach to the programme compatible with the strategies and objectives of the governments of Chad, WFP, UNICEF, and UNFPA?</p> <p>3. Efficiency: To what extent did programme activities deliver results in a timely and efficient way within the UNICEF, UNFPA and WFP partnership?</p> <p>3.1. How did the joint approach programme implementation enhance or hinder efficiency?</p> <p>3.2. How can programme implementation be improved to achieve results in a more timely and efficient way, within changing contexts such as the COVID-19 pandemic and instability? How can programme implementation be improved to achieve results for girls versus boys?</p> <p>4. Effectiveness: To what extent did activities result in expected outputs and outcomes?</p> <p>4.1. To what extent did the programme contribute to the achievement of intended results, particularly the following:</p> <ul style="list-style-type: none"> • Community attitudes about girls’ education • Intra-household dynamics such as household core allocation, livelihoods, and intra-household cohesion • Girls’ participation in school • Health and nutrition behaviours of girls, boys, and families • Awareness of SRHR and improved SRHR knowledge and attitudes amongst students, parents, educators, and professionals? • What internal and external factors affected the programme’s achievement of intended results? <p>4.2. How did the joint approach to the programme impact effectiveness, overall and for girls versus boys?</p> <p>4.3. How did programme delays and academic disruption impact programme implementation?</p> <p>4.4. What lessons from programme implementation can be applied to future programmes in humanitarian or crisis context to enhance their effectiveness, overall and for girls versus boys?</p>

5. **Sustainability:** To what extent did the programme improve government and community capacity and ownership of activities?
 - 5.1. To what extent are communities participating in programme implementation and able to continue programme activities after the implementation period? Does this differ for men and women?
 - 5.2. What internal and external factors threaten the sustainability of programme activities and results?
 - 5.3. What internal and external factors enhance the sustainability of programme activities and results, particularly considering the joint approach?
6. **Impact:** To what extent did the programme achieve outcomes for girls' education?
 - 6.1. To what extent were the assumptions and logic in the theory of change supported by the programme?
 - 6.2. What unintended outcomes, both positive and negative, did the programme generate, overall and for girls versus boys?
 - 6.3. What internal and external factors affected the programme's ability to achieve its intended impact on girls' and adolescent girls' education?

72. We employ a mixed-methods evaluation approach to answers the EQs. In this study, a full impact evaluation was not feasible given (a) the lack of a counterfactual identified at baseline, (b) the lack of baseline data, (c) the existence of other school-based nutrition programmes in the BBGE target areas that hindered our ability to identify suitable comparison units, and (d) implementation delays and challenges. Therefore, we conducted a quantitative assessment to track changes in outcomes over the life of the BBGE programme and provide suggestive descriptive evidence on whether the intervention achieved the desired long-term outcomes for girls' education (EQ 4). In addition, the quantitative assessment supplements the qualitative findings related to relevance (EQ 1.3) and perceived impact (EQ 6). We used KIIs and FGDs as our anchor qualitative methods, incorporating age- and respondent-appropriate participatory activities such as actor mapping, problem tree, and ranking activities (Exhibit 2). In designing the study sample, we carefully considered how experiences with the program might be gendered or differ according to age, education, or other dimensions of diversity. We designed our qualitative sample to draw out these differences while also preserving the safety and comfort of respondents throughout the data collection process. We triangulate findings from the quantitative assessment (see the Quantitative Evaluative Approach section in Annex 15 for a detailed methodology), secondary data sources identified during the desk review, and primary qualitative data (see the Qualitative Evaluative Approach section in Annex 15 for a detailed methodology).

Exhibit 4. Ranking Activity Facilitation in Chad



Source: Dalberg Research.

Inclusive, Gender-Responsive Approach

73. This evaluation wielded an inclusive and gender-sensitive approach to strengthen the validity of the findings. When framing the research questions, designing the data collection, collecting data, and analysing and writing up the results, AIR sought to use best-practice gender-sensitive techniques to ensure a high-quality research output. Further details on our gender-inclusive approach can be found in Annex 15.

Limitations

74. Although the AIR team took every step possible to mitigate the risks to the study validity, there remain several factors that we could not avoid. The primary factors limiting the findings in this report are listed in Table 4.

Table 4. Research Limitations and Mitigation Strategies

Limitations	Implications and mitigation strategies
Lack of quantitative baseline data	Because of the unavailability of baseline micro-level data for both BBGE beneficiaries and comparison units, the evaluation team could not quantitatively estimate the programme's causal impact. Therefore, we conducted a quantitative assessment to gather information missing from secondary and thus support the qualitative evaluative approach. As a result, our mixed-methods

Limitations	Implications and mitigation strategies
	approach will answer questions about <i>perceived</i> impacts, but we cannot produce any causal claims using our quantitative analyses.
First round of data collection did not meet quality standards	AIR conducted trained data collectors and conducted data collection in November and December 2022. However, the data collected did not meet AIR standards and was characterized by incomplete household interviews, missing data on education and sexual and reproductive health indicators, and a sample size that did not meet the proposed targets. AIR deemed it necessary to conduct another round of data collection, so it trained new interviewers and conducted additional pilot tests. The second round of data collection, which took place between January and February 2023, yielded data of satisfactory quality. The delays led to a gap between the end of BBGE programming (December 2022) and the time at which data was collected, increasing the possibility that beneficiaries' perceived impacts were attributable to non-BBGE factors. The evaluation team mitigated against this by triangulating findings between multiple sources of data, including primary and secondary data (i.e., project monitoring reports).
Missing recall data	Through the course of data collection, the AIR team found that for some important project indicators, such as student enrolment, data were missing. For example, most schools do not have enrolment data from the beginning of the project (in 2019) on site, and no enrolment records were digitized. This limited our ability to reliably track changes in overall student and female enrolment in project schools.
Social desirability bias and sensitive questions	Many sensitive questions were asked through our survey tools, on topics including fertility and gender-based violence. Although survey enumerators were trained in best practices to elicit reliable responses and protect the safety of respondents, in some cases we found high rates of refusal for sensitive questions. For some topics, including gender-based violence and sexual history, respondents might have felt inclined to provide answers that were socially acceptable in a conservative, patriarchal society. The AIR and Dalberg teams were conscious of this possibility and aimed to mitigate bias, but it is worth keeping in mind when interpreting findings.
Remote work limitations	Because of costs and security concerns, the AIR team was unable to travel to support data collection and the training of enumerators. Although AIR coordinated closely and frequently with our in-country partner, Dalberg Research, AIR could not observe and verify the data collection process. In addition, data collectors conducted some FGDs and KIIs remotely. Although these FGDs and KIIs generated reliable and valid findings, they also limited our ability to learn through direct contact.
Data collection in multiple local languages	The study sites implicated a number of local languages, including Kanembou, Boudouma and Gor. To address this, AIR recruited enumerators and, in some cases, on-site translators capable of supporting the languages involved in the study. Translation teams worked on a rolling basis to generate transcripts in French and English, but this added several steps to the data collection process and delayed the completion of the evaluation.
Floods and insecurity delayed data collection teams	The first training was delayed due to political insecurity in N'Djamena in October 2022. River flooding in the Lac and Logone Oriental provinces in November and December also delayed the first round of data collection and displaced the study population. Teams spent additional time in the field reaching sample communities, and using a randomized replacement protocol, they sampled one replacement community.
Difficulty of identifying unexpected effects through qualitative tools	Identifying the unexpected effects of the BBGE program in Chad was an objective of the evaluation. As previously mentioned, the lack of sufficient quantitative baseline data limited the research team's ability to attribute causal analysis to the program. Further, the fixed nature of the quantitative surveys made it difficult to understand the unexpected effects of the program through these tools. Ideally, this information would be elicited through responses during the qualitative interviews. The open-ended format of the interviews was meant to allow respondents to highlight these potential effects, however questions were not specifically targeted for this purpose. The team acknowledges this lack of knowledge regarding unexpected effects of the program as a limitation of the study.

2. Evaluation Findings

2.1. Relevance

- The programme correctly identified a number of needs relevant to adolescent girls in the target communities, including the prevalence of GBV, poverty and food insecurity, and the lack of educational infrastructure and resources. Additional barriers not explicitly addressed by the project include conflict and barriers to school re-entry.
- The comprehensive nature of BBGE was relevant to the interlinking nature of barriers to girls’ education – especially as it relates to girls’ motivation and SRHR outcomes.
- The Lac and Logone Oriental regions are among the most vulnerable in Chad, and data from beneficiary households indicates that they face vulnerabilities related to poverty, food insecurity, displacement, and conflict.

EQ 1: Were the BBGE programme activities relevant to the health and educational needs of adolescent girls, particularly girls from marginalized groups, within the humanitarian context of the target zone?

75. BBGE activities were designed to address education barriers related to poverty and food insecurity; health, WASH, and nutrition service gaps; attitudes towards girls’ education, SRHR, and GBV in schools and communities; and institutional capacity to support girls’ education. Quantitative and qualitative data confirm these as key barriers and suggest that the comprehensiveness of BBGE activities provided relevant support to targeted communities. Data also suggest that BBGE communities were amongst the most vulnerable in Chad, suggesting that the programme reached its intended set of beneficiaries. Within BBGE communities, however, the programme design was less relevant to a minority of adolescents, particularly girls, who face unsurmountable security-related barriers to accessing education and those who are currently out-of-school. For such youth, the programme can consider offering tailored support to meet their unique needs.

EQ 1.1: To what extent did the programme identify the needs of adolescent girls and the relevant barriers to girls’ education in Chad?

76. The project effectively identified four core barriers to girls’ education in Chad, but it also failed to take into account two additional barriers which were uncovered through data collection. The BBGE programme proposal identified several “intertwined” barriers responsible for the educational gender disparity amongst adolescents in Chad, and it laid out the project’s approach to addressing these barriers. Table 5 displays the barriers identified by the project, anecdotal evidence supporting these barriers, and the project’s approach for addressing the barrier.

Table 5. Barriers to Girls’ Education Identified in BBGE Design

No.	Barriers	BBGE approach
1	<p>Food insecurity and poverty.</p> <p><i>“Because when you don’t have materials to come to school, you are already discouraged. Oh, I don’t have that, I don’t have materials, I don’t have pens; how am I going to write the lessons? It’s stopping us.”</i></p> <p>—Adolescent girl, Bol</p>	<p>“Enhance macro/micro-nutrient uptake and dietary diversity,” “improve nutrition behaviours and habits,” and “provid[e] incentives to households to send their children to school and to ensure adequate dietary intake for adolescents to learn and thrive.”</p>
2	<p>School-based WASH, nutrition, and health services gaps.</p> <p><i>“The school my children attend doesn’t even have a fence and the toilets are in very bad shape ... the children come to defecate in the school. Sometimes it gives off a bad smell that can endanger the health of our children.”</i></p>	<p>“Reduce prevalence of anaemia and parasitic infections, and promote healthier learning environments and conditions” for girls and boys.</p>

	—Mother, Bagassola	
3	<p>Lack of awareness on sexual and reproductive health rights and GBV prevention in schools; Lack of awareness of the importance of girls' education and health rights, and lack of GBV prevention in communities.</p> <p><i>“With the teachers, it’s very difficult. He will come into the room and do the test. If you have an average and you refused to go out with him, he will give you zero (0). So you’ll go back to your class and the next year it will be the same. That’s why girls drop out of school.”</i></p> <p>—Adolescent girl, Bol</p>	<p>“Increase awareness on the importance of girls’ education, improve sexual and reproductive health and rights-related behaviours, knowledge, and attitudes” for teachers, cooks, parents, and community members.</p>
4	<p>Insufficient capacities and coordination at national and local levels.</p> <p><i>“Even the alphabet is not easy for a child to know. He cannot read properly because of the lack of teachers ... and they are not competent at all, so teachers need to be trained.”</i></p> <p>—Father, Bagassola</p>	<p>“[S]trengthen government institutions’ capacities to effectively address the barriers to girls’ education as well as their health, nutrition and protection needs through multisectoral policies, strategies and programmes.”</p>

Source. WFP, 2019, p. 13–17.

77. Community members and adolescents generally corroborate the barriers raised in the BBGE proposal while raising conflict/insecurity and girls’ motivation as additional barriers not explicitly addressed in the BBGE approach. Below, we discuss the relevance of each barrier, indicating the qualitative and quantitative findings that support and elucidate the barriers to girls’ education in BBGE communities.

Barrier 1: Food Insecurity and Poverty Barriers to Education

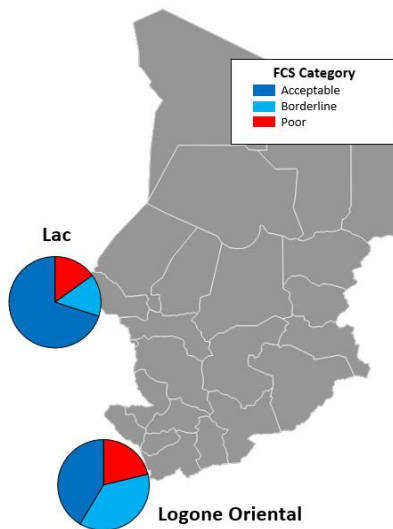
78. Quantitative and qualitative data confirm that poverty and food insecurity are relevant and interlinked barriers to education in BBGE communities. For instance, household survey data confirm that households from target areas live in extreme poverty based on several key indicators. The average monthly household expenditure for households in our sample was approximately 149,678 CFA, whereas the average monthly per capita expenditure was 19,447 CFA, roughly equivalent to USD \$32 per person per month or USD \$1.07 per person per day, far below the current global poverty line.⁴³ Another indicator of household food security, the household food expenditure share (FES), accounted for approximately 53% of total expenditures on average. The FES indicator appears higher than the baseline value of about 42% in the most recent logframe; however, without access to individual household data at baseline we are unable to test if there is a significant change in the share of income that households spend on food after the BBGE program.
79. Further, food insecurity was prevalent in BBGE target communities, with less than half of households having an acceptable Food Consumption Score (FCS).⁴⁴ Amongst surveyed households, 26% have a borderline and 18% have a poor FCS, with large regional differences (Exhibit 5). Households in Logone Oriental struggle most with food insecurity, with as many as 21% of households having poor and 37% having borderline FCS, almost double the rate in the Lac region (15% poor and 15% borderline FCS). By way of comparison, the most recent logframe shows baseline levels of food insecurity in BBGE target communities at 26% borderline and 5% poor FCS.

⁴³ As of September 2022, the World Bank set the global poverty line at USD \$2.15 per day.

<https://www.worldbank.org/en/news/factsheet/2022/05/02/fact-sheet-an-adjustment-to-global-poverty-lines#1>

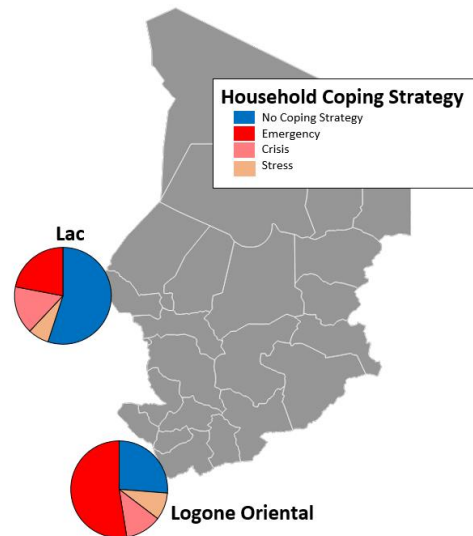
⁴⁴ FCS aggregates household-level data on the diversity and frequency of food groups consumed over the previous 7 days, which is then weighted according to the relative nutritional value of the consumed food groups. Based on this score, a household’s food consumption is classified into one of three categories: poor, borderline, or acceptable. The FCS is a proxy indicator of household caloric availability. <https://index.nutrition.tufts.edu/data4diets/indicator/food-consumption-score-fcs>

Exhibit 5. Household Food Insecurity, by Region



Source. Household Survey (N = 566)

Exhibit 6. Household Coping Strategies, by Region



Source. Household Survey (N = 566)

80. In the most recent logframe, the reduced Coping Strategies Index (rCSI) score was found to be 13.6, out of a maximum of 56, lower than the baseline value of 17.8 but higher than the BBGE target of less than 10.⁴⁵ Relatedly, the survey data show that households frequently used severe strategies to cope with the lack of food, with most households engaging in stress (8%), crisis (14%), or emergency (37%) coping strategies (Exhibit 6).⁴⁶ While there was no difference in the proportion of households who use stress and crisis coping strategies across project regions, there was a large difference in the use of emergency coping strategies. Over half of all households in Logone Oriental used emergency coping strategies (52%) while only about a quarter of households in Lac (26%) did the same.
81. In focus groups, parents and students described poverty and food insecurity as factors that undermined parental support and girls' ability to succeed in school. Respondents explained that poverty makes families unable to meet the educational needs of girls. As a mother in Bagassola said, "If we are not able to give our girls what they need, can they go to school? You don't have anything in hand to give your child, so even if the child goes to school, she's going to come home to stay." Parents described how, when household resources are few, most families will encourage boys rather than girls to stay in school. They mentioned educational expenses such as food, school fees, uniforms, and materials like notebooks and pens. Importantly, the lack of such items impacts girls' motivation and focus in school. For instance, adolescents reported that they are discouraged and teased if they lack the proper materials for school, and teachers said they noticed that students' ability to focus suffers if they haven't eaten before school. Thus, poverty and food insecurity is an obstacle for girls' enrolment and maintenance as well as achievement in school.

⁴⁵ rCSI is a standard measure of behavioural strategies that people apply when they cannot access enough food or when they foresee a decrease in food security. <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/reduced-coping-strategies-index>

⁴⁶ The livelihoods-based Coping Strategies Index (LCSI) for food security measures how households react in response to a lack of food. There are three versions of the tool according to study context; for this study, we used the rural version, which applies the following categorization of coping strategies:

Stress strategies: selling household assets/goods, selling more animals than usual, spending savings, and sending household members to eat elsewhere

Crisis strategies: harvesting immature crops; consuming seed stocks that were to be saved for the next season; and decreasing expenditures on fertilizer, pesticide, fodder, animal feed, etc.

Emergency strategies: mortgaging or selling house or land, begging and/or scavenging, and selling last female animals <https://resources.vam.wfp.org/data-analysis/quantitative/food-security/livelihood-coping-strategies-food-security>

Barrier 2: School-Based Nutrition, WASH, and Health Services Gaps

82. Respondents also confirmed that gaps in school-based nutrition, WASH, and health services acted as barriers to education, albeit to a lesser extent than poverty and food insecurity. Data from the school census provided quantifiable evidence of these barriers. Regarding WASH services and facilities, although most schools had latrines (about 90%)—the majority of which were sex segregated—about 40% did not have clean water for washing hands nearby. Furthermore, regarding water access, just about 65% of BBGE schools had enough clean water for their students. This suggests that children in the remaining schools might be susceptible to dehydration and waterborne illnesses like cholera. This concern is more acute in Logone Oriental, where half of the schools did not have enough safe drinking water for their students.
83. During FGDs, community members cited the insufficiency of school-based WASH infrastructure—including latrines, water sources, and handwashing facilities—as a barrier for girls. They highlighted how the lack of handwashing and water infrastructure leads to community-wide perceptions that the school is not a healthy place for children. Girls particularly highlighted how menstrual hygiene depends upon such WASH infrastructure, and they cited menstruation as a barrier affecting “all” or “most” girls. As the next section makes clear, however, their concern about menstruation stems from the risk of gender-based violence *as well as* the lack of WASH services and infrastructure.

If I stay at home, I will find water to drink. I can go to the bathroom [when] I want ... It's better that I stay at home instead of coming to school where there is no water and the toilets are dirty.
—Adolescent girl, Bol

Barrier 3: Lack of Awareness and Provision of SRHR, Girls’ Education, and GBV Prevention in Schools and Communities

84. In focus groups and interviews, community-level respondents confirmed that challenging attitudes related to GBV, girls’ education, and sexual health amongst teachers, students, and parents are a barrier to girls’ education. Across BBGE communities, adolescent girls highlighted menstruation, early marriage, pregnancy, and GBV as amongst the factors affecting access to education for “all” or “most” girls. Central to all of these factors is social stigma. Girls said that they are teased by peers and teachers if they are menstruating, pregnant, or simply struggling in school. Additionally, they cited how teachers take advantage of their position to coerce girls into being in a relationship with them: “If the teacher takes points away from her, the girl can tell on her teacher, but if she doesn’t want to, she can date her teacher to gain points. ... But if the girl is smart, she should not accept the friendship of her teacher” (adolescent girl, Bagassola). Many girls said that they must be “brave” and unaffected by teasing in order to continue their studies. Table 6 highlights some of the causes and effects of GBV noticed by interviewed community members and reported during the problem tree activity.

Table 6. The Root Causes and Effects of GBV in BBGE Communities According to Community Respondents

Root causes	Effects
<ul style="list-style-type: none"> • Alcohol • Poverty, unemployment • Polygamy • Traditional gender norms • Lack of education • Armed conflict, the presence of refugees 	<ul style="list-style-type: none"> • Death and injury • Illness • Divorce, family separation • School abandonment • Displacement • Prostitution • Poverty • Depression, suicide • Pregnancy

85. Additionally, the discouraging attitudes of parents was commonly cited as a barrier to education. Parents have a crucial role in encouraging and financially supporting their daughters’ success; however, parents also said that there is a lot of pressure on them to make sure an adolescent girl behaves properly in the community. As one respondent summarized, “There are ideas already fixed within the parents [who think that] a girl going to school risks her embracing a life of nonsense. They think she will contract pregnancy, or she will bring a situation of shame for the family” (teacher, Bagassola). Consequently, according to respondents, parents grow less supportive of their education once girls reach the age of puberty (when pregnancy can occur), and parents may even encourage or arrange a girl’s marriage. Despite this, some respondents said that communities are gradually abandoning such traditional attitudes, and indeed a number of parents with whom we spoke said that they want to see their daughters grow up to work and support the family.

Barrier 4: Insufficient Capacities and Coordination at National and Local Levels

86. Community-level respondents did not explicitly cite insufficient institutional support as a barrier to girls' education, but they noted how the lack of resources in the education system inhibits student achievement and health. Student and parent respondents, for instance, often highlighted the lack of teachers, insufficient school infrastructure (e.g., rooms, latrines, and drinking water), and the low quality of teaching. The lack of teachers was particularly noted at the secondary level, where, respondents said, there is often less donor support for teachers. Teachers, too, said that the lack of resources—including libraries and WASH infrastructure—made it difficult for them to effectively support girl students.

87. Results of the school survey supported the accounts given by project staff and beneficiaries that schools lacked sufficient resources and that infrastructure was in poor condition (Exhibit 7). In only about a quarter of BBGE schools were the classrooms in good structural condition,⁴⁷ a little over 40% had a roof, and the vast majority (about 80%) did not have screens or windows. Only in Lac did the majority of classrooms (65%) have enough light to read a written page, whereas in Logone Oriental more than 70% of classrooms were dark. We also found that 28% to 48% of classrooms had adequate space and/or furniture for students to comfortably open a book or work with materials (blocks, puzzles, etc.) without bumping into one another, which meant that, in most schools, students did not have adequate space to engage in learning activities.

Exhibit 7. Typical Classroom in BBGE Project Area



Source. Dalberg Research.

88. Overall, the grounds of most schools (about 80%) targeted by the BBGE were clean. However, school grounds were not always safe for children, particularly in Logone Oriental, where only 32% of school grounds were well fenced and without hazards or hazardous materials. In Lac, the percentage of schools with safe grounds was significantly larger (62%, p value of difference < 0.05); however, a meaningful proportion of school grounds are unsafe for children. In addition, across both programme regions, more than 70% of school grounds and buildings had large areas with standing water, which could attract vermin and become a source of disease for children and teachers.

89. Almost all youth walked to school (99%), and only 1% used bicycles. Most boys and girls walk short distances to school. Logone Oriental youth spent more time walking to school than Lac youth (51% vs. 20%, $p = 0.000$, walked more than 15 minutes). Having to walk a long distance to school can lead students to miss class more often than peers who live nearer to school. In some cases, students themselves are demotivated by the long commute to school and do not set out on the journey. In other cases, teachers turn away students who arrive late. Girls are more susceptible to being late and therefore turned away because they face a heavier load of morning chores than most boys.

Additional Barriers

90. Respondents identified two barriers to girls' education not outlined in the BBGE proposal nor incorporated into the BBGE design. First, girls ranked conflict and insecurity as one of the most serious barriers they faced. As one student testified, insecurity "prevents some girls from coming to school because they are afraid ... you don't want to lose your life [so] you are tempted to stay at home" (adolescent girl, Bagassola). Notably, they cited the presence of the Chadian military or Boko Haram as dangers, and parents said that they caution girls to stay home when there is fighting nearby. Project documents raise conflict as a contextual and programmatic risk that can exacerbate household poverty and threaten the safety of project staff; however, there is little discussion of how

⁴⁷ A classroom in good physical/structural condition has floors that are free from cracks and holes; there are no problems with dampness, splinters, sliding floor coverings, or sharp stones; it does not have broken windows or holes in the roof; the walls are structurally sound (no holes or crumbling); the paint on the walls is not peeling; the supports for roof and/or walls are sturdy, and so on.

conflict contributes to the issue of girls' education in BBGE zones. The project can be more responsive to this need by helping students plan for how to maintain their education amid school closures due to insecurity, by helping construct fences around schools or by helping teachers offer distanced learning options at times when conflict makes it difficult for students to reach school.

91. Second, respondents cited girls' own lack of motivation as another barrier to their attendance and progression in school, one that was not explicitly dealt with in the project design. In focus groups, adolescent girls ranked "early marriage" in the category of affecting "most" or "all" girls, and their parents also raised this issue. Early marriage, they explained, threatens girls' continuation in school, especially at the secondary level, when girls reach puberty and become increasingly eligible for marriage. Yet parents and students pointed to girls' waning interest in education as a key driver of early marriage. Parents told anecdotes of how they tried to support their daughters' education but found that they preferred to get married instead of study. Girls, too, said they saw their peers prioritize "business or marriage" over school once they reached the secondary level. Girls described their peers' lack of motivation as "discouragement" or "shame due to lack of intelligence," suggesting that some girls who had fallen behind in school felt they had little chance of succeeding once they reached the secondary level. While the BBGE programme indirectly addresses this barrier through activities like cash transfers, menstrual health supports, and community sensitization, a more direct approach to improving girls' motivation might include prioritizing the establishment of safe spaces and mentoring activities or adding activities like peer support groups. (For more on student and parent aspirations, see Section 2.4: Effectiveness.)

EQ 1.2. According to girls, boys, and parents (especially those from marginalized groups), to what extent was the comprehensive nature of the intervention package relevant to their needs generally and given contextual factors such as COVID-19 and security concerns?

92. BBGE beneficiaries broadly validated that the comprehensiveness of BBGE helped address complex barriers like girls' lack of motivation and SRHR outcomes. However, respondents anecdotally reported that the programme lacked relevance to the community as it pertained to the failure to include boys as beneficiaries of scholarship activities and the insufficient activities to support out-of-school girls.
93. In qualitative data, respondents described several clusters of self-reinforcing barriers that correlate with clusters of BBGE activities. For instance, in interviews and focus groups, girls reported that their motivation to study was impacted by GBV in the school and community, by gaps in WASH infrastructure and support, by gaps in menstrual hygiene management (MHM) support, and by the perceived low quality of education. Thus, the comprehensiveness of the programme – with activities like community sensitization, latrine rehabilitation, health clubs, and menstrual health kits – was important to its relevance to the motivation barrier. Similarly, respondents said that girls' SRHR outcomes (e.g., unplanned pregnancy) stem from poor knowledge of the topic, GBV, early marriage, and cultural taboo. BBGE sought to address SRHR-related barriers by sensitizing girls and communities, by providing menstrual health resources, and by creating linkages between the school and healthcare system. As this example shows, offering a package of activities was crucial to the programme's relevance to community-reported barriers to education.
94. Although the package of activities was relevant to community needs in several ways, beneficiaries suggested areas where the activities were not appropriately relevant. In particular, respondents suggested including boys as beneficiaries of financial incentives and helping girls return to school:
95. Parents were especially adamant that boys be added as beneficiaries of the cash transfer activity. They pointed out that some boys in BBGE areas face vulnerabilities like being displaced or orphaned that in some cases make them as susceptible as girls to dropping out of school. Indeed, this is supported by the school survey data, which shows that during the academic year 2021-2022, boys and girls dropped out of school at the same rate (16-17%). Further, girl respondents said that boys often perpetrate GBV at school (e.g., teasing and verbal abuse), so there is a risk of isolating boys and exacerbating GBV if they remain uninvolved in BBGE.
- There are even students whose parents cannot support them, but they are forgotten by [BBGE]. It is only the girls who are taken care of while there are children who are even more vulnerable than these girls. ”*
—Parents' association representative, Lac region
96. In addition, the project lacked a means of providing direct support to out-of-school girls to help them return to school. Respondents anecdotally confirmed what the project's first narrative report suggested: COVID-19 led some girls to drop out of school and not return. Although out-of-school adolescents make up a crucial cohort, the BBGE implemented only two activities aimed at reaching these adolescents (income generation grants and pre-school construction), only one of which was intended to help girls

return to school (pre-school construction). By contrast, the BBGE project in Niger included remedial education activities to support girls not enrolled in school.

97. As highlighted in EQ 1.1, the programme insufficiently considered barriers related to the insecurity threatening some BBGE communities. While the comprehensiveness of BBGE was generally relevant when accessed by girls and communities, community leaders, parents, and teachers anecdotally suggested that implementers must always consider *how* girls can safely access planned activities.

EQ 1.3: To what extent was the programme able to reach the most vulnerable beneficiaries, particularly girls living in conflict-affected areas and girls who were not in school?

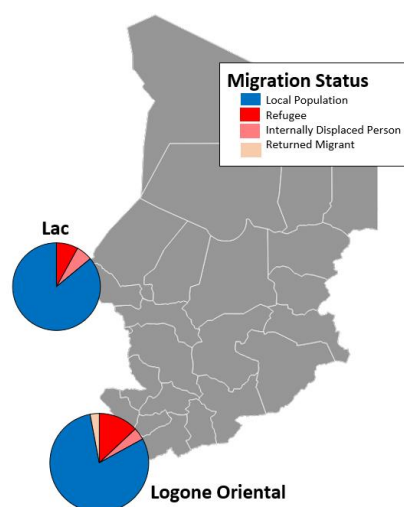
98. The BBGE aimed to target some of the most vulnerable girls in Chad, and it identified the Lac and Logone Oriental regions as high priority regions due to compounding factors of displacement, conflict, poor school infrastructure, gender inequality, and food insecurity. Secondary and primary data indicate that the Lac region has amongst the highest rates of multidimensional poverty and food insecurity in the country, but Logone Oriental has a higher rate of monetary poverty and has experienced poverty increases due to supply chain disruptions. Most refugees and asylum seekers reside in the east of the country, but a large number are present in the project regions as well. We conclude that the project could have targeted vulnerable regions more precisely based upon decided standards of vulnerability. However, regardless of which definition is used, large proportions of the Lac and Logone Oriental populations are vulnerable.

99. To support these findings, we present evidence from external sources on vulnerability in Chad as well as evidence from the household survey describing the communities surrounding the schools targeted by the BBGE programme. Whenever possible, we provide qualitative data to contextualize the findings.

100. Increasing intercommunal violence and proximity to conflicts in north-eastern Nigeria and the Central African Republic exacerbate vulnerability in Lac and Logone Oriental. These two regions experienced numerous battles, riots, and events of violence against civilians before and during the project period.⁴⁸ Consequently, BBGE has been targeting vulnerable beneficiaries in conflict-affected areas.

101. In addition, the BBGE programme targeted areas with significant proportions of IDPs and refugees. As of 2021, an estimated 480,000 refugee and asylum seekers lived in Chad, mainly in the Tibesti, Borkou, and Moyen-Chari regions. In addition, during 2021-2022, an influx of new refugees from the Central African Republic affected Southern Chad, including Logone Oriental. Both Lac and Logone Oriental host communities of refugees, IDPs, and returned migrants as was confirmed by the household survey data. Overall, 11% of households in BBGE catchment areas were refugees, 5% were IDPs, and 1% were returned migrants (Exhibit 8).

Exhibit 8. Prevalence of Refugees and IDPs in Target Areas



Source. Household Survey (N = 566).

⁴⁸ ACLED, 2022

102. To further assess the level of vulnerability in BBGE-targeted communities, we relied on survey data to describe the households. Many lived in small, crowded mud dwellings without electricity (Exhibit 9). On average, households had over eight members, with three youth aged 10–19 living in the household. This is larger than the national average household size of 5.3 members⁴⁹. A minority of households had access to electricity (4%), with a higher percentage in Lac than in Logone Oriental (7% vs. 1%, $p = 0.000$).

Exhibit 9. Typical Dwelling in BBGE Project Area



Source. Dalberg Research.

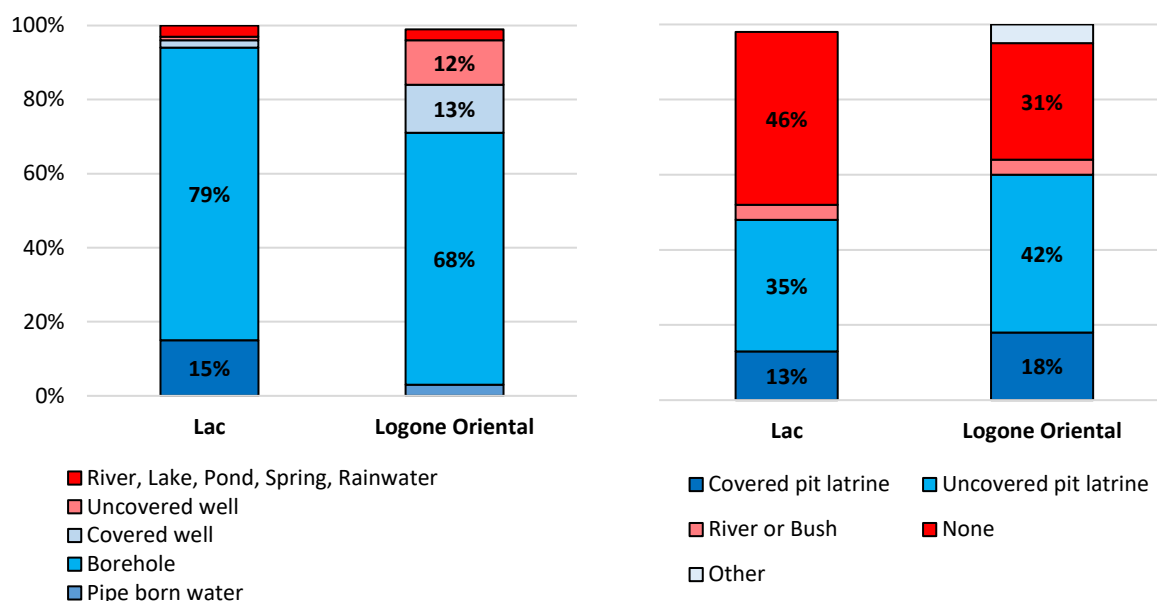
103. Most households obtained drinking water from improved sources such as boreholes and pipe-borne water, but many people still used unimproved sources, with stark differences by region. Overall, the most common sources of drinking water were boreholes (74%) (Exhibit 10). They were more common in Lac than in Logone Oriental (79% vs. 68%, $p = 0.004$). Pipe-borne water, another improved source, was reported by fewer households. It was also more common in Lac than in Logone Oriental (15% vs. 3%, $p = 0.000$). By contrast, a higher proportion of households in Logone Oriental reported using unimproved water sources such as wells, rainwater, lakes, rivers, and ponds than in Logone Oriental (26% vs. 6%, $p = 0.000$). More than half of households had access to acceptable toilet facilities (54%). A greater proportion of households in Logone Oriental had a covered or uncovered pit latrine than in Lac (60% vs. 49%, $p = 0.005$).

104. Beneficiaries in targeted communities generally affirmed that BBGE targeted vulnerable households. As a parent in Bagassola explained, BBGE financial incentives offered support to vulnerable households: “We are vulnerable and we ’on’t have the means, and the fact that [BBGE] gives them money fills that big gap. There are many families who are poor and cannot meet the needs of their children.” Respondents cited financial incentives, school meals, and menstrual kits as crucial investments in the lives of vulnerable students and their families.

105. Lastly, regarding disability status among programme beneficiaries, BBGE did not have an explicit focus on disabled youth, yet a little under one third of youth reported having a disability. Youth were administered the Washington Group short set of questions to identify disabilities related to hearing, walking, concentrating, and communicating. Based on these questions, 27% of youth in our sample reported some disability (24% boys vs. 28% girls, $p = 0.250$). Hearing was the most reported disability, with 18% of students, on average, reporting some level of difficulty with this task (14% boys vs. 21% girls, $p = 0.033$). The same proportion of girls and boys reported difficulty with walking (10%) and concentrating (15%). Reported disability did differ significantly by region, with 44% of youth in Lac reporting a disability (most notably concentrating and hearing), compared with 29% in Logone Oriental ($p = 0.017$).

⁴⁹ INSEED, 2018

Exhibit 10. Household Water Source and Toilet Facilities, Overall and by Region



Source. Household Survey (N = 566). Because of missing responses, some values that do not add up to 100%.

2.2. Coherence and Connectedness

EQ 2: To what extent do the programme’s objectives and activities align with national government policies and priorities and relevant programmes operating in the target provinces?

- The BBGE programme aligned national government policies and priorities across education, health, food security and nutrition, and WASH sectors.
- The joint approach was also highly compatible with the education, health, food security and nutrition, WASH, and gender strategies of the WFP, UNICEF, and UNFPA.

106. Evidence suggests that the BBGE programme’s objectives and activities successfully aligned with the Government of Chad’s relevant policies and priorities for the education, food security and nutrition, WASH, and health sectors. Furthermore, BBGE’s GBV-related activities implemented under Component 2: School-Based WASH, Nutrition, and Health Services and Component 3: Awareness of SHRH and GBV Prevention for Parents, Teachers, and the Wider Community correlated with Chad’s gender-based violence prevention priorities outlined in the country’s National Development Plan 2017–2021.⁵⁰ BBGE aligned with national policies, priorities, and programmes in the target provinces as well; relevant sectoral policy and strategy documents highlighted below apply to the entire country and inform provincial development plans, which are tailored to local contexts and take gender disparities into account.

107. Chad’s Interim Education Plan (PIET) 2018–2020 underlined the national focus on education, which nearly one third of the country’s budget was allocated to.⁵¹ PIET was informed by a sector analysis and sought to improve primary education outcomes, including school completion. The objectives outlined in this policy connected to BBGE’s goal of improving girls’ access to education and retention therein. When asked if the BBGE programme included the Ministry of National Education and Civic Promotion’s (MENPC) priorities, a representative responded, “We are all on the same wavelength and we all have the same vision. We have no differences.” Additionally, MENPC helped BBGE identify construction sites for preschools in the target provinces so that

⁵⁰ Republic of Chad, 2017

⁵¹ Ibid

adolescent mothers could attend school regularly under Component 1, further exemplifying the MENPC's and the BBGE programme's shared interests.⁵²

108. The BBGE initiative also aligned with Chad's National School Food, Nutrition and Health Policy (PNANSS) 2017, which focused on reducing hunger and malnutrition to improve education outcomes (Republic of Chad, 2017). Activities implemented under Component 1: Food Security and Poverty Reduction to Improve Education and Component 2, Activity 3: Integrated Nutrition and Deworming Package aligned with PNANSS goals.
109. Health priorities adopted in 2019 through the National Strategic Plan for the Health and Development of Adolescents and Youth in Chad 2020–2024 aimed to improve the quality of healthcare services and help adolescents take responsible approaches to their health; all of BBGE's health-related activities implemented under Components 2 and 3, including health education, targeted outcomes that were in alignment with Chad's health policy.⁵³ A representative from the Ministry of Health concurred that BBGE's health-focused interventions represented the ministry's priorities.
110. In 2019, Chad adopted a national WASH strategy (2018–2030) in schools that partially focused on improving WASH infrastructure and menstrual hygiene management to decrease student dropout.⁵⁴ BBGE activities implemented under Component 2, which included building latrines and educating students on menstrual health management, clearly aligned with national WASH objectives for education settings.

EQ 2.1: To what extent was the joint approach to the programme compatible with the strategies and objectives of the Government of Chad, WFP, UNICEF, and UNFPA?

111. Findings imply that the BBGE programme's joint approach was compatible with the strategies and objectives of the Government of Chad (as outlined above), WFP, UNICEF, and UNFPA. Chad's 2017–2021 United Nations Development Assistance Framework (UNDAF), which determines the actions of all UN agencies operating in the country, prioritized projects and programmes in support of the aforementioned National Development Plan 2017–2021.⁵⁵ Specific UNDAF priorities from this period included access to quality education, healthcare, drinking water, sanitation, and hygiene, with vulnerable populations such as girls and refugees in mind. BBGE's joint approach addressed all of these priorities, with different agencies maintaining responsibility for components and activities within their areas of expertise.
112. BBGE's joint approach was also compatible with the strategies and objectives of individual agencies. WFP's School Feeding Strategy 2020–2030 and its country strategic plan for Chad for 2019–2023 focused on improving school meals, health, and nutrition, especially for vulnerable children, and were compatible with BBGE's Component 1 activities.⁵⁶ UNICEF's priorities for Chad as outlined in its country plan, which included reducing malnutrition and improving children's access to clean and hygienic environments through integrated WASH services, were addressed under BBGE's Component 2.⁵⁷ UNFPA's Adolescent Strategy 2019–2030 and Chad Country Programme 2017–2021 both targeted youth and adolescent sexual and reproductive health, implemented under BBGE's Components 2 and 3.⁵⁸ All three UN agencies had the objective of reducing gender barriers nationally through their specific areas of implementation, consistent with BBGE's broader objectives and specific components and activities.

⁵² WFP, UNICEF, & UNFPA, 2020

⁵³ Republic of Chad, 2019

⁵⁴ UNICEF, 2017

⁵⁵ UN, 2017

⁵⁶ WFP, 2018, 2020

⁵⁷ UNICEF, 2019

⁵⁸ UNFPA, 2016, 2019

2.3. Efficiency

EQ 3: To what extent have programme activities delivered results in a timely and economical way within the UNICEF, UNFPA, and WFP partnership?

-
- While most activities were delivered in a timely and economical fashion within the BBGE partnership, future delivery could be further improved by addressing the following:
 - Unclear communication between UN agencies and implementing partners, lack of local context (internal factors), COVID-19 and floods (external factors) delayed the timely delivery of school meals, cash transfers, and some preschool construction within the joint BBGE partnership.
 - Complicated administration and joint funding, intensive monitoring, and coordination challenges *hindered* the efficiency of the intervention.
 - Stakeholders suggested the programme use a centralized coordination mechanism and project coordinator to improve efficiency.
-

113. Programme activities implemented within the UNICEF, UNFPA, and WFP partnership were generally delivered in a timely and economical way. Some activities were delayed or not fully delivered, however, including cash transfers, food delivery, and identification of safe spaces and construction of preschools under Component 1; and health services under Component 2. While COVID-19 delayed the establishment of the BBGE initiative and many of its activities in both countries, extant data and implementer reports indicate that lack of contextual relevance, communication issues, and floods stalled implementing partners' execution of these project activities and hindered the timely achievement of results.

114. Most fathers and male caregivers from Lac and community members from Logone Oriental, for example, noted that cash transfers were delivered while children were on vacation, and partners frequently arrived late to deliver the money. A school director from Logone Oriental similarly noted that while courses began in October, school meals did not begin until mid-November, and in some instances his school went 2 to 3 months without receiving food. Many female caregivers from Lac also said there were widespread delays in receiving food. One M&E Officer from SOS SAHEL, WFP's implementing partner in Lac, said that the rainy season made it difficult to reach areas for 2 to 3 months at a time, delaying implementation. Weather and limited awareness of school calendars and context seem to have impacted the timeliness of activities, but these challenges were not communicated to beneficiaries, who were widely unaware of what caused such holdups.

115. UNFPA reported challenges ensuring that implementing partners were executing their activities as planned., which further explains delays in health service delivery under Component 2. Yet respondents from Technidev and ASTBEF, UNFPA's implementing partners, suggested that collaboration was quite effective and timely between their organizations and only cited COVID-19 as a barrier to implementation of some activities. Although safe spaces were put in place, other interviewees in some areas of both regions were not aware of the existence of safe spaces in their communities, and the kindergartens that UNICEF and its partners were supposed to build were never built.

EQ 3.1: How did the joint approach to programme implementation enhance or hinder efficiency?

116. Qualitative data suggest that the joint approach hindered the project's overall efficiency. Administration, budget distribution and more intensive monitoring, combined with insufficient coordination between UN agencies and implementing partners challenged efficient implementation of BBGE's activities, though this is not particularly unusual given the multi-partner and multisectoral nature of the project. One respondent from the WFP Headquarters who noted several partners' frustration with how difficult it was to navigate joint funding stated:

"We had a few issues at the inception phase when the funds were being transferred from the WFP to the headquarters of UNICEF, UNFPA and then trickle down to the country offices. I think there was a few hiccups there. Sometimes the country offices were asking WFP HQ where the funds were and we were like, well, you know, the funds have been transferred to your respective headquarters. So that was, for instance, one of the things that we had to deal with at the inception phase, at the onset of the project, and then even later on when the second tranche was transferred."

117. To improve coordination challenges widely commented on by UN agency staff, implementing partners, beneficiaries, and other stakeholders, a regional monitoring and evaluation officer from UNFPA also suggested the project recruit a specialist to manage all activities and colleagues from WFP and UNICEF concurred that this would be beneficial; evaluators of a Joint Programme for Girls Education (JPGE) in Malawi found that district coordinators aware of local contexts and familiar with implementing partners put in the intervention's three targeted districts improved the project's efficiency after it encountered similar difficulties. Some stakeholders also suggested the project use a centralized mechanism for coordination between WFP, UNICEF, UNFPA, and their implementing partners. Evaluators find this suggestion to be appropriate.

EQ 3.2: How can programme implementation be improved to achieve results in a more timely and economical way within changing contexts such as the COVID-19 pandemic and instability?

118. A centralized coordination mechanism, project specialist or coordinator(s), and closer monitoring of implementing partners to ensure activities are delivered as planned can help the programme achieve more timely and economical results. Stronger communication between UN agencies and implementing partners can also help regional staff understand the external factors delaying implementation, such as COVID-19, instability, and flooding, so activities can be adapted to changing contexts. Better knowledge and consultation of local communities can also improve results. As a school director from Lac stated, "if the program comes back again, we need to be consulted and asked for our opinion before implementation, because many of our problems are not taken into account." Information such as when schools will be on vacation, or how flooding can affect local roads and travel, along with a deeper understanding of the specific needs of a community can lead to more contextualized implementation and results. Stronger involvement of the communities in project implementation might also offer them additional tools and resources to continue implementing if changing contexts or other external factors delay UN agencies and their partners.

2.4. Effectiveness

EQ 4: To what extent did activities result in expected outputs and outcomes?

-
- All BBGE activities were implemented although there were differences in the extent to which they were conducted as initially planned.
 - Of the 6 school-based activities (school meals, financial incentives, trainings, nutritional supplements/deworming, latrine construction, and distribution of sanitary napkins), the average school received 5 of them.
 - Parental attitudes about girls' education improved.
 - Programme activities, particularly the cash transfers, have eased the burden on households of sending girls to school, though girls are still expected to contribute to household chores and caregiving activities.
 - Teachers believe girls are enrolling in school at higher rates due to the BBGE programme; enrollment and attendance rates remain relatively high in project areas.
 - The provision of menstrual hygiene and sanitation products was well-received, though many adolescent girls still reported not using these products.
 - There is still room to improve youths' knowledge of SRHR and HIV as results were mixed on students' awareness of correct transmission, pathways, and risky behaviours.
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119. We follow the programme's theory of change to assess the extent to which the BBGE activities resulted in the expected outputs and outcomes. We start by determining whether the required inputs were available, whether the planned activities took place, and whether the activities were convergently delivered to the target beneficiaries. Following the causal pathway, we then assess whether the implementation of the BBGE activities resulted in the expected output and outcomes.

120. The BBGE programme in Chad comprised 14 main activities: meals for primary schools; financial incentives (including cash transfers and scholarships), issuance of birth certificates, multitopic trainings for teachers, students and health service providers, including trainings on sexual and reproductive health and GBV, WASH, life skills, and nutrition; school-based nutritional supplementation (folic acid, vitamin A, iron, and deworming tablets); construction of sex-segregated latrines and handwashing stations in schools; distribution of welcome kits; and distribution of sanitary napkins. Annex 12 contains a full breakdown of all activities implemented by BBGE, and Annex 10 reports BBGE monitoring data on the outputs achieved for each activity.

121. All 14 key activities were implemented to varying degrees. We triangulated quantitative data from three different sources—programme logframes, a school survey, and a youth survey—to assess the extent to which each activity resulted in expected outputs (see Annex 16 for a detailed table of activities, targets, and results achieved according to monitoring and survey data). In addition, we evaluated whether the planned activities were convergently delivered as originally envisioned by the programme. We grouped school-based activities into six categories (school meals, financial incentives, trainings, nutritional supplements/deworming, latrine construction, and distribution of sanitary napkins) and found that on average 4.6 activity categories (out of six) were implemented in the average school targeted by the BBGE programme, differences between primary and secondary schools and between regions (see Tables A17 and A18, Annex 9). We now present detailed findings on the output of each activity:

- School meals were provided to the majority of primary schools (81%) across the two programme regions, as indicated by the school survey data. Ninety-one percent of BBGE primary schools in Lac and 71% in Logone Oriental received food for their students during the last academic year. In Lac, meals were distributed more days a week (4.9 days/week) than in Logone Oriental (3.6 days/week) ($p < 0.1$) (Table A18). Consistent with the school census data, the programme logframes show that the number of primary students benefiting from the meals surpassed the yearly target of 33,000 in both 2021 and 2022, which was related to the influx of new refugees from the Central African Republic to Southern Chad (Logone Oriental).
- Attendance-based school grants were distributed to girls in over 73% of primary and secondary schools during the last academic year, while incentive were distributed to girls in almost all secondary schools (93%). As intended by the programme, girls in secondary school were significantly more likely to receive any type of financial incentive than primary students (93% vs. 70%, $p < 0.1$) (Table A17). Overall, a greater proportion of female students in Lac received some type of monetary aid than in Logone Oriental (Table A18).
- According to the school census data, deworming medication, folic acid, iron, and vitamin A were distributed in 21%, 58%, 63%, and 69% of BBGE schools, respectively. Deworming tablets and iron were 20–25 percentage points more likely to be distributed in Lac than in Logone Oriental, whereas vitamin A was 41 percentage points more likely to be given to students in Logone Oriental than to their counterparts in Lac. Programme logframes show that the distribution of deworming medication, folic acid, and iron reached the target in 2022 but was slightly below the target in 2021. In addition, the logframes indicate that vitamin A was not distributed since it is not a nutritional priority considering the age range of the targeted beneficiaries. Nonetheless, about 70% of BBGE school principals reported that vitamin A was administered to students in their school premises, plausibly through another project or initiative.
- Multitopic trainings for students were implemented in 86% of BBGE schools according to data from the school census. Breakdown by type of training shows that students received trainings on nutrition, life skills, GBV, and SRH in 40%, 20%, 77%, and 70% of BBGE schools, respectively. On average, students received about four different trainings (Tables A17 and A18). Consistent with findings from the school census, the programme logframes show that the number of students benefiting from the trainings surpassed the yearly target in 2022.
- While there is conflicting evidence on the implementation of multitopic trainings for teachers, taken together the evidence suggests that these were not implemented as expected. On the one hand, information from the logframes indicates that 686 teachers received nutrition trainings, which is above the target of 560. However, it indicates that only 109 teachers were trained in life skills, GBV, and SRH, which is about a quarter of the programme’s target for these types of trainings (i.e., 400). On the other hand, data from the school census show that nutrition and life skills trainings for teachers were administered in 40% of BBGE schools and that SRH and GBV trainings took place in 73% and 80% of BBGE schools, respectively. It is possible that sensitization campaigns on GBV and SRH might have been confused with teacher trainings, which could explain the inconsistency between data sources.
- Since 2019, latrines have been built in around 75% of schools, without statistical differences across regions. On average, about five latrines per school were built since the start of the BBGE programme.
- Sanitary napkins were distributed in 77% of schools in the sample, without statistical differences across primary and secondary schools or across regions.

122. Qualitative data confirm that all activities were implemented to some extent, though respondents did not see BBGE as a single, cohesive program. Rather, beneficiaries mentioned only a few, more visible activities such as scholarships and school meals when asked about the BBGE program. On the other hand, girls, school staff, government officials, and parents commented very little on birth registration and institutional capacity building. The project was rather recognized in communities through a few “flagship” activities: financial incentives, school meals, menstrual hygiene kits, and trainings (on nutrition, GBV, and SRH). School staff confirmed that girls participated in multiple BBGE activities, and they attributed this to the fact that the school was a common platform for implementers. For this reason, however, some suggested that an important cohort of out-of-school girls did not have the opportunity to take advantage of the activities: “Due to lack of resources, [the project]

cannot go outside the school and it is limited to raising awareness amongst these [enrolled] girls. We even asked for support to expand the activities outside the school” (school director, Bagassola).

EQ 4.1: To what extent did the programme contribute to the achievement of intended results, particularly the following: (a) community attitudes about girls’ education; (b) intrahousehold dynamics such as household core allocation, livelihoods, and intrahousehold cohesion; (c) girls’ participation in school; (d) health and nutrition behaviours of girls, boys, and families; and (e) awareness of SRHR and improved SRHR knowledge and attitudes amongst students, parents, educators, and professionals? What internal and external factors affected the programme’s achievement of intended results?

123. Having shown that implementation of the programme was mostly in line with what was initially planned, albeit with delays and only partial execution of some components, we now examine the key indicators for youth, households, and schools at the time of our survey to assess the BBGE programme’s progress towards its outcomes. We begin by describing current trends in attitudes about girls’ education from the perspective of parents and caregivers, as well as of the youth themselves. We then look at intrahousehold dynamics, mainly from discussions regarding financial incentives and the ways receipt of these funds potentially affected cohesion in the household and girls’ participation in school. Next, we examine the health and nutrition behaviours of boys and girls and their knowledge of SRHR.

Community Attitudes About Girls’ Education

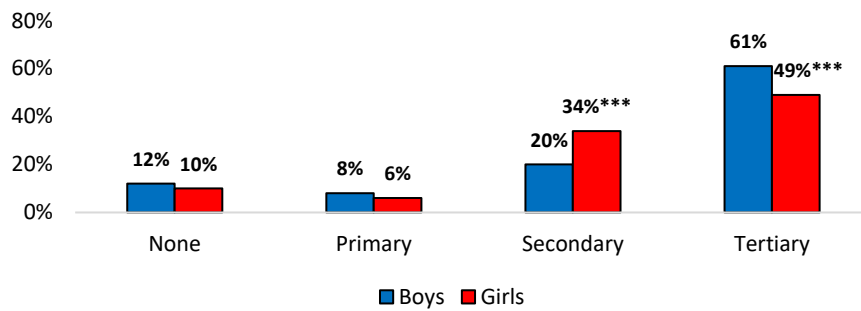
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- **Qualitative data suggests that parental attitudes towards girls’ education improved over the course of BBGE.**
 - **Quantitative data indicates that parents and youth’s aspirations for educational attainment are high in comparison to the official national expected years of schooling.**
 - **Parents still prefer that boys complete more years of education than girls.**
-

124. The BBGE programme aimed to increase community awareness about the importance of education, particularly for girls, through multi-topic trainings and SBCC campaigns at the community level. In unpacking the effectiveness of such approaches, we present information on parents and young respondents’ self-reported educational aspirations, and the extent to which these could have been affected by programme activities.

125. Overall, we find that current aspirations regarding youth schooling of both the youth themselves and their parents are high in comparison to the official national expected years of schooling statistic for a child entering primary school (8.04 in 2021) and certainly in comparison to the actual mean number of years of schooling in the country (2.57 in 2021)⁵⁹. Most BBGE parents wanted their children to reach either a secondary or tertiary level education, with significant differences across the sex of the child (Exhibit 11). When asked to name the highest level of school they would like each youth in the household to complete, over half of adults responded that their children should complete at least some tertiary education (55%), less than a third said their children should complete at least some secondary education (27%), and just 11% believed that their children should complete no education for both boys and girls to complete advanced education, but the results show nuance: 61% of boys’ parents desired that they complete tertiary education, compared with 49% of girls’ parents ($p = 0.000$). Similarly, 34% of girls’ parents desired that they complete secondary education, compared with only 20% of boys’ parents ($p = 0.000$).

⁵⁹ UN, 2021

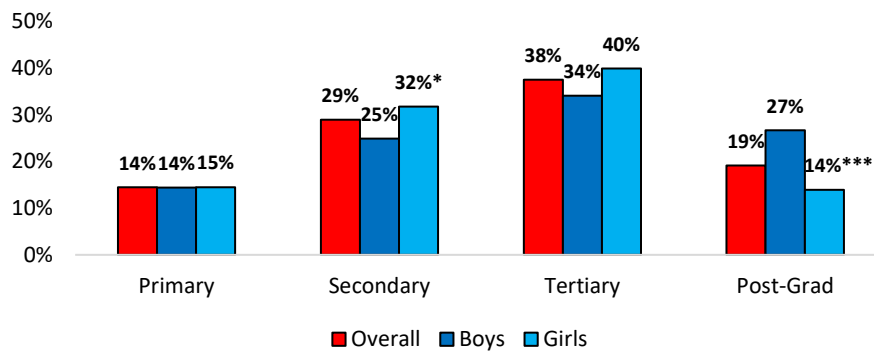
Exhibit 111. Parental Aspirations for Youth Highest Education Level



Source. Household Survey (N = 1,771). ***p < 0.01.

126. Youth aspirations were similar to those of their parents. More than half of youth surveyed aspired to tertiary education or higher (57%). When asked to imagine a scenario in which they were able to study as long as they wanted, youth mostly aspired to complete tertiary education (38%) and secondary school (29%). Sixty-one percent of boys aspired to tertiary education or higher, whereas most girls (86%) aspired to secondary education or higher (Exhibit 12).

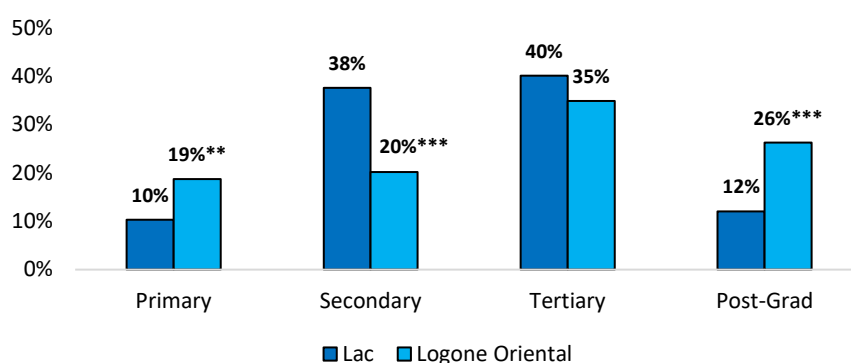
Exhibit 12. Aspirations of Youth for Their Own Highest Education Level, by Sex



Source. Youth Survey (N = 560). *p < 0.10.; ** p < 0.05; ***; p < 0.01.

127. Youth educational aspirations also varied by region, with aspirations generally being lowest in Lac and highest in Logone Oriental (Exhibit 13). While 48% of youth in Lac aspired to complete no more than secondary education, in Logone Oriental 61% hoped to complete tertiary education or higher.

Exhibit 132. Aspirations of Youth for Their Own Highest Education Level, by Region



Source. Youth Survey (N = 560). * $p < 0.10$; ** $p < 0.05$. *** $p < 0.01$.

128. Relatedly, youth generally still aspire to marry and have children, but at later ages. The average preferred age of marriage for youth surveyed was 25 years. Although there was a statistically significant difference in the preferred age by sex, both boys and girls aspired to get married in their 20s (boys at age 27 vs. girls at age 23, $p = 0.000$). This result can be juxtaposed with the average age of marriage for youth in our sample, which was 13 years (although very few youth respondents reported being married). Seven percent of youth reported never wanting to marry. Further, youth wanted seven children, on average (boys wanted seven and girls wanted six; $p = 0.000$). We find small yet significant differences in the desired age at marriage by school level and by region. Children in primary school, on average, aspire to marry by age 25, while children in secondary school aspire to marry at age 26 ($p = 0.016$). Children in Lac aspire to marry at age 26 while those in Logone Oriental aspire to marry at age 24 ($p = 0.014$). These preferences for delayed marriage align with the desire amongst youth to achieve higher levels of education.
129. School survey data on the implementation of multitopic trainings shows that SRH and GBV trainings for students were successfully administered in 70% to 77% of schools, with the average student receiving about four trainings. Moreover, 44 different sensitization campaigns around girl’s education, GBV, and SRH were implemented just in 2022, which shows a great effort to raise awareness. Moreover, qualitative data suggest wide awareness of the BBGE intervention in the communities and its ultimate objective of breaking barriers for girls’ education, which could have also served to improve attitudes on the importance around this issue. Beneficiary community members anecdotally suggested that parental attitudes towards girls’ education improved over the course of BBGE, primarily because parents witnessed the project’s investment in schools and the renewed motivation of their children. They also said that the financial incentives were a key driver of these effects because it financially incentivized students and families. Regional-level staff at WFP expressed awareness of this fact: “The scholarship is probably a bigger motivator of change ... [but] in the long term, its awareness raising that will help.”
130. Although we cannot observe changes over time since we do not have data on aspirations before the start of the programme, overall, the findings indicate that parental and youth aspirations are high relative to what is possible, on average, in the context (i.e., the average number of years of schooling in the country). In turn, this may suggest that BBGE could have affected educational aspirations, even if not all programme activities were implemented as originally planned. However, it is important to keep in mind that altering community beliefs, norms, and attitudes in the long-term may require sustained effort and time. Light-touch interventions such as sporadic community dialogues and information dissemination without subsequent discussion among recipients, may not be enough to overcome deeply rooted practices.⁶⁰ Without public dialogue, sustained normative changes are unlikely.⁶¹
131. Furthermore, although these trends in educational aspirations seem promising, with more youth and their caregivers’ wanting higher levels of education for them, there is a debate in the current literature relating to raising aspirations without accompanying expansions in opportunities to meet these higher ambitions.⁶² In such cases, individuals with higher aspirations but without an actual ability to attain these goals may end up being worse off in the longer term because of increased levels of frustration from being unable to achieve their aims. Although we cannot say for certain that is the case for these youth in Chad, it is an important consideration for any programme attempting to raise educational (and other) aspirations.

⁶⁰ Cislighi, Denny, Cisse, et al., 2019

⁶¹ Cislighi and Heise, 2018

⁶² Serneels & Dercon, 2014; Ray & Genicot, 2019; Carlana et al., 2022

-
- It appears that the cash transfer activity has eased the financial strain of girls attending school, and has also provided extra funds to households.
 - Girls are still expected to provide significant help with household chores.
 - Qualitative data suggests there are perceived reductions in GBV thanks to the BBGE programme.
-

132. In qualitative interviews, respondents suggested that BBGE has affected interpersonal relationships and resource allocation within households; however, it is not clear that the project has alleviated the burden on adolescent girls of household work. The cash transfer activity infused households with additional funds, and while decision-making is not consistent in all households, qualitative data suggest that most girls chose how to spend the money. Girls told the evaluation team that they invested the money in parents' businesses, bought items for their family members, and/or used the money to cover educational and personal expenses. One mother in Bagassola reported, "Now if the girls need to pay for something, they don't come and ask us for money. They go and buy it directly with the money that [BBGE] gives them."
133. There were also some accounts of a reduction in GBV in households thanks to the project. Adolescent girls *and* their parents offered such reports—the latter suggesting that they, too, had learned tactics for managing inter-partner conflict from BBGE sensitizations. While awareness of GBV may be rising, parents seem unwilling and/or unable to reduce the load of household chores on girls. Parents described how attitudes towards girls' education were improving, but girls were still expected to come home and help with sweeping, washing dishes, cooking, and other housework. Such work limits girls' ability to study and succeed in school, demonstrating additional areas for improvement in intrahousehold dynamics.

Girls' Participation in School

-
- Teachers and school directors report an increase in girls' school enrolment due to the BBGE programme.
 - All primary-school-aged children reported being enrolled in primary school, while only 80% of secondary-school-aged students reported being enrolled.
 - Ninety-three percent of youth survey respondents reported they were currently enrolled in school (90% of females vs. 98% of males, $p = 0.000$).
 - In terms of attendance, little over 70% of enrolled students were present at the school the day of the survey, without statistical differences between females and males.
-

134. One of the main goals of the BBGE programme was to improve educational outcomes for girls in the intervention areas. BBGE aimed to increase enrolment, attendance and completion for girls through school meals, cash incentives (i.e., scholarships and attendance-based cash transfers), tailored academic support to girls returning to school, and trainings on income-generating activities for selected households. We unpack programme effectiveness by looking at data on school enrolment, completion, and attendance from multiple quantitative and qualitative sources, and triangulating findings about outcomes with information on the implementation fidelity of key activities.
135. First, we examined enrolment data from school surveys to check whether there was evidence of significant changes overtime (Table 7). Although not statistically significant, total and female enrolment show an increasing trend between 2019 and 2022. Enrolment rates for the 2022–23 school year are not statistically different from previous years. Nonetheless, it is important to note that a meaningful proportion of school registries for the academic years 2019–20 and 2020–21 are missing, which affects our ability to detect statistical differences despite seeing a positive trend.
136. School survey data suggests that females still enrol in school less than boys. During the 2022–2023 academic year, for every 100 students enrolled in primary, about 42 were girls, whereas 58 were boys. Similarly, for every 100 students enrolled in secondary, only 44 were females. This finding is consistent with national trends indicating girls receive less education than boys, as previously described in the context section of this report, and suggests there is still room for BBGE to improve enrolment gender gaps at the primary and secondary levels.

Table 7. Enrolment Rates Over Time in BBGE Sampled Schools

Variable	2019–20	2020–21	2021–22	2022–23	Diff 5 – 2	Diff 5 – 3	Diff 5 – 4	N
1	2	3	4	5	6	7	8	9
Primary								
Total enrolment	637.273	878.286	718.233	807.535	89.302	-70.751	170.262	43
Total female enrolment	252.455	343.857	282.07	320.465	38.395	-23.392	68.011	43
Proportion female enrolment	0.414	0.388	0.405	0.419	0.014	0.032	0.005	43
Secondary								
Total enrolment	155.4	482	429.5	499.714	344.314	17.714	70.214	14
Total female enrolment	41.8	163.25	164.357	190.429	148.629*	27.179	26.071	14
Proportion female enrolment	0.344	0.372	0.391	0.437	0.094	0.065	0.047	14
All								
Total enrolment	486.688	734.182	647.316	731.93	245.242	-2.252	84.614	57
Total female enrolment	186.625	278.182	253.158	288.526	101.901	10.344	35.368	57
Proportion female enrolment	0.392	0.382	0.402	0.424	0.031	0.042*	0.022	57

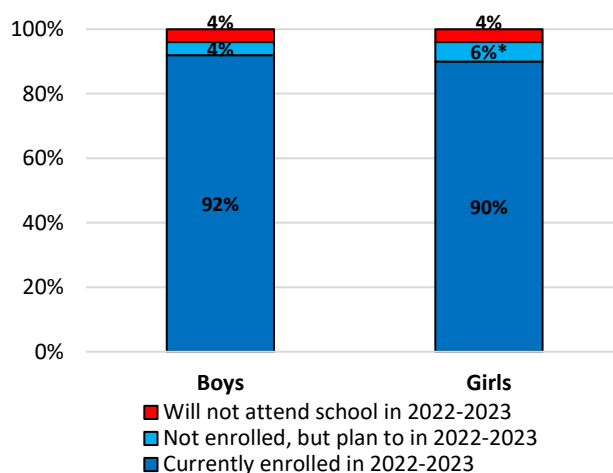
Note. Columns 2, 3, 4, and 5 present the mean of the outcome listed in Column 1 for the academic years 2019–20, 2020–21, 2021–22, and 2022–23, respectively. Columns 6, 7, and 8 show the differences between Column 5 and Columns 2, 3, and 4, respectively. Enrolment data are complete for the academic years 2021–22 and 2022–23. Enrolment data for the school year 2020–21 are missing for 29 primary schools (67%) and 9 secondary schools (43%). Enrolment data for the school year 2029–20 are missing for 32 primary schools (74%) and 9 secondary schools (64%). * $p < 0.10$; ** $p < 0.05$; *** $p < 0.01$.

137. Parents reported high enrolment rates for youth in BBGE areas. At the time of the survey, 91% of the youth living in BBGE target areas were enrolled in school during the 2022–23 academic year (Exhibit 14), with no differences across sex. Around 4% of youth would not attend school this year and 5% are not currently enrolled but are planning to enrol, with rates being slightly higher for girls than boys (6% vs. 4%, $p = 0.050$).

138. Overall, two thirds of the youth had completed at least some primary school, and 20% had completed at least some secondary school, with no differences between girls and boys. Completion rates were higher in Logone Oriental than in Lac. A significantly higher proportion of youth had completed at least some primary (70% vs. 63%, $p = 0.000$) and at least some secondary school (22% vs. 18%, $p = 0.025$) (Exhibit 15).

139. In terms of attendance, little over 70% of enrolled students were present at the school the day of the survey, without statistical differences between females and males. Across regions and grade levels (i.e., primary and secondary), enrolled females and males were equally likely to be in attendance the day of the survey. This result suggests that there are no attendance gender gaps in BBGE schools, which is a positive finding in its own given the gender gap in enrolment described previously.

Exhibit 14. Youth Enrolment Status in 2022–2023, by Sex

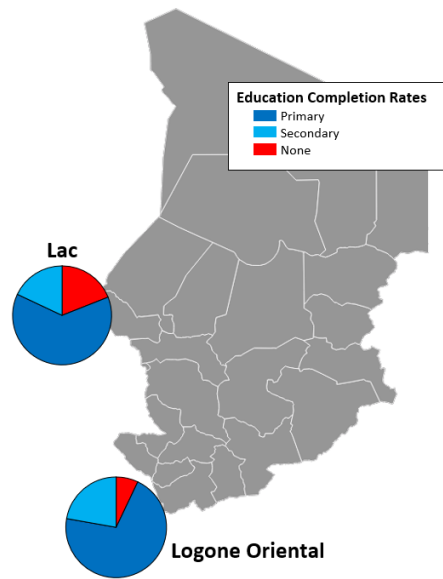


Source. Household Survey ($N = 1,542$). * $p < 0.10$; ** $p < 0.05$; *** $p < 0.0$.

140. We do, however, find differences in attendance between youth with and without disabilities. Data from the youth survey shows that adolescent with a disability (i.e., difficulty hearing, walking, concentrating or communicating) attend one fewer day a week compared to their counterparts without a disability. Considering that about a third of the youth in our sample reports a disability, this finding suggests that a meaningful proportion of adolescents are not attending school 20% of the time.

141. A small proportion of youth in the household sample withdrew temporarily from school in the previous year for various reasons. Thirteen percent of the total eligible youth had temporarily withdrawn from school in the previous year, with no differences by sex. The main reasons for withdrawing from school were because of illness or disability (33%), poor quality instruction/absent teachers (29%), and lack of money (17%). There were regional differences in the rate of temporarily withdrawal and in the reasons for it. In Lac, 18% of youth had withdrawn temporarily from school mainly due to illness or disability or because of poor quality of instruction/absent teachers. In Logone Oriental, 10% of youth did so but mainly because of lack of money.

Exhibit 15. Education Completion Rates, by Region



Source. Household Survey (N = 1771 youth)

142. Complementing the quantitative evidence, teachers and school directors report an increase in girls' school enrolment as a result of the BBGE programme. Although all components of the BBGE programme were ultimately intended to increase primary and secondary school enrolment and attendance amongst girls, most teachers and school directors attributed the change primarily to the scholarship activity. In Donia, for instance, a school director described how parents often take out credit or sell livestock in order to cover educational expenses, but the financial support allows girls to cover their own educational expenses. As a teacher in Donia stated, "If we realize that the rate of girls' schooling has increased in this locality, it is thanks to the encouragement of the girls through the scholarship and the school meal. This is what has made the contribution of these scholarships very visible and concrete in the field."

143. Cash incentives and school meals were indeed among the better implemented BBGE activities. According to the school census data, over 93% of secondary schools distributed financial incentives to their students (see Annex 16). Findings from the youth survey indicate that, on average, 44% of secondary school girls and 36% of primary school females benefitted from financial incentives during the academic year 2021-2022.

144. The school feeding component was well implemented as school meals were provided to the majority of primary schools (81%) across the two programme regions, as indicated by the school survey data. Ninety-one percent of BBGE primary schools in Lac and 71% in Logone Oriental received food for their students during the last academic year. In Lac, meals were distributed more days a week (4.9 days/week) than in Logone Oriental (3.6 days/week) ($p < 0.1$) (Table A18). Consistent with the school census data, the programme logframes show that the number of primary students benefiting from the meals surpassed the yearly target of 33,000 in both 2021 and 2022.

Health and Nutrition Behaviours

- Little over 60% of youth know to use latrines and have benefited from the project's investment in building latrines at schools.
- Handwashing knowledge amongst youth was relatively low, and behaviours were mixed.

145. BBGE targeted health and nutrition outcomes through school meals, micronutrient supplementation (including iron, folic acid, vitamin C and vitamin A), school latrine rehabilitation, installing handwashing devices, distributing sanitary napkins, and trainings. In closer examination of the effectiveness of these activities, this section assesses health and nutrition behaviours of youth within the BBGE programme. Where possible, we correlate exposure to

trainings with health and nutrition knowledge, practices, and outcomes. Although correlations do not allow us to establish causality, they can serve as suggestive evidence when triangulated with qualitative findings.

146. Youth in our sample self-reported moderate to high levels of health. Sixty-two percent of surveyed youth reported they were in good or very good health. Although we found no significant differences in self-reported health by school level, we found some differences by sex and region. Females were more likely than males to report being in good or very good health (63% vs. 59%, $p = 0.045$). Youth in Lac reported lower levels of good health than youth in Logone Oriental (44% vs. 79%, $p = 0.000$). Little over 20% of youth reported being sick in the 2 weeks prior to survey administration, and among those who were sick, 20% noted they missed class because of their illness.
147. Despite most youth self-perceived their health as good or very good, the correlation between self-reporting good or very good health and receiving micronutrient supplementation (including deworming tablets) is nearly zero, which may suggest that this activity had no meaningful influence on students' morbidity. In addition, we also find evidence documenting some lack of fidelity in the implementation of school-based micronutrition supplementation, which may help explain this lack of correlation (Table 8). For example, data from the log frames (Annex 16) shows that despite being initially planned, BBGE did not distribute vitamin A. Nonetheless, other initiatives, including public interventions, seem to have distributed Vitamin A (and other nutritional supplements) in BBGE areas, as documented by the youth and school survey data (Annex 16).
148. Of the surveyed youth, 51% reported receiving some type of supplement at school, with girls reporting slightly more supplementation than boys (54% vs. 47%, $p = 0.000$). A few different supplements were offered to youth, including iron, folic acid, vitamin C, and vitamin A. Youth in primary schools were also more likely to receive supplements than youth in secondary schools (66% vs. 37%, $p = 0.093$). Supplementation was not distributed evenly across regions, with 57% of youth in Lac receiving supplements, compared with 46% in Logone Oriental ($p = 0.024$).
149. Additionally, 49% of youth reported receiving deworming treatment at school during the 2021–22 school year. Table 8 shows the distribution of micronutrients and deworming medication by sex, school level, and region.

Table 8. Receipt of Micronutrients and Deworming Medication

Overall and subgroup (N = 560)	Deworming treatment	Iron supplements	Folic acid supplements	Vitamin C supplements	Vitamin A supplements
Overall	49%	19%	13%	26%	30%
Male	44%	22%	15%	22%	30%
Female	52%	17%	11%	29%	30%
Primary school youth	55%	22%	16%	30%	34%
Secondary school youth	38%	14%	6%	18%	23%
Lac	54%	17%	15%	32%	37%
Logone Oriental	44%	21%	10%	20%	23%

Source: Youth Survey.

150. Although BBGE implementers worked with 10 health centres to help them adapt SRHR services to youth, reports by students do not suggest that school-based health visits are increasing: Sixty-one percent of youth reported that they never received a medical exam at school. There was no significant difference in the likelihood of receiving a medical exam between regions. However, primary school students were less likely to receive a medical exam than secondary school students (34% vs. 50%, $p = 0.000$), and female youth were more likely than male youth to have ever received an exam (49% vs. 26%, $p = 0.000$).
151. Regarding health knowledge and practices, we find that many youths knew how to use latrines and had benefitted from the project's investment in WASH infrastructure at schools (i.e., latrines and handwashing stations). Since 2019, a total of 73 sex-segregated latrine blocs and 57 handwashing stations have been constructed. According to the school census data, as of 2022, 75% of schools have sex-segregated latrines, and 45% have handwashing stations.
152. The majority of youth knew how to properly use the bathroom (80%), and most used latrines at school when they needed to use the bathroom (90%). Students in secondary school were less likely to use the bathroom at school than youth in primary school (89% vs. 95%, $p = 0.019$). Further, secondary students were more likely to use the river or go home in place of a latrine at school than students in primary school (7% vs. 2%, $p = 0.000$).

Students in Logone Oriental were slightly more likely to report using the latrine at school than students in Lac (96% vs. 90%, $p = 0.029$). Knowledge of proper latrine usage also differed by sex, with female youth being less knowledgeable than male youth (78% vs. 83%, $p = 0.018$).

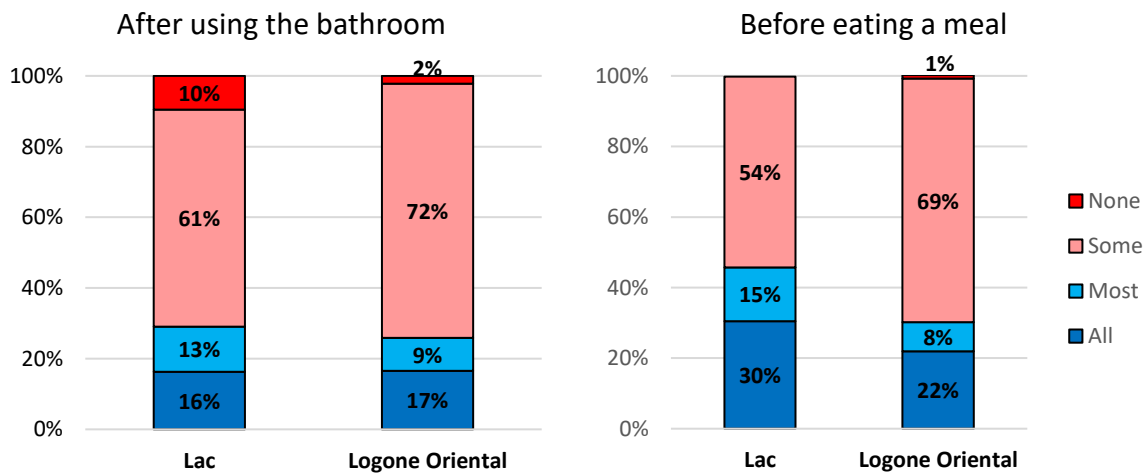
153. Handwashing knowledge amongst youth was relatively low, and behaviours were mixed. Only 40% of youth were able to describe how to properly wash one’s hands. This knowledge differed by region, with 46% of youth in Lac and 34% in Logone Oriental being able to properly describe the handwashing process ($p = 0.000$). Relatedly, handwashing stations at school were only used by 58% of youth; girls were less likely than boys to use handwashing stations at school (53% vs. 64%, $p = 0.009$).

154. Youth were also asked about their perceptions of the handwashing behaviour of their friends and classmates. Only 27% of youth believed that most or all of their friends and classmates washed their hands after using the bathroom, and 38% believed that they washed their hands before eating a meal. Exhibit 16 shows the proportion of students reporting their peers wash their hands, by scenario and region.

155. Consistent with the evidence above, monitoring data from the programme’s 2023 logic framework shows the targets for the WASH knowledge indicators were not achieved. For example, only 65% of youth had appropriate handwashing knowledge, which is below the programme’s target of 80%. Similarly, little over 50% of youth report applying basic hygiene measures, although the programme aimed to increase this indicator to 80%.

156. Overall, the evidence suggests the BBGE project investment in latrines and handwashing apparatuses lacked effectiveness because of the complementary need for sensitization to encourage correct latrine usage and handwashing behaviour. Despite the fact that BBGE established health clubs in 78 schools, few youth (16%) reported receiving training on WASH—possibly because health clubs focused on facility upkeep as opposed to behaviour change: “The hygiene clubs consists of pupils, teachers and some parents [who] manage the drinking water and sanitation facilities within the school” (regional officer). The data suggest that WASH knowledge and practices were likely not influenced directly by the BBGE programme and indicate it is an area for continued investment in future iterations of the programme. In particular, the project can use existing health clubs to improve the uptake of handwashing behaviour and latrine usage in secondary schools.

Exhibit 16. Handwashing Behaviour as Reported by Youth, by Region



Source. Youth Survey (N = 560)

- Adolescent respondents emphasized that the distribution of sanitary napkins was a useful activity. Nonetheless, less than 20% of menstruating girls use sanitary products, and half have received them at school.
- There is room to improve SRH knowledge among youth
- Health providers could not confirm that their capacity to provide SRH services nor their linkages with the education system improved as a result of the BBGE programme.

157. Another key component of the BBGE programme focused on improving knowledge of and encouraging safe and healthy behaviours related to SRHR. The project targeted SRHR through a multifaceted approach involving community sensitization, the forming of linkages between health centres and schools, and the provision of menstrual health support to adolescent girls. In unpacking the effectiveness of such approaches, we present information on young respondents' self-reported sexual debut and sexual behaviours, females' experiences with menses and MHM, the family-planning knowledge and behaviours of both sexes, and general knowledge of key sexually transmitted infections, specifically HIV. Lastly, we discuss respondents' self-reported experience with GBV.

158. It is important to note that the youth rate of response to the questions in these modules, particularly in the GBV module, was low, with about half of the respondents refusing to reply to the questions despite enumerator efforts to establish a safe, trusting environment in which they would feel comfortable providing this information. While youth were more willing to respond to questions related to their sexual behaviours and knowledge, there is a concern that social desirability bias reduced the likelihood of honest answers and influenced the respondents to give answers in line with what they believed the enumerators wanted them to say (i.e., to respond with a socially acceptable answer regardless of the truth). Although low response rates and bias are not uncommon for such sensitive topics, the lack of data limits our ability to draw clear conclusions about youth SRHR knowledge and behaviours, and caution should be used when interpreting the results in this section.

Through the training we know how to explain ... the benefits of the hygienic kits. We ourselves have benefited a lot from the training. We are the first beneficiaries, and we are now passing on to our students.
—Teacher, Bagassola

159. First, one third of youth in our sample reported that they currently had a partner (33%), and more than three quarters reported sexual debut (78%). On each issue, females were more likely to respond affirmatively (36% of females had a partner vs. 28% of males, $p = 0.061$; 79% of females had debuted vs. 75% of males, $p = 0.721$). We also find youth in secondary school are more likely to report sexual debut than youth in primary school (89% vs. 58%, $p = 0.000$), and we find a significant difference by region, with youth in Lac more likely to report sexual debut than youth in Logone Oriental (89% vs. 64%, $p = 0.000$). On average, youth debuted at age 15. Males debuted slightly earlier than females (age 14 vs. age 16), but this difference is statistically significant ($p = 0.008$). We find no difference in age of debut by any other characteristics. Of those youth who reported they had sexually debuted, 25% had overlapping relationships in the past year, 33% reported condoms were used during their last sexual experience, and 40% had engaged in a transactional sexual relationship.

160. Of the female youth respondents, almost two thirds had begun menses (60%). On average, girls reported that they started menstruating at age 13. Only 30% of those who started menstruating had ever missed school because of their cycle, and 18% stated they were currently using sanitary products such as sanitary napkins or tampons. Half of girls who used sanitary products reported receiving them from school (51%), and more than one third purchase them on their own (39%). Only 9% of girls specifically mentioned receiving sanitary products from the BBGE programme. These data highlight the importance of the BBGE-distributed sanitary napkins, which offered a low-cost and reusable solution for a significant number of adolescent girls in BBGE zones.

161. Confirming this, adolescent respondents emphasized that the distribution of sanitary napkins was a useful activity and demonstrated the effectiveness of engaging peers to raise awareness about MHM:

"[As] Ambassadors we get advice too. For example, menstruation is something that happens to all girls. But when your friend doesn't remember that she is approaching the period and comes, there are other girls who make fun of her. So because of the shame, she may also drop out of school. So you, when you're the ambassador and you see that, you have to protect. You have to help her come to school" (adolescent girl, Doholo).

162. Few girls in our sample had ever been pregnant (37), although the majority of those girls became pregnant during the BBGE programme (95%). Only 19% of girls who had begun menses reported ever being pregnant. These girls were on average 15 years old when they got pregnant. Of the girls who reported they had been pregnant, 4% stated it was an unwanted pregnancy.
163. Even though there were low numbers of reported pregnancies, youth could not easily identify family planning methods. Of the youth surveyed, 71% said they were not aware of any family planning methods. Fifteen percent were aware of the pill, 16% were aware of the male condom, and 14% were aware of injectable methods. More males than females were aware of the male condom (22% vs. 11%, $p = 0.000$), while females were more likely to be aware of the pill and injectables, and youth in Lac were more likely to be aware of family planning options than youth in Logone Oriental. Subsequently, only 14% of youth reported that they or their partners currently use any type of family planning method. Lastly, 57% of youth knew that unprotected sex could lead to females getting pregnant, and this knowledge differed by sex, school level, and region (52% males vs. 60% females, $p = 0.057$; 48% primary school vs. 72% secondary school, $p = 0.000$; 67% in Lac vs. 45% in Logone Oriental, $p = 0.000$). The data support the need for stronger links between health centres and schools, something that health providers also reported during interviews. While noting that the demand for SRHR-related services appears to be rising, health providers could not confirm that their capacity to provide such services nor their linkages with the education system had changed during the project.
164. When asked about their awareness of and knowledge about HIV, 64% of youth surveyed said they had heard of HIV. Youth in secondary school and youth in Lac were more likely to be aware of HIV (81% in secondary school vs. 55% in primary, $p = 0.000$; 74% in Lac vs. 54% in Logone Oriental, $p = 0.001$). Youth who said they were aware of HIV were then asked a series of questions about HIV. First, they were asked to list ways a person could become infected with HIV; only 49% answered correctly. Youth were asked some additional knowledge-based questions about HIV. The responses differed by region (Table 9). Overall, 71% of youth knew that condoms could reduce the spread of HIV, but 74% believed there was a cure for HIV, and 91% believed that sleeping with a virgin could cure a man of HIV. Knowledge of this latter point differed significantly by sex, with 87% of male youth believing a man sleeping with a virgin female could cure HIV, whereas 93% of females believed the same ($p = 0.072$).

Table 9. Youth HIV Knowledge, by Region

Percent Correct of Eligible Youth	Percent Correct of Eligible Youth		
	Overall	Lac	Logone Oriental
Knew correct HIV infection pathways	49%	59%	40%
Believed in incorrect HIV infection pathways	20%	24%	17%
Believed that ...			
... person with healthy appearance can have HIV	34%	31%	38%
... condoms can reduce the spread of HIV	71%	76%	65%
... sleeping with a virgin can cure HIV	9%	11%	6%
... there is a cure for HIV	26%	29%	23%

Source. Youth Survey ($N = 560$).

165. Lastly, youth were asked if they had ever been tested for HIV and whether they were aware of a place people could go to receive testing. Only 14% of surveyed youth had been tested, and we find significant differences by sex and school level. Female youth were more likely than male youth to be tested for HIV (19% vs. 5%, $p = 0.000$), and youth in secondary school were more likely than youth in primary school to be tested (23% vs. 6%, $p = 0.000$). Youth, particularly youth in Lac, were more aware of where to go to get testing (62% overall; 67% Lac vs. 56% Logone Oriental, $p = 0.065$).
166. A limited number of youth were willing to respond to the GBV module in the survey, but we did find evidence of youth experiencing GBV by their partners from those who answered. Overall, 18% of youth reported having experienced some form of violence with their current or most recent partners. Thirty-three percent of youth reported having experienced psychological intimate partner violence (IPV), whereas 44% reported having experienced physical IPV. Both types of IPV were more likely to be reported by females than males (41% vs. 22% psychological IPV, $p = 0.017$; 60% vs. 20% physical IPV, $p = 0.000$). Psychological IPV was more likely to be experienced by youth in Lac than in Logone Oriental (42% vs. 24%, $p = 0.080$). Again, however, it is important to note these findings are based on a low number of youth responses to questions in this module.

Internal and External Moderators

167. Although EQ1 speaks to the strength of the programme's design, which is a key factor in its effectiveness, this section considers internal and external factors that facilitated or moderated the programme's effectiveness. Table 10 summarizes some of the key facilitators and barriers raised by respondents.

Table 10. Selected Internal and External Factors Affecting the BBGE Programme

	Internal	External
Facilitators	<ul style="list-style-type: none"> • Relevant design • Effective community mobilization (e.g., parents' associations, teachers, and student ambassadors) 	<ul style="list-style-type: none"> • Parents' educational aspirations for their children • Chadian laws (e.g., prohibiting child marriage) • Parental support for canteens by serving as cooks
Barriers	<ul style="list-style-type: none"> • Insufficient scope • Lack of engagement with the health system and government • Insufficient communication with beneficiaries • Administrative delays • Contextual inappropriateness of some activities • Insufficient consultation with communities during project period 	<ul style="list-style-type: none"> • The COVID-19 pandemic and related school closures • Mistrust within communities related to resource management • Insufficient school infrastructure • Household poverty • Cultural and religious taboos related to SRHR • Floods

168. The importance of community mobilization came up during interviews with implementers and community-level respondents. As a school director in Bol described, the project undertook a cascade-style approach to sensitization by working with parents' associations: "It is with the Associations of Mothers of Students (AME) that we work. ... We explain to them the merits of a girl in school. Through this kind of theme, we try to debate with the girls and their mothers so that they, in turn, sensitize those who did not take part in the session." Indeed, the output data indicate that 300 members of parents' associations were trained on life skills, SRHR, GBV, and girls' education. The engagement of mothers was especially important for overcoming taboo related to discussing SRHR and menstrual health with men. Despite this, community informants also called for greater engagement at this level; they highlighted how it would be effective to engage religious leaders and health facilities in such sensitizations.

169. Relatedly, communities felt that communication from NGO implementers was lacking. Parents, teachers, and school directors said that they often do not receive prior notice of project activities or are often misinformed on when activities will take place. Their exasperation was clear in statements like this one, from a mother in Bagassola: "[Implementers] do not ask our opinion and do not call us. We wait up to 15–20 days to visit them, and even if they want, they don't tell us about the activities." Further, school staff suggested that the project must follow up on sensitization activities to be truly effective. Cautioning that one session is not enough to change behaviours, a school director in Donia suggested, "When they come, they must take time with these students."

170. Importantly, the project's time frame limited such follow-up and thus hindered the effectiveness of BBGE activities. Although intended to run for 2 full academic years, BBGE implementation was delayed and slowed by various factors (see Section 2.3). Yet even 2 years of support appeared meagre to beneficiaries, who asked that the project consistently intervene over a longer time period. Beneficiary communities also worried about the potential lapse in support as the implementers prepare to relaunch the project's next phase.

171. It was finally suggested by community-level respondents that some activities were not adapted to the Chad context. In particular, the following complaints arose during focus groups and interviews:

- Several parents disapproved of the fact that the school canteen in their community provided one bowl of food for multiple children to share; they saw this as unsanitary.
- Deworming medicines were not well explained, so some students refused to take the medication or spit it out for fear of falling ill.
- Beneficiary lists for financial incentives were compiled before many girls registered for school.
- Community members and parents suspected school staff of embezzling resources related to school meals and financial incentives; they complained of the lack of transparency related to these activities.

172. These complaints stem from several different project activities, suggesting that there may be project-level issues related to transparency, communication, and the adaptation of activities. Programme effectiveness can be improved by monitoring programme acceptability and communicating with key stakeholders.

EQ 4.2: How did the joint approach to the programme impact effectiveness overall and for girls versus boys?

173. As highlighted in the efficiency section (EQ3), the joint approach led to complex administrative, monetary, and monitoring processes and resulted in a lack of coordination between UN agencies and implementing partners during implementation. With a focus on effectiveness, this section highlights how the comprehensiveness of BBGE was only possible through the joint approach, but that effectiveness of the approach suffered as a result of the coordination challenges.
174. The joint approach used by WFP, UNICEF, and UNFPA enabled project effectiveness by making possible the comprehensive package of activities embedded in the BBGE design. The programme's multisectoral approach relied on the specialized expertise of each agency. WFP brought institutional expertise in school feeding and cash transfers; UNICEF colleagues brought experience in WASH and health interventions in schools; and UNFPA led efforts around SRHR and the prevention of GBV. Relatedly, UN staff in Chad said that UNFPA primarily intervenes in secondary schools while UNICEF and WFP intervene at the primary level. As a headquarters-level staff member commented, "What makes really the strength of this of this project [is] the interaction between the three agencies, the value that each brings to the table in order to be able to address this multifactorial problem." Country-level staff similarly appreciated the collaboration, saying that it gave them the opportunity to truly practice a multisectoral approach. Thus, the joint approach benefitted the project during its planning phase and at the national level by ensuring a range of technical experts on the implementation team.

175. While useful at the national level, such benefits did not trickle down to the implementation level, where the joint approach posed an obstacle to BBGE effectiveness and complicated coordination. Because of security and capacity concerns, each agency contracted with one or several NGOs to implement BBGE; in total, six NGOs were involved in BBGE service delivery. In addition, the multitude of actors involved in implementation made it difficult to ensure convergence on key communities. For instance, one country-level UN staff member cited difficulties aligning birth certificate activities with the targeted beneficiaries. Such difficulties, as well as the sheer size of the BBGE project, led another UN staff member to recommend that the project employ a project manager to centrally coordinate BBGE activities. Indeed, various stakeholders suggested that the project adopt a more centralized mechanism for coordinating implementation amongst the three agencies and their subcontractors. The difficulty achieving convergence likely impacted girl beneficiaries more than boys, as the programme's comprehensiveness was designed to meet girls' particular needs.

We talk about multisectoral approaches and now we find ourselves in the cross-cutting multisectoral program... it has brought us closer together, and it has had a positive impact on the gathering of partners.
—WFP Country Office staff

EQ 4.3: How did programme delays and academic disruption impact programme implementation?

176. Programme delays and disruptions affected BBGE implementation particularly in its inception phase (see EQ 3) and led to ripple effects throughout the project timeline. The BBGE programme encountered delays and disruptions because of *external* factors like COVID-19 and insecurity, as well as because of *internal* factors related to fund transfers. These factors delayed the implementation of activities like school meals, preschool construction, and government capacity building.
177. COVID-19 restrictions led to the closure of Chadian schools in March 2020. During this time, WFP offered take-home rations in place of school meals, but most other BBGE activities were unable to proceed. Further, BBGE reporting indicates that teachers strikes in the 2019–20 school year delayed school meal activities as well as teacher MHM trainings, which were implemented the following school year upon the resolution of the strikes.
178. On the internal side, delayed fund transfers caused delays for the project. Early in the project implementation period, headquarters-level stakeholders described the challenges of disbursing funds to country-level implementers: "We had a few issues at the inception phase of when the funds were being transferred. ... Sometimes the country offices were asking WFP HQ where the funds were, and we [told them] the funds have been transferred to your respective headquarters. So that was, for instance, one of the things that we had to deal with at the inception phase ... and also later on, when the second tranche was transferred." In addition, UNICEF Chad noted that they experienced delays in justifying cash advances to their implementation partners, which affected UNICEF-led activities.

179. At the community level, respondents told the evaluation team that they noticed only a few delays in project activities. They noted that financial incentives are not consistently delivered on time and sometimes arrive during the vacation period, when few girls are in the community where the school is located. They suggested that better communication of the cash disbursement date will help beneficiaries and school staff plan their movements. In addition, beneficiaries noted that, at the time of the interview, many school canteens had stopped operating without explanation. This likely stems from the fact that the BBGE implementation period ended before data collection, but such reports also suggest that communities were not well notified about the project implementation timeline.

EQ 4.4: What lessons from programme implementation can be applied to future programmes in humanitarian or crisis contexts to enhance their effectiveness?

180. The challenges faced by BBGE while operating in Chad’s humanitarian and crisis zones suggest the necessity of contextualizing programmes to the traditions of refugee communities and to the host-refugee dynamics that can arise in protracted refugee contexts. The BBGE model partially addressed these challenges, but the implementers and community members anecdotally suggested the need to better anticipate host-refugee community tensions around resource availability. In particular, they recommended including host and refugee communities as beneficiaries and community counterparts. We expand on these findings below:

181. In communities with a sizable refugee presence, community-level respondents highlighted that approaches to girls’ education must be adapted to the refugees’ different cultures and traditions. In Doholo, for instance, a school director recognized the importance of knowing the existing traditions to successfully adapt programme activities to the context and customs of the different ethnic and cultural groups: “In the Fulani [refugee] community, sometimes it is taboo to talk about menstruation and all that! Now, they themselves talk with their mothers.” This finding suggests that BBGE programme implementors were able to spark discussions and promote awareness on topics that are sensitive for some community members. It is appropriate to engage community stakeholders who are well positioned to recommend how programme activities should be adapted to the different groups within the community. Projects can ensure contextual and cultural appropriateness by engaging stakeholders from refugee and host populations alike.

182. Similarly, it is imperative in refugee contexts to engage both host and refugee beneficiaries (Winkler, Sacks & Wong, 2022; Bakirdjian, 2015; MercyCorps, 2013⁶³). Respondents in host communities targeted by BBGE described the perception that everyone had become poorer since refugees arrived—likely a reflection on the communal burden of hosting displaced populations. To avoid exacerbating such tensions, programmes like BBGE must equitably benefit the most vulnerable girls while ensuring that neither host nor refugee groups feel excluded.

2.5. Sustainability

EQ 5: To what extent did the programme improve government and community capacity and ownership of activities?

-
- Community members reported that they will continue to share and reinforce messages on the importance of girls’ education.
 - Resource-intensive interventions such as financial incentives will not continue without additional external funding.
 - There was a strong sense of dependency and helplessness in beneficiary communities, with many respondents expressing an inability to resolve their challenges without external help.
-

EQ 5.1: To what extent are communities participating in programme implementation and able to continue programme activities after the implementation period? Does this differ for men and women?

183. Communities appeared committed to continuing BBGE’s efforts to sensitize people to the importance of girls’ education. However, resource-intensive activities (such as cash financial incentives) will not continue in the

⁶³ Winkler, Sacks & Wong, 2022; Bakirdjian, 2015; MercyCorps, 2013

absence of external funding, and there were concerns about girls' ability to stay in school without support from BBGE. Parents, teachers, and community members of both sexes said they would continue encouraging girls to attend school after the BBGE program. As one female community member from Bagassola stated, "Even if the project ends, we will help our girls continue their schooling with what we can do. We can't just sit back and be quiet." Other respondents echoed these sentiments, and implementing partners believed that parents' associations would continue to support girls' enrolment and attendance beyond the BBGE. Despite their commitment to encouraging girls to continue their studies, community-level respondents largely agreed that BBGE activities would not continue without external support. As a teacher from Lac commented, "Most of the activities will stop because we won't have the means to support these activities." Girls themselves, too, questioned their ability to remain in school without BBGE's help. One student from Bol said, "It was difficult to continue our studies [before] but now they help us. If they leave, how can we continue our schooling?" This was a concern that other girls shared.

EQ 5.2: What internal and external factors threaten the sustainability of programme activities and results?

184. The main factor that impedes the sustainability of BBGE activities and results is the actual and perceived dependence on external support to carry activities forward. As we elaborated under EQ 5.1, BBGE activities requiring resources (such as financial incentives) will not continue in the absence of additional funding. Additionally, community-level respondents expressed a sense of dependency and helplessness and a lack of clear vision for sustaining BBGE activities. For example, a father from Lac said, "Without [BBGE], we cannot do anything, and we will have no solution to our problems," underscoring the sense of dependency expressed by numerous respondents. Similarly, a health centre employee from Lac shared that without a clear plan for sustainability "everything linked with money will stop but sensitization of the population can continue normally." Many other respondents made similar comments, emphasizing that sensitization activities would likely continue but most others would cease *without continued financial support*. Similar findings from an evaluation of the Malawi JPGE, - which included school meals dependent on external funding – suggest a missed opportunity on the part of BBGE to identify such sustainability obstacles.
185. During qualitative interviews, concerns were raised about the government's capacity—both financially and logistically—to take on responsibility for BBGE activities. The mentality of government stakeholders was largely that BBGE was an external project meant to help fill funding gaps, not necessarily an initiative they would ultimately take on themselves: "the project...intervened to provide substantial support to the ministry's budget" (ministry official). Respondents from the three UN organizations observed that less attention had been paid to government capacity building and policy efforts than to delivering the interventions themselves, and BBGE lacked a clear exit plan spelling out specific responsibilities for government agencies,

EQ 5.3: What internal and external factors enhance the sustainability of programme activities and results, particularly considering the joint approach?

186. Despite the challenges mentioned above, outreach to parents and community members appears to have been successful in garnering commitment to support girls' education beyond the initial BBGE implementation period. As discussed above, community-level respondents almost unanimously agreed that sensitization on the importance of girls' education would continue with or without BBGE support, perhaps because sensitization comes at little or no cost and perhaps also because of the intensity and repetition of the sensitization campaigns under BBGE. Regarding the latter, while BBGE initially planned to do 16 sensitisation campaigns, they ultimately completed more than double (44) according to the 2023 programme logic framework. Other behaviour change interventions, such as those related to nutrition and hygiene, were also perceived to be more sustainable than activities requiring continual inputs, such as deworming and micronutrient supplementation. The use of mothers' associations to disseminate MHM information was also a more sustainable approach, since mothers' associations are well-established social structures that will continue beyond BBGE. That said, while community members appeared motivated to carry forward information-sharing activities, activities requiring money or other inputs are not likely to continue given the extreme scarcity of resources in targeted areas.
187. Self-sustaining activities such as school gardens—in communities where they were implemented—also appear more likely to continue beyond the BBGE implementation period. Regional respondents reported that WFP will continue to work with many of the school canteens that were supported under BBGE, suggesting school meals will likely continue well beyond BBGE. Respondents also indicated that water points and water point management committees established under BBGE were likely to remain functional moving forward. To summarize, well-established activities and self-sustaining interventions requiring minimal non-human resources appear to have the highest likelihood of sustainability.

2.6. Perceived Impact

EQ 6: To what extent did the programme achieve long-term outcomes for girls' education?

-
- The BBGE programme successfully removed or reduced multiple barriers to girls' education.
 - The BBGE programme helped girls attend school more regularly and encouraged parents to more actively support their girls to attend school.
 - The imperfect fidelity of implementation of programme activities reduced the programme's ability to fully realize its effectiveness. Some activities were not implemented at all while others were not executed as intended.
-

188. In this section, we present findings on perceived impacts based on the qualitative data. We supplement the qualitative data with descriptive statistics from the quantitative surveys. However, due to the limitations of the quantitative approach, we cannot estimate the causal impact of the BBGE programme in Chad. Instead, the descriptive findings are meant to support the qualitative evidence on perceived changes due to the BBGE activities.

EQ 6.1: To what extent were the assumptions and logic in the theory of change supported by the programme?

189. Qualitative findings suggest that the BBGE programme successfully removed multiple barriers to girls' education that were outlined in the programme's theory of change. There was a widely held perception amongst respondents that BBGE (and particularly the financial incentives) helped girls to attend school regularly. One student from CEG de Bol explained, "With the money they give us to pay for schooling, I can't leave school, so I'll just keep going." A father from Bagassola corroborated and expanded on this, saying "They are so happy with the 10,000F they get, they always leave for school at 7:00 am. So, it really encourages them." BBGE also appeared successful in getting some girls who had dropped out back in school. As one father from Doholo commented, "The support that this project has given to our girls has made the girls who dropped out of school themselves want to go back to school. They cannot continue to stay at home while the others are supported and progressing well in their studies. Today, they are all back in school." This is of course not true for all girls, and other accounts point to the persistent challenge of retention, but qualitative data suggest at least some girls who had dropped out were encouraged to re-enrol by BBGE.

190. Community engagement and sensitization efforts also appear to have worked as intended, with reports of parents more actively encouraging girls to attend school. Some respondents even reported examples of parents who had previously forbidden their girls to attend school actively supporting them to do so in the wake of BBGE sensitization. The provision of school meals also encouraged girls to attend school and reduced hunger at school and immediately thereafter. Lastly, training and the provision of sanitary napkins allowed girls to attend school during menstruation. Sanitary napkins were delivered in 80% of schools and were widely perceived to increase school attendance.

EQ 6.2: What unintended outcomes, both positive and negative, did the programme generate?

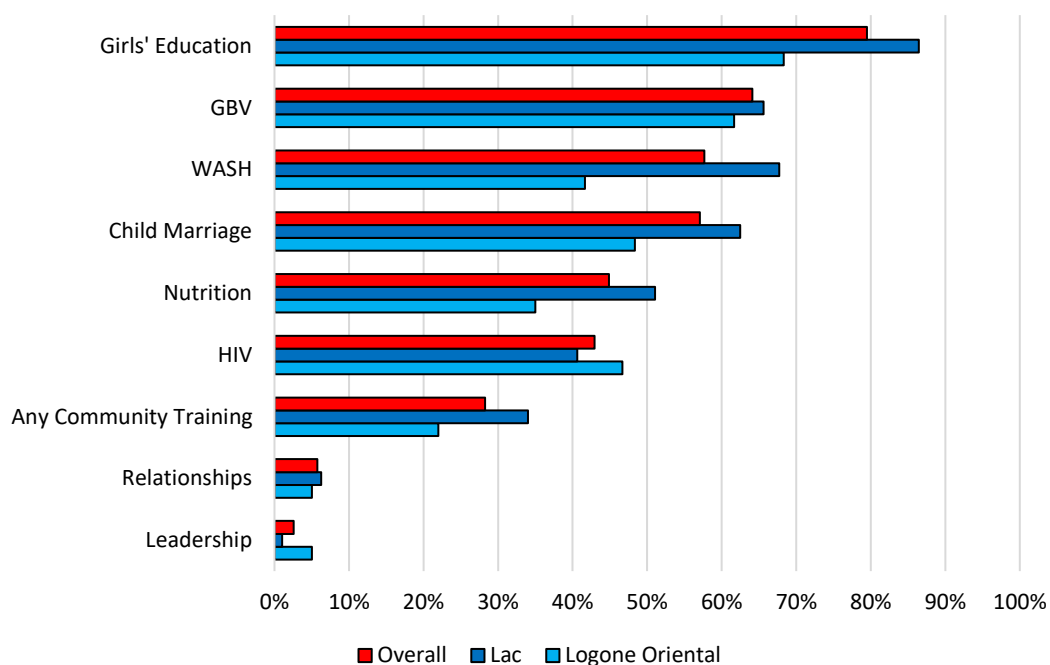
191. BBGE appears to have had several positive unintended outcomes, both for girls individually and for their families. At the individual level, girls described feeling cleaner and more hygienic in their daily lives following BBGE trainings and provision of supplies. Parents, teachers, and students themselves reported that girls were more eager to attend school, arrived on time, and generally took their education more seriously. As one student from Bagassola said, "They gave us direction not to leave school and they explained the importance of school. Now we will get to work." At the family level, financial incentives lessened financial strains on parents and were reported to have reduced begging and other negative coping strategies. One parent from Doholo explained, "My beneficiary girls use their money for clothing and school supplies. Even those who intend to go to a man's house to ask for money no longer leave but worry about their studies." Finally, the financial incentives for girls also motivated younger siblings. One Doholo parent shared, "Their little sister said to me, 'Mom, I'm going to continue my studies until I get some money like they do.'" The programme does not seem to have produced any negative unintended outcomes, with the possible exception of the perceived dependency on programme support described at length in the sustainability section.

EQ 6.3: What internal and external factors affected the programme's ability to achieve its intended impact on girls and adolescent girls' education?

192. Although the BBGE programme had high ambitions about improving girls' access to education, our evaluation identified key factors that likely influenced the programme's ability to fully realise its aim. One external factor identified was the lack of the Chadian government's procedures for re-enrolling students who left the school system. UNFPA noted that it attempted to re-enrol out-of-school youth, particularly girls; however, key informants believed that the lack of government-level systems to assist in this process hindered their capacity to do so.
193. On the other hand, the biggest internal factor affecting the programme's ability to fully achieve its goals was the lack of fidelity of implementation for some activities. Our evaluation identified activities that were not executed as intended and did not reach all target beneficiaries or had low participation. The remainder of this section presents evidence showing this lack of fidelity.
194. Radio broadcasting on the importance of girls' education appears to have had mixed success reaching target communities. Overall, 43% of households reported that they were aware of the radio broadcasting, and 14% had heard the broadcast messages. Oddly, whereas more households were aware of the broadcasting in Logone Oriental than in Lac (59% vs. 27%, $p = 0.000$), more households had heard the broadcast messages in Lac (18% vs. 12%, $p = 0.044$). Self-reported hearing of the broadcasting messages is low suggesting a reduced potential impact of this activity.
195. Activities implemented through APEs or AMEs appear to have been relatively successful. A majority of households who participated in APE or AME since 2019 have received or attended a training or event (76%) and were able to identify that it was a BBGE training or event (61%). About two thirds of Parent-Teacher Association members (APE/AME, using acronym in French) members (64%) received a cook training kit with picture boxes and/or card games since 2019, with women more likely to have received the kit than men (72% vs. 56%, $p = 0.028$).
196. Forty percent of respondents had heard of grants of 100,000 CFA for APE/AME members to establish income-generating activities (IGAs), with higher awareness in Logone Oriental than in Lac (46% vs. 34%, $p = 0.003$). Amongst those who were aware of the grants, a majority either received the grant themselves or knew of someone who was a recipient (82%), with no differences by sex or region. However, 49% reported that they or someone they knew had received support for IGAs, including sewing machines or other sewing inputs, or had received trainings in making sanitary napkins, with differences by respondent sex (52% women vs. 44% men, $p = 0.057$) and region (54% Logone Oriental vs. 44% Lac, $p = 0.023$).
197. The grants of 20,000 CFA provided to the top three performing girls in primary school were popular with 66% of households, although their popularity was much greater in Logone Oriental than in Lac (82% vs. 51%, $p = 0.000$). Less than half (47%) of all households were aware of the availability of safe spaces in their community or had attended them, with awareness being greater in Logone Oriental than in Lac (60% vs. 34%, $p = 0.000$). Similarly, 41% of households were aware of the availability of preschool classes for parents of children aged 3–5 or had attended some, with differences by respondent sex and by region. Male respondents were more likely to be aware of the programme (73% vs. 65%, $p = 0.008$). Similarly, youth from Lac were more likely to know about the programme than youth from Logone Oriental (73% vs. 59%, $p = 0.014$).
198. School meals and welcome kits were the most widely reported BBGE activities in which youth took part, and respondents found these to be among the most impactful activities in which they participated. Although many youth in our sample were aware of the BBGE programme, fewer participated in the programme's various activities. School meals and welcome kits were the two activities benefiting the most youth. Sixty-one percent of surveyed youth reported receiving school meals and 38% reported receiving lunch. School meals were reportedly delivered more to primary school students than secondary school students (70% vs. 40%, $p = 0.000$) and were provided more often in Lac than in Logone Oriental (70% vs. 53%, $p = 0.000$). Although welcome kits were one of the more implemented activities, only 59% of surveyed youth reported receiving them. Thirty-five of those youth said they received a welcome kit annually worth, on average, 8,700 CFA. While welcome kits were intended to be distributed only to girls, boys also reported receiving them. We are unable to determine whether the reports of reception by boys were due to a misunderstanding of the question or whether boys did in fact receive welcome kits. In any case, girls were more likely than boys to report receiving a welcome kit (63% vs. 54%, $p = 0.040$) and also reported a significantly higher value for their kit (19,000 CFA vs. 6,000 CFA, $p = 0.000$), though girls did not report receiving the intended amount of 30,000 CFA. The regularity and wide reach of these activities, combined with their appreciation by project beneficiaries, highlights how the project worked effectively to address poverty and food security barriers to education.

199. With respect to other BBGE activities, 31% of youth reported receiving financial assistance for their schooling. However, only 19% of those youth reported that the assistance came from BBGE in particular. In line with programme activities, more females than males reported receiving assistance (38% vs. 22%, $p = 0.000$). Receipt of financial support did not vary by region. On average, students reported receiving about 22,000 CFA per school year (roughly equivalent to \$36 USD), with secondary school students receiving about 10,000 CFA more, on average, than primary school students (28,000 CFA vs. 18,500 CFA, $p = 0.005$).
200. The BBGE programme in Chad also intended to offer tutoring services to youth after school 3 times per week. Of the youth surveyed, only 17% reported ever attending these tutoring sessions, and two thirds of these youth reported attending sessions only once a week. Tutoring services were more likely attended in Lac than in Logone Oriental (21% vs. 13%, $p = 0.008$) and in secondary school than in primary school (25% vs. 13%, $p = 0.000$).
201. While not intended as a BBGE programme activity in Chad, girls still reported receiving hygiene kits and MHM kits. Twenty-two percent of girls in the youth sample noted they had received hygiene kits at school, whereas 10% mentioned they had received MHM kits. One third of girls reported receiving pads but not the kit intended by the programme. There was no difference in receipt of either kit by school level or region; however, girls in secondary school were more likely to report receiving pads without a kit than girls in primary school (44% vs. 28%, $p = 0.006$).
202. Few youth reported attending community trainings, and training participation varied by sex and region. Only 28% of youth reported attending any community training. Girls were more likely than boys to attend these trainings (34% vs. 20%, $p = 0.000$). A larger proportion of youth in secondary school than youth in primary school attended community trainings (42% vs. 21%, $p = 0.000$), and youth living in Lac were more likely to attend trainings than those living in Logone Oriental (34% vs. 22%, $p = 0.016$). Of the youth who attended trainings, most attended trainings on the importance of girls' education (79%; 80% girls vs. 77% boys, $p = 0.670$), GBV (64%; 59% girls vs. 77% boys; $p = 0.032$), child marriage (57%; 63% girls vs. 43% boys, $p = 0.028$), and WASH (58%, 49% girls vs. 80% boys, $p = 0.000$). Fewer than half of youth attending trainings attended sessions on nutrition (45%), SRH (49%), HIV (43%), leadership skills (3%), or relationships (6%). We further find large variation in the proportion of youth attending the various community training sessions by region (Exhibit 17).

Exhibit 317. BBGE Training Participation as Reported by Youth, by Region



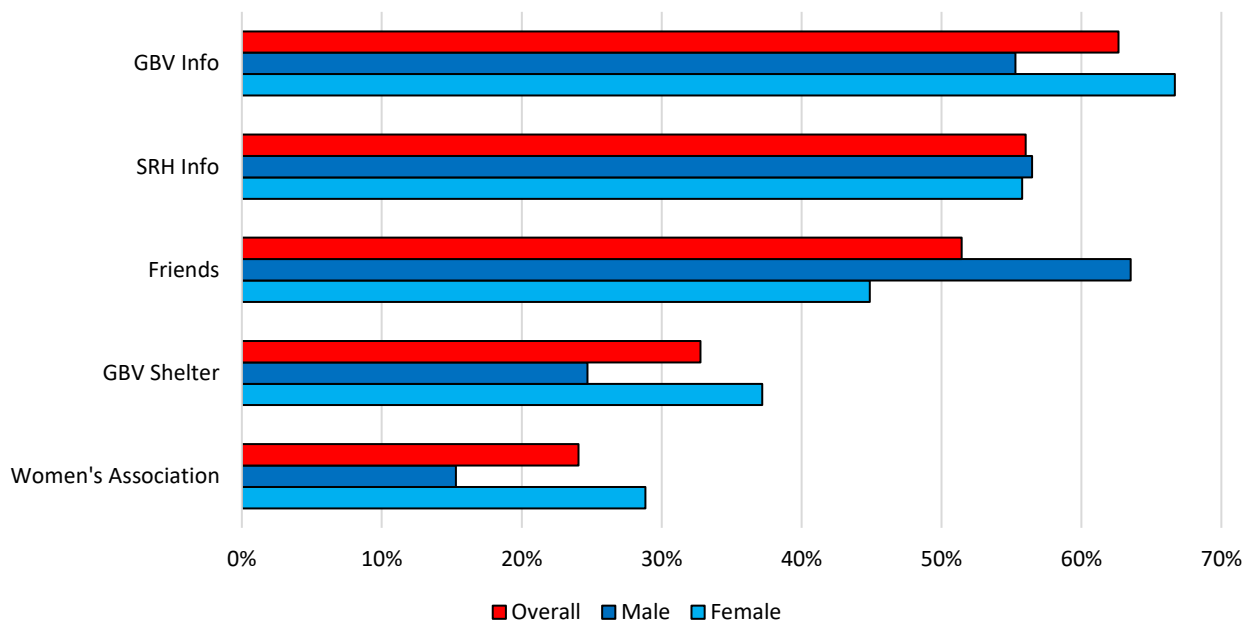
Source. Youth Survey (N = 560).

203. Youth respondents in our sample were unlikely to have received any SRH information. Twenty-eight percent of youth respondents stated they had received some SRH information, and this information was reportedly

provided by community health workers (32%), teachers (27%), and NGOs (39%). Youth were more likely to receive SRH information if they were enrolled in secondary school rather than primary school (44% vs. 22%, $p = 0.000$). Girls were more likely than boys to report receiving SRH information (34% vs. 21%, $p = 0.000$). Students were as likely to receive SRH information in Lac as in Logone Oriental.

204. Forty-three percent of youth said they were aware of safe spaces, but only 18% ever attended a safe space. Girls were more likely than boys to be aware of these spaces (47% vs. 37%, $p = 0.019$) and much more likely to attend (24% vs. 9%, $p = 0.000$). Students in Lac were more aware of the existence of safe spaces (53% vs. 33%, $p = 0.000$), but we find no differences in reported attendance by region. Exhibit 20 presents the different aspects of safe spaces students were aware of by sex.

Exhibit 18. Safe Space Awareness, by Sex



Source. Youth Survey (N = 560).

205. Lastly, the BBGE programme in Chad intended to conduct community sensitization on the importance of girls' education through targeted radio programming with key community members. Sixty-one percent of youth surveyed reported awareness of these broadcasts, with no differences by sex. Secondary school students were more likely than primary school students to be aware of the radio broadcasts (68% vs. 56%, $p = 0.007$), and youth in Lac were more likely to know about the radio programming than those in Logone Oriental (68% vs. 53%, $p = 0.046$).

3. Conclusions and Recommendations

3.1. Conclusions

206. This section summarizes the key findings of the report, with particular sensitivity to interagency coordination, the effectiveness of BBGE activities, gender equity and inclusion, and the prospect of programme sustainability.

Joint Approach

207. Quantitative findings show that all intended programme activities were implemented, implying that each agency jointly leveraged its expertise to provide a multidimensional intervention. WFP brought institutional expertise in school feeding and cash transfer, UNICEF colleagues brought experience in WASH and health interventions in schools, and UNFPA led efforts around SRHR and prevention of GBV. That said, qualitative data suggest that there were some coordination issues at the ground level and concerns over funding flows, which were at times delayed because of bureaucracy. Findings from an evaluation of the Malawi JPGE programme, which encountered similar coordination and funding challenges, suggest a missed chance for BBGE to learn from evaluations of relevant past interventions that were jointly implemented. In addition, quantitative and qualitative evidence indicates that although all activities were ultimately conducted, some were not fully implemented and others were delayed. Because the programme entailed a multiplicity of activities (over 14), the resources required to coordinate their concurrent and timely delivery were beyond the local capacity of the three agencies. Various stakeholders suggested that **the project should adopt a more centralized mechanism for coordinating implementation amongst WFP, UNICEF, UNFPA and their subcontractors. This advice seems appropriate for implementation of BBGE (were to be continued) and also for any future scale-up efforts.**

Effectiveness and Perceived Impact

208. Because of the lack of baseline values for key outcomes, as well as lack of a comparison group, our evaluation of the BBGE programme is limited in its ability to estimate effectiveness or impact. Instead, we present summary statistics of key outcomes at the time of our survey, coupled with complementary qualitative findings on perceptions of improvements due to the programme. Although our approach is methodologically strong, it is not free of limitations. **For future evaluations, it is advisable to ensure that a proper household/individual baseline survey is conducted to enable causal analysis either through experimental or quasi-experimental methods.**

209. Overall, we found that enrolment rates were high, with 91% of youth reportedly enrolled in school at the time of the survey and, according to school records, clear increases in enrolment for youth at both the primary and secondary levels since the 2019–20 school year. On average, girls were less likely than boys to be enrolled in school, a clear difference from results in Niger, where girls were more likely to be enrolled than boys in programme areas. Further, in Niger more girls were taking their CEP exams at the end of primary school than in the past few years, which enabled them to move on to secondary school at higher rates, but we do not have corresponding data for students in Chad to allow comparison. **Further, financial incentives and school meals were perceived to help most in overcoming barriers to educational attainment for youth and were the two of the most widely received BBGE activities in both countries. Future programming should prioritize these two activities.**

210. Fidelity of implementation was stronger in Chad than in Niger, though we find evidence of improper targeting of interventions to intended beneficiaries and areas where delayed implementation threatened the programme's success. For some of the BBGE activities in Chad, boys were as likely as girls to report receipt of the program even though the overarching aim was to increase girls' enrolment in and attendance at school. For instance, 54% of boys reported receiving a welcome kit at school, and 30% of those boys reported receiving them annually. While this was a slightly smaller proportion of boys than of girls, the welcome kits were established to encourage girls' enrolment. Further, a similar proportion of girls and boys reportedly received afterschool tutoring (17% on average). **Although improper targeting was more prevalent in Chad than in Niger, this may have positively affected the reception and perception of the programme in the communities as we heard less complaints from parents about boys being left out. It is strategically desirable to obtain community buy-in and prevent backlash against the programme to support its sustainability. Further, boys living in crisis context may also benefit from similar activities.**

211. Respondents suggested that delays in implementation could have led to reduced effectiveness of the BBGE programme in Chad. Specifically, respondents noted that delays in the distribution of financial incentives, one of the essential programme components for getting girls into school, caused delays in enrolment and led some girls

to drop out of school for short periods until the finances were received. Another example concerns school meals, which did not begin until after classes started for the school year. In some cases, meal provision was delayed up to 3 months into the school year, and food delivery was regularly delayed. Since school meals and grants were found to be two of the programme components that most influenced school enrolment and attendance, delays in the provision of these services could have significantly affected programme outcomes. **Therefore, it is essential that resources are distributed efficiently to ensure activities are implemented in a timely manner in order to maximize impacts.**

212. Lastly, various respondents noted the value of including more trainings for improving the programme's overall effectiveness. Respondents stated that trainings were too short and infrequent to substantially change entrenched social and gender norms. Therefore, the BBGE programme could provide more trainings on each topic to encourage attitude, knowledge, and behaviour change with respect to girls' education, SRH, and GBV, for instance. The increased amount of training was particularly noted as important for teachers. Moreover, there is space for programme implementers to involve other community leaders, including religious leaders and health facility staff, in conducting community trainings to encourage more engagement. **To help alter entrenched norms throughout the community, these community trainings could also benefit from being longer and more sustained and from employing sensitization campaigns. Finally, given girls' reports of being stigmatized and harassed at school, the BBGE programme should consider including trainings for students on bullying and fostering a safe school environment to promote girls' consistent attendance at school.**
213. Youth with disabilities (i.e. difficulty hearing, walking, concentrating, or communicating), who represent about a third of the adolescent sample, currently attend school one day less a week than their counterparts without a disability. This suggests that school meals and financial incentives alone may not be enough to reduce all the educational barriers faced by people with disabilities. **Besides the needs faced by girls or children in crisis context, youth living with a disability are typically confronted with additional physical or cognitive challenges that the BBGE could help address in future rounds.**

Sustainability

214. There is uncertainty about the sustainability of the programme beyond its initial phase. Perhaps in part because of the brief initial implementation period, there was limited emphasis on sustainability during the first phase of BBGE. Implementers referred to the initial project period as a pilot and indicated that a continuation of BBGE largely depended on the results of the external evaluation. There is a willingness and interest in continuing with some activities beyond the implementation period, especially those that require minimal outside funding to carry on with, such as school gardens, community-level sensitization campaigns on the importance of girls' education, GBV, SRH, and water points. However, parents and other community stakeholders expressed a sense of helplessness when considering how to continue with activities requiring funding from external sources, such as financial incentives and school meals. Regional respondents reported that WFP would continue to work with many of the school canteens that were supported under BBGE, suggesting school meals will likely continue well beyond BBGE; however, it is unclear whether financial incentives, which are perceived as a fundamental support for in-school and out-of-school girls, will continue. **For future programming as well as for any potential continuation of the BBGE programme, it is advisable to draw a sustainability plan from inception. As of now, flagship activities of the BBGE programme, such as financial incentives and school meals, will not continue without the support of the three agencies or other funding sources.**

3.2. Lessons learnt

215. While this report focuses on the evaluation of the BBGE activities in Chad, the programme was simultaneously implemented in Niger. Drawing on findings from across both countries we now present lessons learned that will serve to inform future expansion of the programme or other joint-approach interventions:
216. **Concentrating resources on fewer schools and prioritizing key activities increases their simultaneous delivery and improves the fidelity of implementation.** Implementation in Chad was better than in Niger, with participants receiving, on average, 5 school-based activities (out of 6) compared to 3 activities in Niger. In Chad, the programme targeted 78 schools and whereas in Niger, BBGE targeted 262 schools. Moreover, according to the programme logic frameworks, activity targets by the end of the project were more likely to be reached in Chad than in Niger. Overall, these findings suggest that the programme should prioritize resource efficiency by focusing on the depth of each activity as opposed to its breadth.
217. Across both countries, school meals and financial incentives were deemed most effective for reducing barriers to girls (and boys) education. **In both Chad and Niger, school meals and financial incentives were widely**

considered to provide crucial support for facilitating school access for children. These activities should be prioritized if the programme were to be continued.

218. **In both countries, the BBGE programme overestimated its ability to sufficiently support out-of-school girls in returning to school.** Through our evaluations, we found evidence that out-of-school girls in both countries were struggling with re-entry into the education system. This phenomenon was more pronounced in Chad, where girls dropped out during the COVID-19 pandemic and did not return though limited efforts were made by the programme to support their return to school. In Niger, in contrast, the BBGE programme included remedial education activities specifically designed to target girls not enrolled in school, but the country's lack of procedures for re-enrolling students who left the system limited the programme's ability to do so. Therefore, it is important for the BBGE programme to consider the additional academic supports needed when students re-enrol in school after an extended period. This is especially important among refugee and IDP populations as disruptions in education are more common due to their necessary transitory nature.
219. **The timing of activities is vital to programme success.** Implementation of various activities aimed at reducing barriers to girls' education is a necessary but insufficient condition for BBGE programme effectiveness. Financial incentives were delayed in both Chad and Niger and were not distributed to beneficiaries until after the start of the school year meaning after school fees and associated expenses were due. For these activities to be most effective, the BBGE program should strive to distribute payments in advance of payment deadlines. Relatedly, the provision of school meals should align with the school calendar such that students receive meals from the first day of school. Since providing food at school is an important activity for encouraging student attendance, ensuring these meals are available for the duration of the school year will produce greater effects on attendance. In Niger, there were also programme delays in the establishment of safe spaces and in health-related activities including creation of school infirmaries, health clubs, and SRH services – activities meant to keep girls' healthy and in school.
220. **With the joint approach, it is important to include country and regional level teams in conversations about programme management and synchronization and not simply coordinate amongst the UN agencies at the headquarters level.** Interviews and focus groups in Chad and Niger and at the headquarters level highlighted inefficiency due to a lack of clear communication and coordination between headquarters, country offices, and regional offices as well as between country offices and implementing partners. These communication issues ultimately resulted in some project delays and limited the efficiency of implementation. One commonly cited issue related to the flow of resources, particularly financial resources, from headquarters to implementing partners and the inherent delays resulting from the multiple levels funds needed to travel to reach beneficiaries. Additionally, unclear guidance on the lines of communication and roles of each office, especially at the regional level, led to ambiguous tasks and ownership of activities leading to further delays and programme inefficiencies. For future BBGE or similar programming offered through a joint approach, it may be prudent to recruit programme coordinators to manage all activities and resources as done in the Malawi JPGE or use a centralized coordination mechanism for UN agencies and implementing partners. Additionally, establishing lines of communication and clearly defining roles for each level will facilitate efficient programme implementation.

Recommendations

#	Recommendation	Recommendation grouping, by theme	Responsibility (lead office/entity)	Other contributing entities (if applicable)	Priority (high or medium)	By when
1	Recommendation 1: Set up a centralized mechanism for coordination between the three UN agencies and their local subcontractors to improve the joint implementation approach. The coordination unit should include representatives from each UN organization based in-country and the unit should oversee all activity implementation and conduct regular monitoring missions to ensure consistency of the joint approach.	Efficiency, effectiveness, impact	WFP headquarters	UNFPA and UNICEF headquarters; UNFPA, UNICEF, and WFP country offices	High	Prior to a next phase of BBGE, UN agencies should set up a centralized mechanism to increase interagency coordination, minimize delays in the flow of funds and activities, and ensure a full concurrent implementation of the suite of activities.
2	Recommendation 2: Clarify targeting of interventions among UN agencies and local subcontractors (for example, should boys be receiving any interventions, as the evaluation showed that they were?) and improve communication around targeting.	Efficiency, effectiveness, impact	WFP headquarters	UNFPA and UNICEF headquarters; UNFPA, UNICEF, and WFP country offices; local subcontractors	High	Prior to a next phase of BBGE.
3	Recommendation 3: Improve the timeliness of the provision of financial incentives. Ensure that financial incentives for girls are delivered at the start of the school year to encourage proper and timely use of funds for girls' educational needs.	Effectiveness, impact, equity	UNICEF headquarters	UNICEF country office	Medium	When designing activities for the next phase of BBGE and distributing resources between programme activities.
4	Recommendation 4: Improve timeliness of and communication around school meal provision. Determine bottlenecks in food delivery resulting in delays, and set realistic expectations about when school meals will be provided during the school year (i.e., will they start at the beginning of the school year or a few months in?).	Effectiveness	WFP headquarters	WFP country office	High	When designing the next phase of the BBGE and distributing resources for programme activities.

5	<p>Recommendation 5: Increase the length and frequency of trainings on girls' education, SRH, and GBV to target changes in entrenched norms and practices. Mobilize community, religious, and health leaders to facilitate trainings and encourage participation. Include trainings on fostering a safe school environment and preventing bullying.</p>	Effectiveness, impact	UNFPA headquarters	UNICEF headquarters; UNFPA and UNICEF country offices	Medium	When designing activities for the next phase of BBGE.
6	<p>Recommendation 6: The UN agencies should establish a clear sustainability plan for all programme activities with identified assignments for government, community leaders and country office staff. For activities that require additional financial resources, the sustainability plan should identify which elements can be continued at low or no cost.</p>	Sustainability	WFP headquarters	UNFPA and UNICEF headquarters; UNFPA, UNICEF, and WFP country offices	High	When designing activities for the next phase of BBGE, WFP and its partners should include a clear sustainability plan with assignments for stakeholders at all levels, from the government or ministry level to the community level.

Annexes

Annex 1. Summary Terms of Reference

EVALUATION OF THE BREAKING BARRIERS FOR GIRLS' EDUCATION PROGRAMME IN CHAD AND NIGER FROM 2019 TO 2022

DECENTRALISED EVALUATION TERMS OF REFERENCE

WFP SCHOOL-BASED PROGRAMMES DIVISION



BACKGROUND

These terms of reference (ToR) are for the administration of a joint activity evaluation of the Breaking Barriers for Girls' Education (BBGE) Programme in Chad and Niger funded by Global Affairs Canada (GAC). The BBGE programme is jointly implemented by the World Food Programme (WFP), the United Nations International Children's Emergency Fund (UNICEF), and the United Nations Population Fund (UNFPA), with WFP serving as the coordinating agency at regional and global levels. One evaluation report will be created for each country of operation in addition to a lessons learned report, 49utria49a on the partnership practices and impact of the joint approach amongst UNFPA, UNICEF, and WFP to implementing BBGE in both Chad and Niger. The WFP School-Based Programmes (SBP) Division prepared these ToR based upon an initial document review and consultation with the joint steering committee and regional stakeholders, following a standard template. The purpose of these terms of reference is to provide key information to stakeholders⁶⁴ about the evaluations, guide the evaluation team (ET), and specify expectations during the various evaluation phases.

INTRODUCTION

These terms of reference are for the final, joint, activity evaluations of the BBGE Programme in both Chad and Niger. These evaluations are commissioned by the WFP SBP Division and will cover the entire period of programme implementation from October 2019 to June 2022.

The implementation of activities to address barriers to education for school-age children and adolescent girls in Chad and Niger will be evaluated. Barriers targeted include hunger and poverty, gender-based violence, economic opportunity cost of school attendance, gaps in school-based health and water, sanitation, and hygiene (WASH) services, lack of school nutrition, attitudes regarding girls' education, lack of awareness of sexual and reproductive health rights, and insufficient capacity at government and local levels to address girls' specific educational needs.

Activities targeting primary and secondary school children and their parents, teachers, school cooks, communities, and relevant government personnel were implemented in the Lac and Logone Oriental provinces of Chad and the Tillaberi, Tahoua, and Diffa regions of Niger. The programme expected to reach 130,000 beneficiaries per year including 35,530 girls ages 5-9 and 27,569 girls ages 10-19. Each evaluation report will assess the relevance, coherence, efficiency, effectiveness, impact, and sustainability of the programme's activities in the respective country.

CONTEXT

Chad and Niger were targeted for the BBGE intervention due to outstanding barriers to girls' education, high levels of poverty and food insecurity, and crisis contexts that place girls at risk. In addition to these needs, past experience of collaboration amongst the three implementing agencies and commitments for future collaboration in Chad and Niger enhanced the perceived feasibility of programme implementation in those countries. Detailed information on the country contexts is below.

Chad

Before and during the implementation of the BBGE programme, Chad faced many challenges that impact livelihoods and girls' education. Boko Haram attacks in neighbouring Nigeria have led approximately 193,000 refugees to settle in the Lac province. Meanwhile, violent clashes in the Central African Republic have forced approximately 30,000 people to relocate to the Logone Oriental region since 2017 alone.² Refugees and internally displaced persons have increased strain on areas already stretched for food and resources. Areas of the Sahel, already prone to drought, have been dually impacted by climate change and the influx of refugees, exacerbating food insecurity in the lean season. During the 2021 lean season, over 1.78 million people were estimated to be food insecure.⁶⁵ Additionally, Chad ranks 107th out of 107 countries in the 2020 Global Hunger Index, a composite measure of food supply, child under nutrition, and child mortality.⁶⁶

In addition to food security challenges, Chad faces threats to human capital and gender equality. In 2019, Chad received a Human Capital Index score of 0.3, meaning that if current conditions prevail, a child born in Chad that year was expected to reach only 30% of their potential productivity by the time they turned 18.⁶⁷ Before the pandemic, net school enrolment had fallen from its peak in 2015 to 73.85%, far below the Agenda 2030 target.⁶⁸ The ratio of female to male average years

⁶⁴ A complete list of evaluation stakeholders can be found in section 2.3 and in Annex 5. Stakeholders who reviewed the Terms of Reference are listed in Annex 3 and Annex 4. ² WFP. 2019. Breaking Barriers to Girls' Education Joint Proposal – Chad

⁶⁵ WFP. 2021. [WFP Chad Country Brief](#).

⁶⁶ Global Hunger Index. 2021. [Chad](#)

⁶⁷ World Bank. 2021. [Chad](#)

⁶⁸ . Sustainable Development Report. 2021. [Chad Indicators](#).

of education also stagnated at 34.21% in 2019.⁶⁹ As girls move to higher levels of education, they are less likely to finish school than their male peers, due to a variety of factors including GBV, traditional gender roles and attitudes about girls' education, economic constraints, early/forced marriages, and lack of proper sanitary facilities at schools for menstrual hygiene, amongst other reasons. Lack of education, poor maternal health, low participation of women in the labour force, and other societal factors have placed Chad 160th out of 162 countries in the Gender Inequality Index.⁷⁰ Educational barriers have been exacerbated by recent events including a 7-month period of school closures due to COVID-19, teacher strikes, and challenges stemming from the death of Chad's president and subsequent government transition. These events also impacted programme implementation, described in the Evaluation Subject section.

BBGE activities built upon several existing initiatives of the Chadian government and various United Nations organizations. Chad adopted a 2030 strategic development framework, "Le Chad que Nous Voulons," which is to be implemented through three, five-year National Development Plans (PND). The first NDP (2017-2021) 50uti50ati prevention of gender-based violence, creation of a national gender strategy, economic empowerment, livelihood and capacity strengthening, and social protection. The PND is supported by the United Nations Development Assistance Framework and the Humanitarian Response Plan. Additionally, the government established a National School Feeding Policy in 2017 that informed the United Nations' Agenda for Nutrition in Chad. In May 2019, the Ministry of Education established a National Strategy for WASH in schools. Prior to programme implementation, UNICEF supported the Chadian Ministry of Education in the development of educational materials to improve knowledge of puberty, menstruation, and menstrual hygiene management (MHM) amongst students and teachers. UNFPA works closely with the Ministry of Public Health (MoPH) to reduce maternal mortality through capacity strengthening.⁷¹ In 2019, the MoPH developed a national strategy for the development of adolescents and young people with the support of UNFPA.

Niger

Niger faced various challenges prior to the implementation of the BBGE programme that impacted girls' education and overall wellbeing of the population. Niger ranked last out of 189 countries in the Human Development index, a composite measure of life expectancy and schooling.⁷² Approximately 59% of the school-age population was enrolled in primary school, with women only completing half the number of years of education on average as their male counterparts.¹¹ Some of the causes of girls' low educational attainment include perceived low educational quality, threats to girls' safety, poor water and sanitation infrastructure at schools, and traditional family structures where women and girls assume a majority of domestic responsibilities. Additionally, Niger has one of the highest fertility rates in the world and the highest proportion of child marriages.⁷³ Early marriage and pregnancy present another barrier to girls' education. For a nation where 40.8% of the population is in poverty, 1.5 million people are food insecure and an additional 1.5 million are chronically food insecure, additional costs of education are too much for many families to bear.⁷⁴ ⁷⁵ The disparity in girls education, combined with poor maternal health, poor female participation in the workforce, and other factors, led to Niger ranking 154th out of 162 countries in the Gender Inequality Index.⁷⁶

The COVID-19 pandemic and heavy flooding exacerbated poor conditions in the country and impacted programme implementation. During the pandemic, schools closed briefly in spring 2020. Lockdowns and restrictions to mobility led per capita income to fall by .3% in 2020.⁷⁷ Flooding in August and September 2020 caused \$90 million of losses in the agricultural sector and placed 60,000 households in humanitarian crisis. Impacts from the floods also delayed the start of the school year in the target regions, which impacted programme implementation. Before the BBGE programme, over 55,000 Malian refugees settled in the Tillaberi and Tahoua regions and over 250,000 people displaced by the Lake Chad Basin crisis in 2014 were still living in the Diffa region.¹⁷ During programme implementation, there was further migration to these regions and instances of violence, which caused school closures and impacted programme monitoring due to security concerns.

Prior to programme implementation, the Government of Niger stated its commitment to the advancement of girls' education in its 10-year education plan, Plan Sectoriel de l'Education et de la Formation 2014-2024 (PSEF), and through the creation of the National Strategy for Girls' Education and Training. Niger is a top priority country for the UNICEF-UNFPA

⁶⁹ Ibid

⁷⁰ UNDP. 2020. [Gender Inequality Index](#).

⁷¹ UNFPA. 2021. [UNFPA Chad](#).

⁷² UNDP. 2020. [Human Development Index \(HDI\) Ranking](#) ¹¹ Sustainable Development Report. 2021. [Niger Indicators](#).

⁷³ Ibid.

⁷⁴ World Bank. 2021. [Niger](#)

⁷⁵ WFP. 2021. [Niger Country Brief](#)

⁷⁶ UNDP. 2020. [Gender Inequality Index](#).

⁷⁷ World Bank. 2021. [Niger Economic Update: Health and Security Crises Threaten Lives and Livelihoods](#) ¹⁷ WFP. 2019. Breaking Barriers to Girls' Education Joint Proposal – Niger

Programme to Accelerate Action to End Child Marriage that promotes girls' education and rights. In 2012, WFP implemented a school-feeding pilot in Niger that guided future approaches for enhancing girls' access to education by the Government of Niger.

REASONS FOR THE EVALUATION RATIONALE

Both country-level, joint evaluations and joint implementation lessons learned report are commissioned for the following reasons: 1. To generate learning to inform government policies in Chad and Niger for enhancing girls' access to education 2. To identify lessons learned from the pilot to expand successful approaches in Chad, Niger, and other countries with similar contexts and 3. To ensure accountability to programme beneficiaries and donors. The objective of the lessons learned report is to capture synergies or challenges created by the joint approach, identify good practices within the partnership, and identify areas for improvement.

The evaluations are expected to have the following uses for WFP, UNICEF, UNFPA, the Government of Chad and Niger, and other key stakeholders:

- Inform the design of policies by the governments of Chad and Niger to increase access to education for girls.
- Inform programmatic decision-making for WFP, UNICEF, and UNFPA country offices in Chad and Niger and generate learning for the country offices and regional bureaus, which they may apply across other countries.
- Contribute to the global evidence base for gender transformative school feeding programmes with coordinated nutrition and education components (School Feeding PLUS) in crisis contexts.
 - Provide accountability to beneficiaries and GAC through an appraisal of actual programme outputs and outcomes.

OBJECTIVES

The evaluations of the BBGE programme will serve the dual and mutually reinforcing objectives of accountability and learning, with an emphasis on learning:

Accountability – The evaluations will assess and report on the performance and results of the BBGE programme in Chad and Niger, respectively.

Learning – The evaluations will determine the reasons why certain results occurred or did not occur to draw lessons and derive good practices. It will also provide evidence-based findings to inform operational and strategic decision-making. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson-sharing systems.

Specifically, the evaluations aim to better understand the strengths and weaknesses of the approach to reducing barriers to girls' education, particularly focusing on the implications for crisis contexts, the advantages or disadvantages created through the joint partnership approach, and lessons and good practices from the pilot activities. Findings from the evaluation will be used to inform national policy development in Chad and Niger and to inform future approaches for WFP, UNICEF, UNFPA and partners at the national, regional, and global levels.

STAKEHOLDER ANALYSIS

The evaluation intended users include a broad range of internal and external stakeholders. A number of these stakeholders will be asked to play a role in the evaluation process considering their expected interest in the results and relative power to influence the programme evaluated. Annex 5 provides a preliminary list of evaluation intended users and describes their contributions to the evaluation and expected interest in its results. The evaluations' primary stakeholders include the following:

- UNFPA, UNICEF, and WFP headquarters (HQ) divisions including programmatic divisions and technical units such as the WFP Office of Evaluation (OEV).
- UNFPA, UNICEF, and WFP Regional Offices
- UNFPA, UNICEF, and WFP Country Offices
- Relevant ministries of the governments of Chad and Niger at the central and 51utria51ation51 levels
- NGO partner organizations
- Beneficiaries including primary school boys and girls, adolescent girls, teachers, cooks, school administrators, and students' families and communities.

- Global Affairs Canada

The ET should further define expected stakeholders, stakeholder evaluation contributions, and stakeholder expected uses of the evaluation as part of the inception phase. In addition, the ET should consistently engage with the Evaluation Reference Group and Steering Committee to ensure stakeholder perspectives are included in the documents. The ET should coordinate with the Evaluation Manager (EM) to outline in detail how information from the evaluation will be disseminated to all stakeholders, building on the knowledge management and communication plan (Annex 7)

Accountability to affected populations is tied to all three partner organisations' commitments to include beneficiaries as key stakeholders. UNICEF, UNFPA, and WFP are committed to ensuring gender equality, equity and inclusion in the evaluation process, with participation and consultation in the evaluation of women, men, boys and girls from 52utria52ation groups. Beneficiary perspectives should be gathered through key informant interviews (KII) and other qualitative methods as deemed relevant by the ET during the data collection phase. The ET should seek the perspectives of beneficiaries in interpreting evaluation findings to the extent possible.

SUBJECT OF THE EVALUATION

The BBGE programme is funded by Global Affairs Canada, with the aim of increasing girls' access to education in the emergency contexts of Chad and Niger by breaking barriers to girls' enrolment in school. Three UN organizations, WFP, UNICEF, and UNFPA, were awarded \$30 million CAD to implement activities over a span of two years to implement activities in the Lac and Logone Oriental provinces of Chad and the Tillaberi, Tahoua, and Diffa regions of Niger (see map Annex 1). Programme implementation was planned to begin in October 2019 and continue until October 2021 but was delayed until mid-2020 due to COVID-19 and administrative issues. After activities began, school closures further delayed implementation. Therefore, the programme timeline was extended to June 2022. The primary barriers to girls' education targeted by the programme are (1) hunger, poverty, and opportunity cost of school attendance; (2) school-based nutrition, WASH, and health service gaps; (3) lack of sensitization on sexual and reproductive health rights (SHRH) and gender-based violence in schools and communities; and (4) insufficient capacities and coordination at national and local levels to address barriers to girls' education and meet national priorities. Programme activities build on existing initiatives implemented by governments and UN agencies in Chad and Niger.

Previous evaluation findings

In 2012, WFP piloted a multi-sectoral approach for enhancing access to education for adolescent girls aged 10-19 in Niger, which included many of the components of the BBGE programme. The evaluation concluded that the school attainment success rate for girls increased from 32% to 68%, the prevalence of anaemia decreased amongst girls and boys, hygiene practices improved, nutritional awareness improved, and students experienced increased confidence to solve problems and express ideas.⁷⁸

In Chad, the national government has 52utria52atio education and women's advancement through various initiatives, including the establishment of a national school feeding strategy, the creation of a school feeding department within the Ministry of Education (MoE), the launch of a national strategy for WASH in schools, and prioritization of gender-based violence prevention in its long-term strategic development framework. Previous evaluation findings include a Systems Approach for Better Education Results (SABER) Assessment conducted in 2015 to identify strengths and weaknesses in local and national infrastructure for school feeding. The assessment found needs related to institutional capacities and coordination, implying the need for government capacity strengthening activities. Specific gaps included absence of an action plan to 52utria52ation5252 the national school feeding policy, limited funding for education and school feeding, and weak oversight due to low monitoring capacity.⁷⁹

Description of objectives and activities

The BBGE programme employs various activities targeted towards primary school children (both boys and girls), adolescent girls, parents, teachers, communities, and government ministries. These activities aim to meet the five objectives, which are disaggregated by country in Annex 6.

- Improved access to primary and secondary education, enhanced school attainment, and improved access to adequate and nutritious food for all children, including adolescent girls.

⁷⁸ WFP. 2019. School Feeding Plus: Breaking Barriers to Girls' Education in Niger: Niger Proposal Narrative.

⁷⁹ WFP. 2019. Breaking Barriers to Girls' Education – Chad.

- Access to a healthier and adequate learning environment for schoolchildren, especially girls and adolescents, allowing them to fully benefit from education opportunities.
- Improved knowledge, attitudes, and behaviors amongst schoolgirls and boys, teachers and cooks related to nutrition, health, sexual and reproductive health, and gender-based violence.
- Improved awareness on the importance of girls' education and knowledge, attitudes and behaviors regarding girls' nutrition, health & reproductive health and GBV in the communities.
 - Strengthened capacities of government institutions at the central and local levels to address girls' barriers to education and needs in national policies, plans, and budgets

In order to achieve the objectives listed above, eight primary activities are conducted in Chad and seven activities are conducted in Niger. WFP, UNICEF, and UNFPA implement activities in partnership with the Governments of Chad and Niger, Parent Associations in Chad and Niger, NGOs, other UN agencies including FAO, IFAD, UNHCR. The logical framework in Annex 9 and the Theory of Change (ToC) in Annex 10 outline the links from activities to outcomes along with corresponding indicators and assumptions. The ToC posits that the combination of activities will lead to increased access to nutrition, increased incentives and decreased disincentives for school attendance for adolescent girls, access to education about girls' rights for education, gender-based violence, sexual and reproductive health, and other gender equality issues, and increased government capacity to address these issues in future. This increased access and knowledge will reduce barriers to school attendance, including poor health, poverty and opportunity cost of attending school, personal safety concerns, weak institutional capacity, and lack of awareness of the importance of education for girls. As barriers are reduced and removed, girls will have improved access to education and improved well-being and stability in crisis contexts. Indicators outlined in the logical framework are measurable and have been designed to consider specific impacts on women and girls. The ET should analyse and refine the ToC assumptions and impact pathways using evaluation findings to determine the extent to which they were supported or refuted.

Planned activities, outputs, outcomes, and main partners identified for each objective are described in the following section. A disaggregation of beneficiaries by country, activity, beneficiary type, and gender can be found in Annex 8. These tables were generated during the programme proposal phase.

Objective 1: Improved access to primary and secondary education

Table A1. Objective 1 Activities

Actors	Intervention	Beneficiaries Targeted	Intended Outcomes
Lead: WFP Partners: NGOs, DANSS (Chad) MoPSE, ⁸⁰ FAO, IFAD, UNICEF, NGOs (Niger)	<ul style="list-style-type: none"> • Provide nutritious meals to primary school children. Train cooks and parents associations on school meal programme management including food storage, distribution, kitchen rehabilitation, and school vegetable gardens. 	<ul style="list-style-type: none"> • 33000 boys and girls provided one meal for 150 days annually (Chad) • 73410 boys and girls provided two meals for 180 days annually (Niger) 	<ul style="list-style-type: none"> • Improved enrolment, attendance, retention, attentiveness, nutrient uptake, diet diversity, and nutrition habits and behaviours
Lead: WFP and UNFPA Partners: NGOs, MoE, Parents Associations (Chad) MoPSE, UNICEF, NGOs, AME ⁸¹ (Niger)	<ul style="list-style-type: none"> • Incentives to households for girls' attendance. Distribution of welcome kits, and financial incentives programme (\$20 per girl per trimester in Niger and \$35 per girl per trimester in Chad) • Remedial after school support and support obtaining birth certificates. Entrepreneurial 	<ul style="list-style-type: none"> • 11037 adolescent girls (Chad) • 8,000 upper- • primary girls, 4500 lower-secondary girls, and 190 	<ul style="list-style-type: none"> • Increased adolescent girls' enrolment, attendance, retention, and completion.

⁸⁰ Ministry of Primary and Secondary Education

⁸¹ School Mothers Association

Actors	Intervention	Beneficiaries Targeted	Intended Outcomes
	skills development for girls and mothers (Chad only).	upper secondary girls (Niger)	
Lead: UNFPA Partners: NGOs	<ul style="list-style-type: none"> Tailored support for adolescent girls returning to school and remedial after-school support 	<ul style="list-style-type: none"> 3000 girls 	<ul style="list-style-type: none"> Re-enrolment of girls, regular attendance and retention of girls at risk for dropping out of school, and child marriage and pregnancy prevention.

Outcomes for activities under the first objective will be measured through the following indicators: retention, enrolment, and attendance rates disaggregated by gender, proportion of girls attending primary and secondary school (Niger only), minimum diet diversity score for girls 15-19 (Chad only), household food insecurity in target areas (Chad), increase in children with birth certificates (Chad only), and reduction in child marriage in target regions (Niger only).

Changes in activity implementation: Changes were made to the activity implementation, especially during the first year of implementation, which coincided with the COVID pandemic. The project launch workshop was postponed, which delayed awareness raising activities in schools and communities. School meals in Chad were delivered via take-home rations due to school closures. Birth certificate issuance, remedial education for girls, and financial incentives to selected families for girls' attendance took place. Other activities were delayed. In Niger, activities were delayed, but did not change.

Objective 2: School-based nutrition, WASH and Health Services

Table A2. Objective 2 Activities

Actors	Description	Beneficiaries Targeted	Intended Outcomes
Leads: UNICEF and WFP Partners: MoE NGOs	<ul style="list-style-type: none"> Vitamin A, iron supplements, deworming, and folic acid 	<ul style="list-style-type: none"> 36000 primary school children (Chad) 17,000 girls (Niger) 	<ul style="list-style-type: none"> Reduced prevalence of anaemia and parasitic infections
Leads: UNICEF and UNFPA Partners: MoE, NGOs	<ul style="list-style-type: none"> WASH activities in 60 primary and secondary schools Teachers, girl leaders, and GOGES/CGDES and AME members are trained on MHM⁸² Locally make reusable sanitary pads Comprehensive school-based nutrition, MHM, hygiene and health education. 	<ul style="list-style-type: none"> 16,500 students (including 5,500 adolescent girls) 5,000 women and adolescent girls 	<ul style="list-style-type: none"> Promotion of healthier learning environments, improved health, reduced absenteeism due to poor MHM, increased cognition, increased attendance, improved school retention

Outcomes for activities under the second objective will be measured through the following indicators, proportion of girls who use MHM kits at their last period (Niger only), children benefitting from drinking water service at schools, children benefitting from gender separated latrines at schools, knowledge/attitudes/behaviours related to hygiene and healthy habits (Chad only).

⁸² Menstrual hygiene management

Changes in activity implementation: Due to various challenges and delays, changes were made to the activity implementation. Training of women and girls in the manufacture of reusable sanitary napkins was removed. Nutrition supplements were delayed in Niger but will be distributed in November 2021. Hand washing devices, hygiene kits, and bio-digesters were distributed in Niger. Latrines and drinking water facilities were established in both Chad and Niger. In Chad, nutrition supplements, deworming activities, and manufacturing of sanitary pads occurred. Other activities were delayed or removed.

Objective 3: Awareness of SRHR and GBV prevention amongst school-age girls and boys

Table A3. Objective 3 Activities

Actors	Activity	Beneficiaries Targeted	Intended Outcomes
Lead: UNFPA Partners: MoE, UNICEF, WFP, NGOs	<ul style="list-style-type: none"> Promotion of comprehensive sexuality education, health clubs, and school infirmaries. Distribution of sexual and reproductive health (SRH) kits. Trainings on life skills and social and behaviour change communication (SBCC), gender-based violence prevention, early marriage prevention leadership, interrelations, HIV, and other topics. Peer-to-peer counselling for adolescent girls and women 	<ul style="list-style-type: none"> 36,000 adolescents including 11,037 adolescent girls (Chad) 41,372 primary and secondary school girls and 40,622 primary and secondary school boys (Niger). At this stage the activities are targeted for female beneficiaries of the safe spaces activity. 	<ul style="list-style-type: none"> Number of secondary schools that have integrated reproductive health in training curriculums, reduced prevalence of child marriage, increase in access to quality reproductive health services, increase in knowledge of family planning amongst adolescent girls, reduced child pregnancy, reduced exposure of girls to HIV and STIs

Outcomes for activities under the third objective will be measured through the following indicators: increase in knowledge of family planning amongst adolescent girls, increase in use of family planning by married girls (Niger only), increase in access to quality reproductive health services, number of secondary schools that have integrated reproductive health in training curriculums (Niger only), and reduce the prevalence of child marriage in target regions (Chad only).

Changes in activity implementation: Due to various challenges and delays, changes were made to the activity implementation. In Niger, reproductive health kits were distributed at integrated health centres, schools were targeted for the establishment of infirmaries, and school health clubs were established, and UNFPA “paralegals” reached girls and boys with GBV sensitization information. In Chad, teachers, cooks, and women were given gender equality sensitization training, literacy training, and management of school canteens, and cooks received cash-based transfer assistance. Other activities were delayed or removed.

Objective 4: Awareness of SRHR and GBV prevention for parents, teachers, and the wider community

Table A4. Objective 4 Activities

Actors	Activity	Beneficiaries Targeted	Intended Outcomes
Lead: UNFPA Partners: government, ministries, UNICEF, WFP, NGOs	<ul style="list-style-type: none"> Educate broader community about GBV, SRHR, and the importance of girls’ education Establish Future Husbands Clubs (Niger) Establishment of 15 safe spaces (Chad) 	<ul style="list-style-type: none"> 550 adolescent boys (Niger) 300 community members 	<ul style="list-style-type: none"> Increased awareness of the importance of girls education, improved SRH behaviours, knowledge, and attitudes, reduced

Actors	Activity	Beneficiaries Targeted	Intended Outcomes
	<ul style="list-style-type: none"> Establishment of 16 preschool classrooms for children of adolescent mothers 	(Chad and Niger)	exposure of girls to HIV and STIs, reduced child marriage, reduced child pregnancy

Outcomes for activities under the fourth objective will be measured through the following indicators: percentage of target groups that adopted favourable attitudes towards girls' education (Niger only) and percentage of decision-makers in households that do not intend to marry their daughter before 18.

Changes in activity implementation: Due to various challenges and delays, changes were made to the activity implementation. In Niger, chiefs of district signed partnerships to prevent GBV within communities. In Chad, activities to train parents have begun. Other activities were delayed or removed.

Objective 5: Strengthening government capacity and coordination at national and local levels

WFP, UNICEF, and UNFPA work with NGOs and relevant government ministries to strengthen capacity to effectively address barriers to girls' education and girls' health, nutrition, and protection through policies, strategies, and programmes. In Chad, WFP and UNFPA partnered with the MoE, Ministry of Health (MoH), and Ministry of Women and Social Affairs (MoWSA) to implement a comprehensive national study to better understand barriers to girls' education and document lessons learnt. WFP and UNFPA work to advocate for girls' education policy, identify national champions for advocacy, and sensitise ministries on gender responsive education policies. In Niger, UNFPA, UNICEF, and WFP support the formulation and strengthening of inclusive, gender-responsive legal and policy framework that supports education and health for all students, particularly girls. These include the formulation of a national Strategy for Girls Education and Training and a review of the National School Feeding Strategy. The intended outcomes of these activities include creating enabling institutional and policy environments to effectively address barriers to girls' education and promote girls' rights and well-being.

Outcomes for activities under the fifth objective will be measured through the following indicators: percentage of communes in target areas that have an investment plan that considers the promotion of girls' education (Niger only) and number of national policies, programmes, and coordination systems developed or strengthened with the support of UN agencies (Chad).

Changes in activity implementation: Due to various challenges and delays, changes were made to the activity implementation. The study to determine barriers to girls' education in Chad was delayed but was completed in October 2021. Collaboration with relevant government ministries in Chad was impacted by the death of the president during programme implementation.

GENDER EQUALITY AND WOMEN'S EMPOWERMENT AND ADDITIONAL EQUITY DIMENSIONS

Considerations to promote Gender Equality and Women's Empowerment (GEWE) represent a fundamental component of programme design and implementation. The stated purpose of the project is to reduce barriers to girls' education in order to promote women's prosperity and empowerment more broadly. Target countries were selected due to gender-specific barriers impacting educational access for young girls and adolescents. The barriers specifically impacting girls in the target countries of Chad and Niger were analysed during programme formation to maximise the programme's ability to achieve its objectives. Gender-specific educational barriers were further investigated during the baseline study in Chad and Niger. Additional equality and inclusion dimensions were considered in targeting of programme activities. Regions with high percentages of refugees, returned migrants, and internally displaced persons as well as regions facing outsized food insecurity were targeted to bring programme benefits to areas with high needs. The evaluation team should further analyse the extent to which the programme was able to meet the needs of 56utria56ation populations, including populations with disability, refugees, and internally displaced persons.

A total budget for two years was approved by the donor, totalling \$30 million CAD. Of the \$30 million CAD, \$16,370,384.54 CAD was budgeted for programme implementation in Chad, \$11,259,140.41 CAD was budgeted for programme implementation in Niger, and \$2,073,445.34 CAD was budgeted for global coordination, evaluation, and research—approximately 7% of the overall budget.

SCOPE OF THE EVALUATION

The evaluation will cover activities implemented from October 2019⁸³–June 2022. In line with the OECD – DAC84 criteria, the evaluation will examine programme relevance and coherence within the context of COVID-19 and existing humanitarian crises, programme efficiency, effectiveness, sustainability, and impact. Evaluation analysis in both Chad and Niger will examine these thematic areas for all beneficiaries, focusing specifically on young girls, adolescent girls, and women. In addition, a lessons learned report will be generated to analyse the partnership amongst UNFPA, UNICEF, and WFP. Qualitative and quantitative data should be disaggregated by gender and age group whenever possible. All target provinces and regions should be included in the scope of the evaluation. Samples should be collected to allow for the disaggregation of results by province/region whenever possible. Due to programme delays and adjustments to activities, the scope of the evaluation will focus on all activities that could be implemented within the changing context and investigate how changes and delays impacted the evaluation criteria.

The OECD-DAC criteria aim to gather information that generates learning for decision makers and meets standards for accountability. When examining relevance, the evaluation will determine the extent to which activities implemented responded to girls’ needs within the specific context of COVID-19 and humanitarian issues within the target countries, according to girls. Along with relevance, coherence will determine the extent to which activities were compatible with existing governmental, multinational, or non-profit interventions, and the coherence of the joint approach with each country’s strategy. Efficiency determines the extent to which results were achieved in an economic and timely way. Effectiveness examines the extent to which objectives were achieved, whereas impact examines the extent to which activities and objectives generated higher-level effects, both intended and unintended. Finally, sustainability will examine the extent to which benefits of the programme are likely to continue after implementation ends, with a particular focus on the programme’s ability to strengthen government capacity and ownership.

EVALUATION APPROACH, METHODOLOGY AND ETHICAL CONSIDERATIONS

EVALUATION QUESTIONS AND CRITERIA

The evaluation will address the following key questions, which will be further developed and tailored by the ET in a detailed evaluation matrix during the inception phase. The final evaluation matrix must include questions that have been refined based on key stakeholder input, corresponding indicators, data sources, data collection method, data collection timeline, methods for data analysis, and roles and responsibilities. Questions should provide information that determines accountability to objectives and provides relevant lessons for future programmes. The evaluation should also analyse how gender, equity and wider inclusion objectives and principles were included in the intervention design. The gender, equity and wider inclusion dimensions should be integrated into all evaluation criteria as appropriate.

Table A5. Evaluation Questions and Criteria

Evaluation Questions – Chad and Niger		Criteria
EQ1 – Were the BBGE programme activities relevant to the health and educational needs of girls and adolescent girls, particularly girls from marginalised groups, within the humanitarian context of the target zone?		Relevance
1.1.	To what extent did the programme identify the needs of girls and adolescent girls and the relevant barriers to girls’ education in Chad and Niger?	
1.2	According to girls, boys, and parents (especially those from marginalised groups), to what extent was the comprehensive nature of the intervention package relevant for their needs generally and given contextual factors such as COVID-19 and security concerns?	
1.3	To what extent was the programme able to reach the most vulnerable beneficiaries, particularly girls living in conflict-affected areas and girls who are not in school?	
EQ2 – To what extent do the programme’s objectives and activities align national government policies and priorities and relevant programmes operating in the target provinces?		Connectedness/ coherence
2.1	To what extent was the joint approach to the programme compatible with the strategies and objectives of WFP, UNICEF, and UNFPA?	

⁸³ Programme implementation did not begin until 2020 due to delays.

⁸⁴ The Organisation for Economic Co-operation and Development - Development Assistance Committee’s criteria for evaluations are relevance, coherence, efficiency, effectiveness, sustainability, and impact.

Evaluation Questions – Chad and Niger		Criteria
EQ3 – To what extent have programme activities delivered results timely and economically within the UNICEF, UNFPA, and WFP partnership?		Efficiency
3.1	How did the joint approach to programme implementation enhance or hinder efficiency?	
3.2	How can programme implementation be improved to achieve results in a more timely and economical way, within changing contexts such as the COVID-19 pandemic and instability?	
EQ 4 – To what extent did activities result in expected outputs and outcomes?		Effectiveness
4.1	<ul style="list-style-type: none"> • What internal and external factors affected the programme’s achievement of intended results, particularly the following: • Community attitudes about girls’ education • Intra-households dynamics such as household core allocation, livelihoods, and intra-household cohesion • Girls’ participation in school • Health and nutrition behaviours of girls, boys, and families • Awareness of SRHR and improved SRHR knowledge and attitudes amongst students, parents, educators, and professional? 	
4.2	How did the joint approach to the programme impact effectiveness?	
4.3	How did programme delays and academic disruption impact programme effectiveness, particularly the effectiveness of the comprehensive, joint approach?	
4.4	What lessons from programme implementation can be applied to future programmes in humanitarian or crisis contexts to enhance their effectiveness?	
EQ 5 – To what extent did the programme improve government capacity and ownership of activities?		Sustainability
5.1	To what extent are communities participating in programme implementation and able to continue programme activities after the implementation period?	
5.2	What internal and external factors threaten the sustainability of programme activities and results?	
5.3	What internal and external factors enhance the sustainability of programme activities and results?	
EQ 6 – To what extent did the program achieve long-term outcomes for girls’ education?		Impact
6.1	To what extent were the assumptions and logic in the theory of change supported by the programme?	
6.2	What unintended outcomes, both positive and negative, did the programme generate?	
6.3	What internal and external factors affected the programme’s ability to achieve its intended impact on girls and adolescent girls’ education?	
6.4	How did the joint approach (integration of programme components into a comprehensive package as opposed to implementation of individual interventions) affect the programme’s ability to reach its goals?	

A gender-equitable lens will be applied across all areas of the evaluation. Evaluation questions, particularly concerning programme relevance, coherence, effectiveness, and impact should be answered in a way that identifies disparities across sexes. Key informants should be selected to include adequate samples of high-risk groups, such as women and girls, refugees, returnees, indigenous groups, and displaced persons.

EVALUATION APPROACH AND METHODOLOGY

The ET should use a mixture of qualitative and quantitative methods to gather necessary data in Chad and Niger. Data collection methods may include the following and should be elaborated by the ET during the inception phase:

Table A6. Data Collection Methods

Data Collection Method(s)	Relevant Country(ies)	Type of Informant Reached	Type of Data to be Collected	
Detailed document review	Chad and Niger	N/A	Contextual information, national and regional statistics, information for data triangulation, information on programme outputs	
Household surveys	Chad and Niger	Households with primary and secondary students in target districts	Food consumption adequacy, use of coping strategies, food diversification score, WASH practices amongst adolescent girls, prevalence of MHM and SRHR education and knowledge, access to sanitary pads, healthcare access, prevalence of birth certificates, child marriage and pregnancy prevalence, age of sexual initiation of adolescent girls	
Observation	Chad and Niger	N/A	Qualitative information on programme implementation and fidelity to design, prevalence of school canteens/functionality of canteens, access to drinking water, presence of improved, separate sanitation facilities for boys and girls	
Key Informant Interviews (KII)	Chad and Niger	School directors, teachers, health centre leaders, representatives from parent groups, government school inspectors, representatives from partner organizations at country, regional, and HQ level, representatives from relevant government ministries, religious leaders, traditional authorities	Perceptions of programme e relevance, coherence, efficiencies, effectiveness, sustainability, and in attitudes, knowledge, behaviours related programme outcomes	pact; and to
Focus group discussions (FGD)	Chad and Niger	Adolescents aged 10-19, adolescent girls aged 10-19, mothers, fathers	Attitudes, knowledge, behaviours related programme outcomes	and to
School census	Chad and Niger	N/A	Dropout rate, school entering rate, primary school completion rate, attendance rate (verified by NGO monitoring), enrolment rate.	

In addition to the options listed above, the ET should consider utilizing other participatory methods to gather qualitative information, such as Photo Voice, community outcome mapping, or utilizing student drawings to capture impact. Specific considerations for methodology of the evaluation include limitations in baseline data collection in Niger and monitoring data collection in Chad. Due to COVID-19 and programme delays, various indicators could not be collected as planned at baseline and mobility issues, due to violence/safety concerns, impacted programme monitoring. Because of these limitations, the ET should investigate alternative methods for assessing change attributable to programme implementation such as outcome harvesting, post-pre assessment design, and triangulation with qualitative data. Use of the Qualitative Impact Assessment Protocol (QUIP) approach is suggested.

The methodology 59utria59at by the ET should maximise impartiality and reduction of bias by relying on mixed methods (quantitative, qualitative, participatory etc.) and different primary and secondary data sources that are systematically triangulated (documents from different sources; a range of stakeholder groups, including beneficiaries; direct observation in different locations; across evaluators; across methods etc.). Methodology should consider data availability, validity, and reliability, as well as any budget and timing constraints. The evaluation questions, lines of inquiry, indicators, data sources and data collection methods will be brought together in an evaluation matrix, which will form the basis of the sampling

approach and data collection and analysis instruments (desk review, interview and observation guides, survey questionnaires etc.).

The methodology should consider GEWE and broader equity and inclusion dimensions, indicating how the perspectives and voices of diverse groups (men and women, boys, girls, people living with disabilities and other 60utria60atn groups) will be included. The methodology should ensure that primary data collected is disaggregated by sex and age; an explanation should be provided if this is not possible. The ET should also disaggregate results by socioeconomic status and should comment on differences in programme effectiveness for vulnerable populations including refugees and internally displaced persons. To allow for disaggregation by sex, sampling frames should be altered to ensure enough female respondents will be reached. Focus groups with only female participants will be held in addition to focus groups with all beneficiaries of each respective group (i.e. primary school students, secondary school students, parents, and community members) in order to capture female perspectives. When possible, KIIs should be conducted by a member of the same sex as the respondent. Analysis should focus on any differences in programme results between genders and should investigate potential causes of these differences. The ET must follow UN-SWAP⁸⁵ criteria for evaluations and have a clear and detailed plan for collecting data from women and men in gender and equity-sensitive ways before fieldwork begins.

The evaluation findings, conclusions and recommendations must reflect gender and equity analysis. The findings should include a discussion on intended and unintended effects of the intervention on gender equality and other equality dimensions. The report should provide lessons/ challenges/recommendations for conducting gender and equity-responsive evaluations in the future. In the Evaluation Report, the ET must clearly state how all conclusions and recommendations are supported by findings. This should be done through the inclusion of a table which clearly displays which findings support each conclusion and recommendation.

The following mechanisms for independence and impartiality will be employed. An ET external to WFP, UNICEF, and UNFPA that is not involved in programme implementation will be selected to conduct all evaluation activities. The Team Lead will ensure that evaluators selected have not participated in programme implementation and are not affiliated with the implementing partners. Evaluators selected will ensure that implementing partners do not interfere with the evaluation by ensuring staff does not attend focus groups or interviews of which they are not the subject, making decisions about respondent selection free of influence, and conducting the evaluation without fear of risk to their employment. A Joint Steering Committee consisting of members from WFP, UNICEF, and UNFPA will review methodology and data collection instruments included in the60utria60atn report and will add context to findings in the final reports. An Evaluation Reference Group will also review deliverables and contribute feedback to ensure the inclusion of stakeholder perspectives and triangulation of results. Although these groups are intended to ensure rigour of methods and tools, conclusions and recommendations of the evaluation should not be altered by the groups' recommendations in any way that is not supported by findings. Evaluations will be disseminated to stakeholders and the general public regardless of results.

The potential risks to the methodology have been identified and are listed in Table A7. The ET should review, clarify, and update the risks, causes, effects, and mitigating actions outlined below during the inception phase.

Table A7. Evaluation Risks

Potential Risk	Underlying Causes	Effects	Mitigating Actions
Amendments to initial programme implementation	School closures due to COVID-19, programme delays, shifting priorities of programme partners in response to COVID19	The evaluation cannot determine the impact, effectiveness, efficiency, sustainability, relevance, and coherence of the programme as designed	Changes to programme design should be well documented. The evaluation reports should outline in a limitations section how programmatic changes may impact the validity of findings
Baseline indicator accuracy	In some cases, country-wide figures were utilised where data specific to the programme area were unavailable	Inability to identify changes in results of interest	Evaluators may employ methods such as Post-pre surveys or outcomes harvesting to gather data on perceived changes for indicators with low quality data. End line values can be triangulated using document review and qualitative data from FGD and KII
Inability to collect in-person data	Risk of exposure to COVID-19 for data	Limited ability to observe programme activities,	Data should be collected virtually where necessary. When data is

⁸⁵ United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women

Potential Risk	Underlying Causes	Effects	Mitigating Actions
	collector and respondent and security concerns	difficulty including perspectives of individuals without internet or phone access, and delayed data collection	collected in person, mitigating measures including social distancing, use of masks, and outdoor data collection activities.
Lack of a counterfactual	Baseline data collection constraints	Diminished ability to attribute programme intervention to results	Triangulation of results using qualitative data and desk review; comparison of results to national statistics in Chad and Niger, where available.

EVALUABILITY ASSESSMENT

The ET will have access to several sources of information to conduct their investigation for the two evaluation reports. The table below outlines programme-specific data sources:

Table A8. Data Sources

Data Source	Gender-Specific Information	Type of Information	Limitations and Gaps
Chad Baseline	Yes	Quantitative and qualitative data from a household survey, semi-structured interviews with key stakeholders, focus groups with adolescents and parents	Cluster sampling used instead of random sampling due to cost constraints; counterfactual data not gathered
Niger Baseline	Yes	Quantitative and qualitative data gathered from school census and a workshop with key stakeholders conducted in December 2020	Some indicators were not collected including prevalence of anaemia, menstrual hygiene practices, family planning knowledge, and attitudes towards child marriage; counterfactual data not gathered;
Annual report December 2020	Yes	Quantitative and qualitative information on programme progress, changes to activities, and challenges in Chad and Niger	Changes to programme activities and programme delays impacted data that could be collected; Limits to programme monitoring activity due to security concerns
Annual report September 2021	Yes	Quantitative and qualitative information on programme progress, changes to activities, and challenges in Chad and Niger	Changes to programme activities and programme delays impacted data that could be collected; Limits to programme monitoring activity due to security concerns
Gender and protection analysis	Yes	Qualitative information on barriers to girls' education	Analysis limited to household perceptions of barriers
Niger monthly monitoring updates	Yes	Quantitative and qualitative information on activity progress and constraints of implementation	No limitations noted
Chad quarterly monitoring updates	Yes	Quantitative counts of beneficiaries, tonnage, and CBT	Monitoring activities have been limited in Chad due to security concerns

In addition to programme-specific data, the country team will have access to country-level qualitative and quantitative data for Chad and Niger. Sources of information from WFP include four evaluation reports from previous programmes, annual country reports for Chad and Niger, and Country Strategic Plans for Chad and Niger, amongst others. These reports provide quantitative information regarding programme context and national statistics as well as qualitative analysis of country interventions, results, and lessons learned. UNFPA collects national, quantitative data on maternal and new-born health, sexual and reproductive health, and population that evaluators may use as a source of information. UNICEF also collects national and regional-level data on child adolescent and youth mortality, Vitamin A consumption, WASH, sexual violence, intimate partner violence, and attitudes and social norms on violence, amongst other indicators. Additionally,

national and sector surveys such as the ENAFEME 2021⁸⁶, SMART 2020 and 2021⁸⁷, statistical yearbooks, economic and human capital data from the World Bank, and other UN agencies are external sources of information relevant to the ET's understanding of the broader country context.

The programme logical framework and theory of change have set clear objectives that are aligned with programme activities. Indicators and target values are clear and measurable. The ET should delve deeper into the logical framework to determine if it provides enough information to guide the evaluation questions and direction. Due to extenuating circumstances in Chad and Niger, there were severe gaps in programme data collection and monitoring. Some indicators used national level data for baseline values as these values could not be collected. Other data may be difficult to gather due to security concerns in both countries. The evaluation should address these barriers to evaluability by triangulating information with external sources, outcome harvesting, and conducting KIIs with programme beneficiaries to gather qualitative observations of results.

During the inception phase, the ET will be expected to perform an in-depth evaluability assessment and critically assess data availability, quality and gaps expanding on the information provided in Section 4.3. This assessment will inform the data collection and the finalization of evaluation methods. The ET will need to systematically check accuracy, consistency, and validity of collected data and information and acknowledge any limitations/caveats in drawing conclusions using the data during the reporting phase.

ETHICAL CONSIDERATIONS

The evaluation must conform to [UNEG ethical guidelines for evaluation](#). Accordingly, the selected evaluation firm is responsible for safeguarding and ensuring ethics at all stages of the evaluation process. This includes, but is not limited to, ensuring informed consent, ensuring adequate protections for participants who are children, protecting privacy, confidentiality, and anonymity of respondents, ensuring cultural sensitivity, respecting the autonomy of respondents, ensuring fair recruitment of participants (including women and socially excluded groups), and ensuring that the evaluation results do no harm to respondents or their communities.

The evaluation firm will be responsible for managing any potential ethical risks and issues and must put in place, in consultation with the evaluation manager, processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. Ethical approvals and reviews by relevant national and institutional review boards must be sought where required.

Several ethical issues may impact the execution of this evaluation. During the inception phase, the sample of respondents selected for key information interviews, surveys, and focus group discussions should be inclusive and fair so that all locations and beneficiaries of different genders and backgrounds are included. Respondents will be randomly selected to the extent possible to mitigate this risk. Potential harms caused by in-person data collection during the COVID-19 pandemic should be considered, and data collection should be conducted virtually where risk of in person collection is deemed too great. Additionally, questionnaires should be vetted by stakeholders to ensure they are culturally sensitive. Before participation in an interview, survey, or focus group, individuals will be informed of the purpose and intended use of the data collection activity, the voluntary nature of their participation, and the confidentiality of their responses. In order to respect the time and contributions of respondents, no data should be collected that will not contribute to the findings shared in the evaluation. During data analysis, ethical safeguards should include storage of data on secure platforms, de-identification of responses where possible, triangulation of data through a mixed-methods approach to ensure validity and reliability of information, and all analysis techniques will be outlined in the evaluation report to ensure clarity of methods and findings. The ET will also be expected to sign a data protection agreement. When results are shared, any contextual factors which limit the generalizability of findings should be included in addition to a description of any changes or limitations to evaluation methodology

QUALITY ASSURANCE

The WFP evaluation quality assurance system sets out processes and templates for evaluation products based on a set of [Quality Assurance Checklists](#). Relevant documents, including checklists for feedback on quality for each of the evaluation products, will be provided to the ET and will be applied at each stage to ensure the quality of the evaluation process and outputs.

⁸⁶ l'Enquête Nationale sur la Fécondité et la Mortalité des Enfants de moins de cinq (5) ans is a national survey conducted by the Niger National Institute of Statistics (INS)

⁸⁷ SMART is a national nutrition indicator survey conducted by the Niger INS

The **WFP Decentralised Evaluation Quality Assurance System (DEQAS)** is based on the UNEG norms and standards and good practice of the international evaluation community. This quality assurance process does not interfere with the views or independence of the ET but ensures that the report provides credible evidence and analysis in a clear and convincing way and draws its conclusions on that basis.

The **WFP evaluation manager will be responsible for ensuring that the evaluation progresses** as per the [DEQAS Process Guide](#) and for conducting a rigorous quality control of the evaluation products ahead of their finalization.

To enhance the quality and credibility of 63utria63ation63 evaluations, an outsourced quality support (QS) service directly managed by the WFP Office of Evaluation reviews the draft ToR, the draft inception and the evaluation reports, and provides a systematic assessment of their quality from an evaluation perspective, along with recommendations.

The **evaluation manager will share the assessment and recommendations from the quality support service** with the ET leader, who will address the recommendations when finalizing the inception and evaluation reports. To ensure transparency and credibility of the process in line with the [UNEG norms and standards](#),^[1] a rationale should be provided for comments that the team does not incorporate in the final report.

The **ET will be required to ensure the quality of data** (reliability, consistency and accuracy) throughout the data collection, synthesis, analysis and reporting phases.

The **ET should be assured of the accessibility of all relevant documentation** within the provisions of the directive on disclosure of information. This is available in the [WFP Directive CP2010/001](#) on information disclosure.

WFP expects that all deliverables from the ET are subject to a thorough quality assurance review by the evaluation firm in line with the WFP evaluation quality assurance system prior to submission of the deliverables to WFP.

All final evaluation reports will be subject to a post hoc quality assessment (PHQA) by an independent entity through a process that is managed by the Office of Evaluation. The overall PHQA results will be published on the WFP website alongside the evaluation report. Organization of the evaluation

PHASES AND DELIVERABLES

Table 5 presents the structure of the main phases of the evaluation, along with the deliverables and deadlines for each phase. Annex 2 presents a more detailed timeline.

Table A9. Summary Timeline – Key Evaluation Milestones

Main phases	Indicative timeline	Tasks and deliverables	Responsible
1. Preparation	Nov- Apr 2022	<ul style="list-style-type: none"> Prepare stakeholder matrix and consult stakeholders (EM) Establish ERG (CD) Identify evaluation objectives and questions (EM, CD, ERG, HoP) Preparation of ToR, communication and learning plan, and document library (JSC, EM, ERG, DEQS) Selection of the ET & contracting (JSC, EM) 	Evaluation Manager (EM), Country Directors (CD), ERG, Head of Programme (HoP), Joint Steering Committee (JSC), DEQS
2. Inception	Apr-Jun 2022	<ul style="list-style-type: none"> Conduct team orientation (EM, ET) Undertake desk review (ET) Hold inception meetings with stakeholders (EM, ET, CD, ERG) 	Evaluation Team/Team Lead (ET), EM, CD, DEQS, ERG, JSC

Main phases	Indicative timeline	Tasks and deliverables	Responsible
		<ul style="list-style-type: none"> Write, quality assure, and circulate inception report (EM, DEQS, ERG, JSC) 	
3. Data collection	Jun-Jul 2022	<ul style="list-style-type: none"> Prepare fieldwork/schedule field visits (EM, ET) Conduct field work and preliminary analysis with logistical support from EM (ET) Hold end of mission debriefing (EM, ET, JSC, ERG) 	ET, EM, ERG, JSC
4. Reporting	Aug – Sept 2022	<ul style="list-style-type: none"> Write, quality assure, and approve Evaluation Report 	ET, EM, DEQS, ERG, JSC
5. Dissemination and follow-up	Oct 2022	<ul style="list-style-type: none"> Management response Dissemination of the evaluation report 	JSC/Evaluation Manager

EVALUATION TEAM COMPOSITION

The evaluation team is expected to include 4-10 members, including the team leader and a mix of national and international evaluators. To the extent possible, the evaluation will be conducted by a gender-balanced and geographically and culturally diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the ToR. At least one team member should have WFP, UNICEF, or UNFPA experience.

The team will be multi-disciplinary and include members who, together, include an appropriate balance of technical expertise and practical knowledge in the following areas:

- Oral and written fluency in English and French
- Extensive experience evaluating school-based programmes, SBCC programmes, or programmes with similar goals and objectives
- Extensive experience evaluating programmes in crisis settings or that reach similar populations, such as refugees, displaced persons, and returnees.
- Excellent knowledge of gender, equity and wider inclusion issues including GBV, child marriage, and SRHR
- Experience in systems and institutions analysis
- Very familiar with of WFP, UNICEF, and UNFPA operating structures
- All team members should have strong analytical and communication skills, evaluation experience (quantitative and qualitative approaches) with a track record of written work on similar assignments, and familiarity with Chad and/or Niger

The team leader will have expertise in one of the key competencies listed above as well as demonstrated experience in leading similar evaluations, including designing methodology and data collection tools. She/he will also have leadership, analytical and communication skills, including a track record of excellent English and French writing, synthesis, and presentation skills. Her/his primary responsibilities will be: i) defining the evaluation approach and methodology; ii) guiding and managing the team; iii) leading the evaluation mission and representing the ET; and iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct field work; iii) participate in team meetings and meetings with stakeholders; and iv) contribute to the drafting and revision of the evaluation products in their technical area(s).

The evaluation team will conduct the evaluation under the direction of its team leader and in close communication with the WFP Evaluation Manager located within the SBP division. The team will be hired following agreement with WFP on its composition.

ROLES AND RESPONSIBILITIES

The Evaluation Team will be responsible for completing all deliverables as outlined in the ToR within timeframes agreed upon by the ET and EM. They will also be responsible for regularly updating the EM on progress of the evaluation and responding to EM communication in a timely manner.

The WFP SBP Division management (Director Carmen Burbano) will take responsibility to:

- Assign an evaluation manager for the evaluation [Niamh O’Grady, Head of Monitoring, Evaluation, Accountability, and Learning]
- Approve the final ToR, inception and evaluation reports
- Approve the ET selection
- Ensure the independence and impartiality of the evaluation at all stages, including establishment of and participation in a joint steering committee and a reference group
- Participate in discussions with the ET on the evaluation design and the evaluation subject, its performance and results with the evaluation manager and the ET
- Organise and participate in two separate debriefings, one internal and one with external stakeholders
- Oversee dissemination and follow-up processes, including the preparation of a management response to the evaluation recommendations.

The evaluation manager manages the evaluation process through all phases including: drafting this ToR; identifying the ET; preparing and managing the budget; setting up the joint steering committee and evaluation reference group; ensuring quality assurance mechanisms are operational and effectively used; consolidating and sharing comments on draft inception and evaluation reports with the ET; ensuring that the team has access to all documentation and information necessary to the evaluation; facilitating the team’s contacts with local stakeholders; supporting the preparation of the field mission by setting up meetings and field visits, providing logistic support during the fieldwork and arranging for interpretation, if required; organizing security briefings for the ET and providing any materials as required; and conducting the first level quality assurance of the evaluation products. The evaluation manager will be the main interlocutor between the team, represented by the team leader, the firm’s focal point, and WFP counterparts to ensure a smooth implementation process.

A Joint evaluation steering committee is formed to help ensure the independence and impartiality of the evaluation. The committee will consist of key stakeholders from WFP, UNICEF, AND UNFPA at the country, regional, and HQ level. Key responsibilities of the committee will include supporting the Evaluation Manager throughout the evaluation process, making decisions on the evaluation budget, funds allocation, and selection of the ET, reviewing evaluation draft deliverables and adding comments, advising the Committee chair on the approval of final ToR, final inception report, and final evaluation reports. Due to COVID-19 restrictions, the committee will convene virtually on an ad-hoc basis. The Evaluation Manager will provide documents for review via email and will communicate the procedures for providing feedback. Annex 3 provides further information on the composition of the joint steering committee.

An evaluation reference group (ERG) is formed as an advisory body with representation from the governments of Chad and Niger, representatives from Global Affairs Canada, representatives from partner NGOs, representatives from implementing partners at the country, regional, and HQ level, and additional stakeholders to be selected by the joint steering committee. The evaluation reference group members will review and comment on the draft evaluation products and act as key informants in order to contribute to the relevance, impartiality and credibility of the evaluation by offering a range of viewpoints and ensuring a transparent process.

The country office team for WFP, UNICEF, and UNFPA will take responsibility to:

- Advise the evaluation manager and provide support to the evaluation process where appropriate
- Participate in discussions with the ET on the evaluation design and on the evaluation subject as required
- Provide comments on the draft ToR, inception and evaluation reports
- Support the preparation of a management response to the evaluation and track the implementation of the recommendations.

- Support communication between the evaluation manager and relevant stakeholders at the country level.

The WFP, UNICEF, and UNFPA regional bureau offices: the regional bureau offices will take responsibility to:

- Participate in discussions with the ET on the evaluation design and on the evaluation subject as required
- Provide comments on the draft ToR, inception and evaluation reports
- Support the preparation of a management response to the evaluation and track the implementation of the recommendations.

Although at least one of the regional evaluation officers will perform most of the above responsibilities, **other Regional Bureau Dakar-relevant technical staff may participate in the evaluation reference group** and/or comment on evaluation products as appropriate.

Relevant WFP, UNICEF, and UNFPA Headquarters divisions will take responsibility to:

- Discuss strategies, policies or systems in their area of responsibility and subject of evaluation.
- Comment on the evaluation ToR, inception and evaluation reports, as required.
- As the evaluations are led by WFP, the Office of Evaluation (OEV) within WFP will oversee the evaluation function by managing quality support and serving as a help desk function for the evaluation manager, and ET. Internal and external stakeholders and/or the evaluators are encouraged to reach out to the OEV helpdesk (wfp.decentralizedevaluation@wfp.org) in case of potential impartiality breaches or non-adherence to UNEG ethical guidelines.

Other Stakeholders including the Ministries of Education, Ministries of Health, and Ministries of Women’s Advancement within the Governments of Chad and Niger, and implementing NGOs will take responsibility to:

- Advise the evaluation manager and provide support to the evaluation process where appropriate
- Participate in discussions with the ET on the evaluation design and on the evaluation subject as required
- Discuss UNICEF/UNFPA strategies, policies or systems in their area of responsibility and subject of evaluation
- Provide comments on the draft ToR, inception and evaluation reports
- Inform the evaluation through participation in key informant interviews

SECURITY CONSIDERATIONS

Security clearance where required is to be obtained from the WFP Country Offices of Chad and Niger.

- Consultants hired by WFP are covered by the United Nations Department of Safety & Security (UNDSS) system for United Nations personnel, which covers WFP staff and consultants contracted directly by WFP. Independent consultants must obtain UNDSS security clearance for travelling from the designated duty station and complete the United Nations basic and advance security trainings (BSAFE & SSAFE) in advance, print out their certificates and take them with them.
- As an “independent supplier” of evaluation services to WFP, the contracted firm will be responsible for ensuring the security of the ET, and adequate arrangements for evacuation for medical or situational reasons. However, to avoid any security incidents, the evaluation manager will ensure that the WFP country office registers the team members with the security officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground. The ET must observe applicable United Nations Department of Safety and Security rules including taking security training (BSAFE & SSAFE) and attending in-country briefings.

To avoid any security incidents, the evaluation manager is requested to ensure that:

- The WFP country office registers the team members with the security officer on arrival in country and arranges a security briefing for them to gain an understanding of the security situation on the ground
- The team members observe applicable United Nations security rules and regulations – e.g. curfews etc.

COMMUNICATION

To ensure a smooth and efficient process and enhance the learning from this evaluation, the ET should place emphasis on transparent and open communication with key stakeholders. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders. The ET Lead will be responsible for updating the WFP, UNFPA, and UNICEF country teams on progress of the evaluation and for notifying them of any informational needs. The EM will be responsible for connecting the ET with necessary stakeholders. Programme partners including the implementing agencies, governments of Chad and Niger, NGOs, and other organizations will be responsible for responding to information requests from the ET in a timely manner.

Should translators be required for fieldwork, the evaluation firm will make arrangements and include the cost in the budget proposal.

Based on the stakeholder analysis, the communication and knowledge management plan (in Annex 7) identifies the users of the evaluation to involve in the process and to whom the report should be disseminated. The communication and knowledge management plan indicates how findings including gender, equity and wider inclusion issues will be disseminated and how stakeholders interested in, or affected by, gender, equity and wider inclusion issues will be engaged.

As part of the international standards for evaluation, WFP, UNICEF, and UNFPA require that all evaluations are made publicly available. It is important that evaluation reports are accessible to a wide audience, thereby contributing to the credibility, transparency, and the use of evaluation findings. Following the approval of the final evaluation report, the report will be shared on the WFP, UNICEF, UNFPA, and GAC websites, along with management responses as applicable. A two-page summary report of findings and recommendation will also be shared with stakeholders to facilitate decision-making.

BUDGET

The evaluation will be financed from Global Affairs Canada.

For the purpose of this evaluation, **WFP will procure the services of an evaluation contractor** through WFP's existing Long-Term Agreement established for this purpose.

The budget will be proposed by the evaluation contractor in a separate financial proposal submitted with the technical proposal. The budget should be based on the agreed LTA rates and the type and level of experts that are proposed to be included in the project, and the level of effort required.

The budget should include all costs incurred by the evaluation contractor, including all survey costs, workshop facilitation and participation by the ET, travel and subsistence costs, translation, and graphic design costs.

Please send any queries to Constantinezun Akeibar at constantinezun.akeibar@wfp.org.

Annex 2. Timeline

Table A10. Timeline and Key Evaluation Milestones

Phases, Activities and Deliverables	Key dates
Phase 1: Preparation	
Preparation of the draft evaluation TOR	
Circulation of TOR with stakeholders for review	
Quality assurance of RDTs	
Appointment of an evaluation manager (EG)	
Final TOR	
Identification and recruitment of the evaluation team	
Phase 2: Start-up	
June–October 2022	
Briefing of the evaluation team	
Document review	
Preparation of the draft of the inception report including the methodology	
Submission of the first draft of the inception report	July 15, 2022
Quality assurance by the evaluation manager and external independent quality support service	
Consolidation of comments on the report, by the EG	
Review of the inception report by the evaluation team	
Submission of the second draft of the inception report by the EG	August 30, 2022
Share the inception report to all stakeholders (Evaluation Reference Group)	
Consolidation of comments on the report, by the EG	
Review of the inception report by the evaluation team	
Submission of revised inception report to EG	October 4, 2022
Approval of the final inception report by the evaluation committee	October 7, 2022
Phase 3: Data collection and analysis	
January – February 2023	
Organization of the evaluation mission: Finalization of the planning of the field visits	
Field data collection	January 19 – 28, 2023

	Debriefing	March 25, 2023
	Checklist / PowerPoint presentation of the first results	
Phase 4: Reporting		March-June 2023
	Preparation of the first draft of the evaluation report	
	Submission of the first draft of the evaluation report	April 14, 2023
	Quality assurance by the evaluation manager and external independent quality support service	
	Review of the first draft of the evaluation report by the evaluation team	
	Submission of the second draft of the evaluation report to the EG	
	Sharing of the evaluation report to all stakeholders (evaluation reference group)	
	Consolidation of comments, by the EG	
	Revision of the second draft of the evaluation report, by the evaluation team	
	Submission of the final evaluation report to the Evaluation Manager	
Phase 5: Dissemination and monitoring		June-July 2023
	Development of a management response plan	
	Dissemination of the final report to all stakeholders	
	Organization of an internal restitution with the members of Reference Group	
	Publication of the report on the WFP website	

Annex 3. Evaluation Matrix

Table A11. Evaluation Matrix

Evaluation Question	Criteria		
Subquestions	Indicators	Data Source / Data Collection Methods	Data Analysis Methods/ Triangulation
Relevance: Were the BBGE programme activities relevant to the health and educational needs of girls and adolescent girls, particularly girls from marginalized groups, within the humanitarian context of the target zones?			
1.1 To what extent did the programme identify the needs of girls and adolescent girls, and the relevant barriers to girls' education in Chad?	<ul style="list-style-type: none"> Perceived relevance of BBGE supports to girls Extent to which adolescent girls felt BBGE helped them overcome barriers to education 	<ul style="list-style-type: none"> KIIs FGDs Document review Secondary sources 	<ul style="list-style-type: none"> Transcripts coded and analysed in Nvivo Characterizing the prevalence of responses
1.2 According to girls, boys, and parents (especially those from marginalised groups), to what extent was the comprehensive nature of the intervention package relevant to their needs generally and with contextual factors such as COVID-19 and security concerns?	<ul style="list-style-type: none"> Extent to which package of interventions met needs of girls, boys, and parents from marginalised groups 	<ul style="list-style-type: none"> FGDs Document review Secondary sources 	<ul style="list-style-type: none"> Transcripts coded and analysed in Nvivo Examine differences amongst groups
1.3 To what extent was the programme able to reach the most vulnerable beneficiaries, particularly girls living in conflict-affected areas and girls who were not in school?	<ul style="list-style-type: none"> Proportion of refugee children, by sex Proportion of children living in conflict-affected areas, by sex Proportion of out-of-school children, by sex Proportion of children living with a disability, by sex Proportion of IDPs Perceived ability of BBGE to reach most vulnerable girls 	<ul style="list-style-type: none"> Household Survey KIIs 	<ul style="list-style-type: none"> Summary statistics Transcripts coded and analysed in Nvivo Examine differences amongst groups Triangulation of quantitative

Evaluation Question	Criteria		
Subquestions	Indicators	Data Source / Data Collection Methods	Data Analysis Methods/ Triangulation
			and qualitative findings
Coherence: To what extent did the programme's objectives and activities align national government policies and priorities with relevant programmes operating in the target provinces?			
2.1 To what extent was the joint approach to the programme compatible with the strategies and objectives of the governments of Chad, WFP, UNICEF, and UNFPA?	<ul style="list-style-type: none"> Perceived alignment of BBGE approach with WFP/UNICEF/UNFPA and local government organizational goals and strategies Perceived alignment of BBGE approach with gender strategies of WFP/UNICEF/UNFPA 	<ul style="list-style-type: none"> KIIs Actor mapping Document review 	<ul style="list-style-type: none"> Transcripts coded and analysed in Nvivo Synthesis Triangulation of quantitative and qualitative findings
Efficiency: To what extent did programme activities deliver results in a timely and efficient way within the UNICEF, UNFPA and WFP partnership?			
3.1 How did the joint approach programme implementation enhance or hinder efficiency?	<ul style="list-style-type: none"> Perceived efficiency of joint implementation approach Perceived success of integrated approach Extent of integrated programme delivery and convergence on beneficiaries 	<ul style="list-style-type: none"> KIIs Actor mapping Desk Review 	<ul style="list-style-type: none"> Transcripts coded and analysed in Nvivo Synthesis Triangulation of quantitative and qualitative findings
3.2 How can programme implementation be improved to achieve results in a more timely and efficient way, within changing contexts such as the COVID-19 pandemic and instability? How can programme implementation be improved to achieve results for girls versus boys?	<ul style="list-style-type: none"> Suggested improvements to BBGE interventions and delivery model 	<ul style="list-style-type: none"> KIIs FGDs Desk Review School Census 	<ul style="list-style-type: none"> Transcripts coded and analysed in Nvivo Synthesis Triangulation of quantitative and qualitative findings
Effectiveness: To what extent did activities result in expected outputs and outcomes?			

Evaluation Question	Criteria		
	Subquestions	Indicators	Data Source / Data Collection Methods
<p>4.1 To what extent did the programme contributed to the achievement of intended results, particularly the following:</p> <ul style="list-style-type: none"> • Community attitudes about girls' education • Intra-household dynamics such as household core allocation, livelihoods, and intra-household cohesion • Girls' participation in school • Health and nutrition behaviors of girls, boys, and families • Awareness of SRHR and improved SRHR knowledge and attitudes amongst students, parents, educators, and professionals? • What internal and external factors affected the programme's achievement of intended results? 	<ul style="list-style-type: none"> • Proportion of schools open for full school year • Household time use, by sex • Average number of trainings received, by sex and training type • Proportion of girls receiving MHM kits • Perceived impacts of activities • Change in awareness of SRHR • Change in community attitudes about girls' education • Proportion of households, girls, and boys, reporting use of appropriate health and nutrition behaviours • Proportion of IDPs • Proportion of children reporting safe sex KAP, by sex • Proportion of children reporting proper sanitation and hygiene KAP, by sex 	<ul style="list-style-type: none"> • Household survey • Desk/document review • FGDs • KIIs • School Census • Secondary Sources 	<ul style="list-style-type: none"> • Transcripts coded and analysed in Nvivo • Summary statistics • Examine differences amongst groups • Synthesis • Triangulation of quantitative and qualitative findings
<p>4.2 How did the joint approach to the programme impact effectiveness, overall and for girls versus boys?</p>	<ul style="list-style-type: none"> • Perceived strengths and weaknesses of integrated approach • Extent of integrated programme delivery and convergence on beneficiaries 	<ul style="list-style-type: none"> • KIIs • Actor mapping 	<ul style="list-style-type: none"> • Transcripts coded and analysed in Nvivo
<p>4.3 How did programme delays and academic disruption impact programme implementation?</p>	<ul style="list-style-type: none"> • Extent of programme delays and academic disruptions • Extent to which delays/disruptions impeded coordination, integrated programme delivery, and convergence on BBGE beneficiaries 	<ul style="list-style-type: none"> • KIIs • School Census 	<ul style="list-style-type: none"> • Transcripts coded and analysed in Nvivo • Summary statistics • Triangulation of quantitative and qualitative findings
<p>4.4 What lessons from programme implementation can be applied to future programmes in humanitarian or</p>	<ul style="list-style-type: none"> • Lessons learned from integrated programme delivery in fragile contexts 	<ul style="list-style-type: none"> • KIIs • FGDs 	<ul style="list-style-type: none"> • Transcripts coded and

Evaluation Question	Criteria		
Subquestions	Indicators	Data Source / Data Collection Methods	Data Analysis Methods/ Triangulation
crisis context to enhance their effectiveness, overall and for girls versus boys?			analysed in Nvivo
Sustainability: To what extent did the programme improve government and community capacity and ownership of activities?			
5.1 To what extent are communities participating in programme implementation and able to continue programme activities after the implementation period? Does this differ for men and women?	<ul style="list-style-type: none"> • Extent of community participation, ownership, and support for BBGE • Existence of concrete plans to continue programme activities beyond implementation period 	<ul style="list-style-type: none"> • KIIs • FGDs • Actor mapping • Household survey 	<ul style="list-style-type: none"> • Transcripts coded and analysed in Nvivo • Summary statistics • Triangulation of quantitative and qualitative findings
5.2 What internal and external factors threaten the sustainability of programme activities and results?	<ul style="list-style-type: none"> • Anticipated challenges or obstacles to continuing BBGE activities or sustaining results 	<ul style="list-style-type: none"> • KIIs • FGDs 	<ul style="list-style-type: none"> • Transcripts coded and analysed in Nvivo
5.3 What internal and external factors enhance the sustainability of programme activities and results, particularly considering the joint approach?	<ul style="list-style-type: none"> • Existence of BBGE sustainability plan • Extent of community participation, ownership, and support for BBGE • Existence of concrete plans to continue programme activities beyond implementation period • Perceived internal and external factors affecting sustainability • Existence of competing government priorities • Extent of escalation in violence in schools and communities • Extent of climactic and other community-level shocks • Perceived advantages and disadvantages of the joint approach on the sustainability of programme activities 	<ul style="list-style-type: none"> • KIIs • FGDs 	<ul style="list-style-type: none"> • Transcripts coded and analysed in Nvivo

Evaluation Question	Criteria		
Subquestions	Indicators	Data Source / Data Collection Methods	Data Analysis Methods/ Triangulation
Impact: To what extent did the programme achieve outcomes for girls' education?			
6.1 To what extent were the assumptions and logic in the theory of change supported by the programme?	<ul style="list-style-type: none"> Proportion of assumptions in theory of change that held Proportion of impact pathways in theory of change the held 	<ul style="list-style-type: none"> Household survey School census Extant data Desk review KIIs 	<ul style="list-style-type: none"> Summary statistics Synthesis Triangulation of quantitative and qualitative findings
6.2 What unintended outcomes, both positive and negative, did the programme generate, overall and for girls versus boys?	<ul style="list-style-type: none"> Perceived/experienced unintended consequences (from beneficiaries and stakeholders) Attendance rates, by sex Retention rates, by sex 	<ul style="list-style-type: none"> Household survey School census Extant data FGDs Desk review 	<ul style="list-style-type: none"> Transcripts coded and analysed in Nvivo Summary statistics Synthesis Examine differences amongst groups Triangulation of quantitative and qualitative finding
6.3 What internal and external factors affected the programme's ability to achieve its intended impact on girls' and adolescent girls' education?	<ul style="list-style-type: none"> Contextual factors influencing programme delivery and beneficiary experience Proportion of schools open for full school year Average number of days attended school in past week, by sex Average number of trainings received, by sex and training type Perceived role of the joint approach in enabling or hindering the programme's ability to achieve its intended impacts. 	<ul style="list-style-type: none"> Household survey School census Extant data KIIs Desk review FGDs 	<ul style="list-style-type: none"> Transcripts coded and analysed in Nvivo Summary statistics Examine differences amongst groups

Evaluation Question	Criteria		
Subquestions	Indicators	Data Source / Data Collection Methods	Data Analysis Methods/ Triangulation
			<ul style="list-style-type: none"> • Synthesis • Triangulation of quantitative and qualitative findings

Annex 4. Data Collection Tools

Quantitative Tools

SCHOOL OBSERVATION CHECKLIST

INFORMED CONSENT

THE INFORMED CONSENT IS ADMINISTERED TO THE SCHOOL PRINCIPAL. IF THE SCHOOL PRINCIPAL IS NOT AVAILABLE PLEASE ASK TO SPEAK TO THE TEACHER RESPONDING WHO IS MOST KNOWLEDGEABLE ABOUT THE SCHOOL.

[ENUMERATOR: READ SCRIPT BELOW]

The answers provided will help the Government of [CHAD](#) as well as international organizations such as WFP, UNICEF, and UNFPA to understand the needs of families like your own. The information will be used to improve girls' education in your area. About 56 schools are participating in this study in [LAC and LOGONE](#).

I want to be clear that there is no direct benefit to your school for participating in the survey. If you do not agree to take part in the study, it will not change any services or benefits that your household or any of its members receives now, or may receive in the future. If you agree to participate, you can stop at any time without penalty and without giving me an explanation. You may feel uncomfortable answering some of the questions I may ask you. Please know that you do not have to answer any question you do not want to answer. Simply tell me when you do not want to answer a specific question and I will move to the next. We will not share your answers with anyone in your household or your community. Only the researchers leading this study will have access to the personal details of participants. Your name will be kept separately from your answers in a private, secure location.

This research is funded by the WFP (the Sponsors). This means that the research team is being paid by the Sponsors for doing the study. If you have questions about this study, you may contact Benjamin N'Dri (Tel: + 221 77 482 00 29) at Dalberg Research. If you have questions about your rights, you may reach out to the American Institutes for Research Institutional Review Board (Tel: +1 2024035542).

The questions may take up to 1.5 hours of your time. We will leave a card with information about the study and with telephone numbers in case you would like to know more, or you have questions even after our visit.

Do you agree to participate?

Signature of School Principal or Teacher _____

Date _____

Instructions: Ask the school principal to show you the entire school grounds and all its buildings. It is important to observe things directly. You may ask your guide questions to clarify your ratings, but you should see things yourself (not just rate based on what someone tells you). For questions that cannot be easily observed, please ask the school director or obtain the information from a reliable source at the school such as school registries.

A. General Information					
Date of Observation		Observer Name		Observer Designation	
District	[drop down menu]				
Name of School	[drop down menu]		Type of School	1 – Public 2 – Communal 3 – Private, religious 4 – Private, non-religious 5 – Other, specify	
Principal (Head Teacher) Name			How many years has the Principal been at this school?	Number of years	
Principal's Sex	1 – Male 2 – Female		Principal (Head Teacher) Phone Number		
School's Language of Instruction	<input type="radio"/> French <input type="radio"/> Arabic <input type="radio"/> Other, Specify		Grade levels in School	<input type="radio"/> Primary <input type="radio"/> Middle School <input type="radio"/> High School	

Select all that apply			
Classes in school (Primary School) Select all that apply	<input type="radio"/> <i>CI</i> <input type="radio"/> <i>CP</i> <input type="radio"/> <i>CE1</i> <input type="radio"/> <i>CE2</i> <input type="radio"/> <i>CM1</i> <input type="radio"/> <i>CM2</i>		
Classes in school (Middle School and High School) Select all that apply	<i>6^{ème}</i> <i>5^{ème}</i> <i>4^{ème}</i> <i>3^{ème}</i> <i>2nd</i> <i>1^{ère}</i> <i>Terminale</i>		
If any circumstances affected your ability to complete this observation, please describe (e.g., the school has no registries)			
Time at Start		Time at End	
GPS Coordinates			

B. Main Physical School Infrastructure

1. The school grounds are clean.

Clean refers to free of litter/garbage that is not in a closed garbage container, free of insects, vermin, unwanted animals, feces, molds, and other disease vectors which lead to diarrheal diseases, acute respiratory infections, etc. If any of the above are present on the school grounds then select "No".

Yes

No

2. The school grounds are safe.

Safe refers to the grounds being free of large holes or pits students could fall into, the play-area is clear of hazards and hazardous materials, there is a safe boundary wall/fence around the grounds, etc. If any of the above are present on the school grounds then select "No".

Yes

No

3. Dangerous materials are inaccessible to students.

Dangerous materials include (but are not limited to) cleaning chemicals, bleach, highly flammable liquids like kerosene and petrol, paint thinner, etc. If any of the above are present on the school grounds then select "No".

Yes

No

4. The school grounds and school buildings are free of standing water.

Large areas of standing water attract vermin and transmit diseases. Standing water sources can include (but are not limited to) large puddles on the ground or roof, bowls, broken equipment and tires that collect water, etc. Select "No" if any of the above are present OR if there is so much standing water, puddles, bogs, marshland, etc. that the school grounds are fully wet (for example if a school is located on a flood plain and is accessed by boat).

Yes

No

5. Has a preschool classroom been built at this school since 2019?

Yes

No

6. Does the school have a functioning canteen?

A functioning food canteen operates at least 1 day per week.

Yes

No

7. On a normal school week, how many days does the canteen operate?

Number _____ (0-5)

c. WASH Facilities and Student Services

1. What is the school's source of drinking water?

- 1..... Pipes
- 2.....Public standpipe
- 3.....Borehole
- 4.....Protected well
- 5.....Bottled water
- 6.....Filtered water/package water (i.e. PureWater)
- 7.....Water treated chemically (chlorine) or boiled
- 8.....Water taken directly from rivers, lakes, ponds, or streams (without treatment).
- 9..... There is no source of drinking water on the school premises.

2. What was the school's source of drinking water in 2019?

- 1..... Pipes
- 2.....Public standpipe
- 3.....Borehole
- 4.....Protected well
- 5.....Bottled water
- 6.....Filtered water/package water (i.e. PureWater)
- 7.....Water treated chemically (chlorine) or boiled
- 8.....Water taken directly from rivers, lakes, ponds, or streams (without treatment).
- 9..... There was no source of drinking water on the school premises.
- 10... DK

3. Has a water point management committee been established since 2019?

Yes	No
4. Students have access to a sufficient amount of clean drinking water.	
It is recommended that everyone have access to roughly 2 liters per person per day. Drinking water should be provided at clearly marked points. If drinking water comes from the same source as water for hand washing, it has to be treated first to make it safe to drink. Again, water that was treated and is safe to drink should be clearly marked as such. Clean drinking water should be stored properly (i.e., covered) if not piped.	
Yes	No
5. Is the drinking water source accessible to the smallest students?	
Drinking water source should be accessible to the youngest / shortest students in the school. A high / elevated drinking water source can be made accessible by building steps, providing a step stool or a box for the smallest children to stand on, etc.	
Yes	No
6. Is there one or more <u>functioning</u> latrine on the school grounds?	
<p>A <u>functioning latrine</u> has 3 basic characteristics:</p> <ol style="list-style-type: none"> 1) The toilet slab (either the portion that the person would sit on or the ground around squat hole is level, solid and stable (no cracks, or additional holes or damage). 2) The latrine stalls are sufficiently sturdy to provide full privacy to the user. 3) The pit is not full or overflowing. <p>If the latrines are locked and there is no key available, then the latrines are not functioning as the latrine cannot be used.</p>	
YES → Continue to #9	NO → Go to #18
7. How many functioning latrines are on the school grounds?	
Number: _____	

7b. How many (functioning) latrines have been built since 2019?	
Number: _____	
8. Are the functioning latrines within a five-minute walk of the school buildings?	
The furthest classroom should not be more than a five-minute walk to a latrine or approximately 400 meters from classroom.	
Yes	No
9. The latrines can be used by the smallest students.	
The youngest / shortest students should be able to easily access, unlock and lock the latrine. The latrine slab should be designed to fit the youngest / shortest students in the school.	
Yes	No
10. The latrines are accessible to students with disabilities.	
The latrines are accessible to students of different levels of physical ability. For examples, latrines are easy to get to, do not involve climbing many steps, steps have railings for students to hold on to for support if needed, etc.	
Yes	No
11. The functioning latrine stalls are clean and sanitary.	
For latrines, clean and sanitary refers to no piles of feces or urine on the latrine slab or walls, the smell (noxious fumes) are not overwhelming and there are no piles of garbage and there is a container for paper waste or sanitary napkins.	
Yes	No
12. There are separate, private functioning latrines for girls and boys.	
There are clearly latrines for boys and for girls. Each of the latrines are private meaning no one can see into the latrine from the outside.	

Yes		No	
13. Currently , how many functioning latrines for children are there in the school?			
If there are clearly separate private latrines for boys and for girls, list the number of latrines designated for boys and for girls. If there are private, mixed-sex latrines, please list their number.			
Number of Private, Boys-only Latrines: _____		Number of Private, Girls-only Latrines: _____	
14. In 2019 , how many functioning latrines for children were there in this school?			
If there are clearly separate private latrines for boys and for girls, list the number of latrines designated for boys and for girls. If there are private, mixed-sex latrines, please list their number.			
Number of Private, Boys-only Latrines: _____		Number of Private, Girls-only Latrines: _____	
15. There are separate, private functioning latrines for male and female teachers.			
There are clearly latrines for teachers only, separate from the student latrines. Each of the latrines are private meaning no one can see into the latrine from the outside. There are dedicated latrines for male and female teachers.			
Yes		No	
16. Currently , how many private functioning latrines for teachers are there in this school?			
If there are clearly separate private latrines for female teachers and for male teachers, list the number of latrines designated for female teachers and for male teachers. If there are private, mixed-sex latrines, please list their number.			
Number of Private, Male Teacher Latrines: _____		Number of Private, Female Teacher Latrines: _____	
16b. In 2019 , how many private functioning latrines for teachers were in this school?			

<p>If there are clearly private latrines for female teachers and for male teachers, list the number of latrines designated for female teachers and for male teachers. If there are private, mixed-sex latrines, please list their number.</p>		
Number of Private, Male Teacher Latrines: _____	Number of Private, Female Teacher Latrines: _____	Number of Private, Mixed Latrines: _____
17. Currently , how many hand washing stations does this school have?		
Number _____		
18. In 2019 , how many hand washing stations this school used to have?		
Number _____		
19. Clean water for hand washing is located in close proximity to the latrines.		
<p>Close proximity for water for hand washing refers to hand washing stations being within 10 meters of the latrines to encourage students and staff to them to use water as often as required. Hand washing points include pitcher of water and basin; small tank/jerry can fitted with a tap; a tippy tap (gourd or plastic bottle with a rope that pours a small stream) or a traditional sink and faucet system. If the school <i>does not</i> have latrines, observe handwashing stations in general (without taking proximity to latrines into account).</p>		
Yes	No	
20. Are handwashing stations accessible to the smallest students.		
<p>Handwashing stations should be accessible to the youngest / shortest students in the school. A high / elevated handwashing station can be made accessible by building steps, providing a step stool or a box for the smallest children to stand on, etc.</p>		
Yes	No	
21. Soap is available for hand washing at the handwashing stations.		
Yes	No	
22. There is functioning wastewater drainage system in use at hand washing and drinking water points.		

All water points should have a functioning drainage system to avoid the collection of standing water which attracts vermin and transmits diseases. Functioning wastewater drainage includes a soak pit (a large collection of rocks at least 4 inches deep under the water point), drains for directing water away from the school, etc. If there are no hand washing or drinking water points on the school grounds then select “No”.

Yes

No

23. WASH facilities are cleaned regularly.

While the cleaning of handwashing stations and latrines may not happen during your observation, note whether a cleaning schedule for latrines and handwashing stations is posted or otherwise available in the school. You may need to ask the teacher / staff to show you the schedule. Additionally, you can observe where cleaning equipment (e.g., mop, aseptic cleaning liquids) is stored.

Yes

No

D. Classroom Infrastructure

Instructions:

Observe the physical infrastructure of the classroom.

1. How many classrooms does the school have?

Number

2. Classrooms are in good physical/structural condition.

Good physical/structural condition includes floors that are free from cracks, holes, there are no problems with dampness, splinters, sliding floor coverings, sharp stones; no broken windows, no holes in the roof, walls are structurally sound (no holes or crumbling), walls have no peeling paint, supports for roof and/or walls are sturdy, etc.

Not at All True	A Little Bit True	Mostly True	Very True
The classrooms have significant physical/structural issues that threaten the safety of students.	The classrooms have several minor physical/structural issues.	The classrooms have one or two minor physical/structural issues.	The classrooms have NO problems with physical/structural conditions.

3. Classrooms are protected from the elements (sun, rain) with a good roof.

Protection from the elements includes protection from rain and protection from the sun while in the classroom.

Not at All True	A Little Bit True	Mostly True	Very True
None or very little (10% or less) of the classroom area is protected from the elements.	Some (11-50%) of the classroom area is protected from the elements.	Most (51-89%) of the classroom area is protected from the elements.	All or almost all (90% or more) of the classroom area is protected from the elements.

4. Classrooms are protected from flying insects with screens on windows.

Not at All True	A Little Bit True	Mostly True	Very True
None or very little (10% or less) of the windows in the classroom are protected from insects with screens.	Some (11-50%) of the windows in the classroom are protected from insects with screens.	Most (51-89%) of the windows in the classroom are protected from insects with screens.	All or almost all (90% or more) of the windows in the classroom are protected from insects with screens.
5. In classrooms, there is enough light to read a written page.			
Not at All True	A Little Bit True	Mostly True	Very True
None or very little (10% or less) of the classroom area has enough light to read a written page.	Some (11-50%) of the classroom area has enough light to read a written page.	Most (51-89%) of the classroom area has enough light to read a written page.	All or almost all (90% or more) of the classroom area has enough light to read a written page.
6. Students have adequate space to do learning activities.			
Adequate space (at a table or desk or on the floor) means that students would be able to comfortably open a book or work with materials (blocks, puzzle, etc.) without bumping into another student. Rate this item based on the space available in the classroom regardless of whether the teacher does these kinds of activities.			
Not at All True	A Little Bit True	Mostly True	Very True
Students have no table/desk/mat on which to work (could only put materials on their laps).	Students have table/desk/mat on which to work, but classroom too crowded for them to do activities without bumping into each other.	Students have table/desk/mat on which to work, and there is space for some (but not all) to work without bumping into each other.	Students have table/desk/mat on which to work, with adequate space for all students to do activities.
7. Students in the class are protected from outside noise.			
People in the classroom should hear one another when speaking at a normal volume.			
Not at All True	A Little Bit True	Mostly True	Very True
Students in the class are protected from noise 10% or less of the lesson time.	Students in the class are protected from noise some (11-50%) of the lesson time.	Students in the class are protected from noise most (51-89%) of the lesson time.	Students in the class are protected from noise almost all or all (90% or more) of the lesson time.

E. Enrollment Information

Instructions: Ask principal for enrollment records for the **current year** (2022-2023) and for the **three previous** school years (2021-2022) (2020-2021) and (2019-2020). Please make sure to look at the school registries and documents.

Let me now ask you some questions about enrolment and attendance for this academic year (2022-2023).

		Female	Male			Female	Male
E1. Number of students currently enrolled (2022-2023)	CI			E2. Number of students who are in attendance TODAY	CI		
	CP				CP		
	CE1				CE1		
	CE2				CE2		
	CM1				CM1		
	CM2				CM2		
	6 ^{ème}				6 ^{ème}		
	5 ^{ème}				5 ^{ème}		
	4 ^{ème}				4 ^{ème}		
	3 ^{ème}				3 ^{ème}		

	2 nd				2 nd		
	1 ^{ère}				1 ^{ère}		
	Terminale				Terminale		

Now I will ask you questions about the school composition during the last school year (2021-2022).

E3. Number of Teachers at the School by Grade Level (2021-2022)		Female	Male	E4. Number of Full-time (or Certified) Teachers at the School by Grade Level (2021-2022)		Female	Male
	CI				CI		
	CP				CP		
	CE1				CE1		
	CE2				CE2		
	CM1				CM1		
	CM2				CM2		
	6 ^{ème}				6 ^{ème}		
	5 ^{ème}				5 ^{ème}		
	4 ^{ème}				4 ^{ème}		

	3 ^{ème}				3 ^{ème}		
	2 nd				2 nd		
	1 ^{ère}				1 ^{ère}		
	Terminale				Terminale		
E5. Total Number of Students Enrolled in the School by Grade Level (Last year) (2021-2022)		Female	Male	E6. Dropouts (2021-2022)		Female	Male
	CI / CP1				CI / CP1		
	CP / CP2				CP / CP2		
	CE1				CE1		
	CE2				CE2		
	CM1				CM1		
	CM2				CM2		
	6 ^{ème}				6 ^{ème}		
	5 ^{ème}				5 ^{ème}		
	4 ^{ème}				4 ^{ème}		

	3 ^{ème}				3 ^{ème}		
	2 nd				2 nd		
	1 ^{ère}				1 ^{ère}		
	Terminale				Terminale		
E7. Number of students who progressed to the next grade (2021-2022)		Female	Male	E8. Number of students who repeated grade (2021-2022)		Female	Male
	CI				CI		
	CP				CP		
	CE1				CE1		
	CE2				CE2		
	CM1				CM1		
	CM2				CM2		

E9	Do you have enrolment records for 2020-2021?	0= No >> E11, 1=Yes
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E10.		Female	Male
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Number of students enrolled 2 years ago (2020-2021)	CI		
	CP		
	CE1		
	CE2		
	CM1		
	CM2		
	<i>6^{ème}</i>		
	<i>5^{ème}</i>		
	<i>4^{ème}</i>		
	<i>3^{ème}</i>		
	<i>2nd</i>		
	<i>1^{ère}</i>		
<i>Terminale</i>			

E11	Do you have enrollment records for 2019-2020?	0= No >> Module F, 1=Yes
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E12. Number of students enrolled three years ago (2019-2020)		Female	Male
	CI		
	CP		
	CE1		
	CE2		
	CM1		
	CM2		
	6 ^{ème}		
	5 ^{ème}		
	4 ^{ème}		
	3 ^{ème}		
	2 nd		

	<i>1^{ère}</i>		
	<i>Terminale</i>		

E13	Do students in this school take the CEP exam at the end of the primary education cycle? <i>Ask only if the school has primary grade classes.</i>	0= No >> E11, 1=Yes
-----	---	------------------------

E14. Number of students who:		Took the CEP exams:		Passed the CEP exam:	
		Male	Female	Male	Female
	2019				
	2020				
	2021				
	2022				

E. School Activities

Instructions: Ask the principal if the following activities took place in the school during the last academic year (2021-2022)

F0a	Did the school have a vegetable garden during the last academic year (2021-2022)?	0. No 1. Yes
F0b	Were the school cooks trained on food management, storage and distribution during the last academic year (2021-2022)?	0. No 1. Yes
F0c	Did school cooks receive training kits the last academic year (2021-2022)?	0. No 1. Yes
F1	Did the school offer free school meals and/or snacks for students during the last academic year (2021-2022)? <i>Only ask for primary schools</i>	0. No >> F3 1. Yes
F1b	During a normal school week, how many days a week were free school meals provided to students?	Number between 1-5
F1c	During a normal school week, which free meals were provided to students during the last academic year (2021-2022)? <i>Only ask for primary schools</i>	1. Breakfast 2. Lunch 3. Morning Snack 4. Afternoon Snack Select all that apply
F2	Who provided the free food to the school? <i>Only ask for primary schools</i>	1. WFP/ UNICEF/ UNFPA 2. NGO, please specify 3. MoE 4. PTA 5. Other, please specify

		Select all that apply
F3	Did the school offer trainings/courses to students on any of the following topics during the last academic year (2021-2022)?	0. None 1. Comprehensive Sexuality Education 2. Sexual and Reproductive Health 3. Gender-Based Violence 4. Life-skills 5. HIV 6. Leadership 7. Relationships 8. WASH 9. Nutrition 10. Other, Specify Select all that apply
F3b	Did the school offer trainings/courses to teachers on any of the following topics during the last academic year (2021-2022)?	0. None 1. Comprehensive Sexuality Education 2. Sexual and Reproductive Health 3. Gender-Based Violence 4. Life-skills

		5. HIV 6. Leadership 7. Relationships 8. WASH 9. Nutrition 10. Other, Specify Select all that apply
F4	Were sanitary napkins distributed to girls in this school during the last academic year (2021-2022)?	0.No >> F5 1.Yes
F4b	How often were sanitary napkins distributed to girls in this school during the last academic year (2021-2022)?	1. Daily 2. Weekly 3. Monthly 4. Other, specify
F5	Were welcome kits (welcome cash grants) distributed to girls at the beginning of last academic year (2021-2022)? <i>Ask only for Secondary Schools</i>	0. No 1. Yes
F6	How many girls received welcome kits (welcome cash grants) at the beginning of last academic year (2021-2022)?	Number of girl recipients

F7	<p>Did the school offer scholarships for girls during the last academic year (2021-2022)?</p> <p><i>Ask only in Chad</i></p> <p><i>Ask only for Primary Schools</i></p>	<p>0.No >> F8</p> <p>1.Yes</p>
F7b	<p>How many girls received scholarships during the last academic year (2021-2022)?</p> <p><i>Ask only in Chad</i></p> <p><i>Ask only for Primary Schools</i></p>	<p>Number of girl recipients</p>
F8	<p>Were cash grants based on attendance offered to girls in this school during the last academic year (2021-2022)?</p>	<p>0. No >> F9</p> <p>1. Yes</p>
F8b	<p>How many attendance cash grants were distributed last academic year (2021-2022)?</p>	<p>Number of cash grants</p>
F9	<p>Was remedial after-school support offered to students in this school during the last academic year (2021-2022)?</p> <p><i>Ask only in Chad</i></p>	<p>0.No >> F10</p> <p>1.Yes, for girls only</p> <p>2. Yes, for boys only</p> <p>3. Yes, for boys and girls</p>
F9b	<p>How often was after-school support provided?</p> <p><i>Ask only in Chad</i></p>	<p>Number of days per week (1-5)</p>

F10	Were any of the following nutritional supplements/medications distributed for free to students during the last academic year (2021-2022)?	0. None 1. Folic Acid 2. Vitamin A 3. Iron Supplement 4. Deworming medication Select all that apply
F11	Does this school have a person attending minor health issues? For instance, someone who provides medicines from a pharmacy box when children feel sick.	0. No 1. Yes
F11b	Did the school receive any of the following medical supplies during the last academic year (2021-2022)?	1. Sexual and Reproductive Health Kits 2. Post-exposure kits for rape 3. Other, please specify
F12	Which clubs functioned in this school during the last academic year (2021-2022)?	0. None 1. Health club 2. Hygiene club 3. Nutrition club 4. Other, please specify

HOUSEHOLD SURVEY

MODULE 1: HOUSEHOLD ROSTER								
ID CODE	ALL HOUSEHOLD RESIDENTS ELIGIBLE FOR SURVEY FILL IN ID CODE AND NAMES FOR CURRENT HOUSEHOLD MEMBERS.				Collect this information for Household head and ALL children ages 10 to 19			
	1	2	3	4	5	6	7	8
	<p>NAME:</p> <p>HOUSEHOLD RESIDENTS ARE ALL INDIVIDUALS WHO NORMALLY LIVE AND EAT THEIR MEALS TOGETHER IN THIS HOUSEHOLD, STARTING WITH THE MAIN RESPONDENT. DO NOT INCLUDE ANYONE WHO HAS BEEN AWAY FOR 6 MONTHS OR MORE.</p> <p>[CONFIRM/FILL IN Q2-4 FOR Household head and all children ages 10-19]</p>	<p>SEX:</p> <p>MALE...1 FEMALE...2</p>	<p>RELATIONSHIP TO MAIN RESPONDENT/HOUSEHOLD HEAD:</p> <p>HOUSEHOLD HEAD. 1</p> <p>WIFE/HUSBAND. 2</p> <p>CHILD/ADOPTED CHILD . . . 3</p> <p>GRANDCHILD 4</p> <p>NIECE/NEPHEW 5</p> <p>FATHER/MOTHER 6</p> <p>SISTER/BROTHER 7</p> <p>SON/DAUGHTER-IN-LAW. . . 8</p> <p>BROTHER/SISTER-IN-LAW... 9</p> <p>GRANDFATHER/MOTHER... 10</p> <p>FATHER/MOTHER-IN-LAW.. 11</p> <p>OTHER RELATIVE. 12</p> <p>SERVANT OR SERVANT'S</p>	<p>How old is [NAME]?</p> <p>WRITE AGE IN COMPLETED YEARS .</p>	<p>Where was [NAME] born?</p> <p>1 = This village/nearby (<10 km) 2 = This commune/sub-prefecture but village further away 3 = This region but different commune/sub-prefecture 4 = Somewhere else in Niger/Chad 5 = Different country 98 = Don't Know</p>	<p>What religion, if any, does [NAME] practice?</p> <p>NONE.....1</p> <p>TRADITIONAL. .2</p> <p>CHRISTIANITY. .3</p> <p>ISLAM.....4</p> <p>OTHER</p> <p>RELIGION.....5</p>	<p>What is [NAME]'s ethnicity?</p> <p>[Provide list of options]</p>	<p>What is [NAME]'s current marital status?</p>
				AGE IN YEARS				

MODULE 1: HOUSEHOLD ROSTER (CONTINUED)

ID CODE	ALL children ages 10 to 19			AGES 10 to 19			
	9	10	12	13	15	16	17
	Is the biological mother of [NAME] alive, and if so does she live in the household? YES, MOTHER LIVES IN HOUSEHOLD.... 1 >> Q12 YES, ALIVE BUT MOTHER NOT LIVING IN HOUSEHOLD.....2 >> Q10 NO, MOTHER IS DEAD.....88 >> Q12 DON'T KNOW...97 >> Q12	If [NAME's] mother not living in household, has she been very sick for at least 3 months during the past 12 months? That is, too sick to work or do normal activities? YES....1 NO.2 DON'T KNOW...7	Is the biological father of [NAME] alive, and if so, does he live in the household? YES, FATHER LIVES IN HOUSEHOLD.... 1 >>Q15 YES, BUT FATHER NOT IN HOUSEHOLD. .2 >> Q13 NO, FATHER IS DEAD.....88 >> Q15 DON'T KNOW...97 >>Q15	If [NAME's] father not living in household, has he been 'ery sick for at least 3 months during the past 12 months? That is, too sick to work or do normal activities? YES.1 NO.2 DON'T KNOW. .7 All responses >>Q20	Does child have a blanket? (EITHER SHARED OR OWNED)	Does child have a pair of shoes?	Does child have at least 2 sets of clothes?

MODULE 2: EDUCATION

ASK FOR CHILDREN AGES 10-19 AND HOUSEHOLD HEAD.

ASK FOR CHILDREN AGES 10-19 AND HOUSEHOLD HEAD.							
1	2	3	4	5	6	7	
Is [NAME] able to read and write in the following languages? YES...1 NO....2	Has [NAME] ever attended school? YES...1 >> Q4 NO....2	What was the reason [NAME] <u>never attended school</u>? LIST ONLY ONE MAIN REASON. »Q8b STILL TOO YOUNG TO ATTEND SCHOOL.....1 NO MONEY FOR FEES, UNIFORM .2 POOR QUALITY OF SCHOOLS. . .3 ILLNESS OR DISABILITY. . . .4 NOT INTERESTED5 PARENTS DID NOT ALLOW. . .6 HAD TO WORK OR HELP AT HOME.7 SCHOOL TOO FAR FROM HOME . .8 CARING FOR OTHERS9 NOT APPROPRIATE FOR FEMALE CHILDREN TO GO TO SCHOOL...10 SCHOOLING NOT BELIEVED TO INCREASE INCOME...11 GOT PREGNANT OR MARRIED...12 AVAILABLE SCHOOL NOT APPROPRIATE FOR LIFESTYLE...13 OTHER (SPECIFY). 14	What class is the highest class [NAME] <u>completed</u>?	Did [NAME] attend school in the last academic year (from <u>2021-2022</u>)? YES...1 NO....2 >> Q7	What class was [NAME] in during the <u>2021-2022</u> academic year?	Why did [NAME] <u>not</u> continue their education? (List up to two <u>most important</u> reasons) ACQUIRED ALL EDUCATION WANTED..1 NO MONEY FOR FEES OR UNIFORM. . 2 TOO OLD TO CONTINUE . . 3 MARRIED / BECAME PREGNANT . . . 4 ILLNESS OR DISABILITY 5 FOUND WORK. 6 NOT INTERESTED. 7 PARENTS STOPPED ALLOWING 8 HAD TO WORK OR HELP AT HOME . . 9 POOR/CROWDED SCHOOL FACILITIES ...10 POOR QUALITY INSTRUCTION/ TEACHERS OFTEN ABSENT11 SCHOOL TOO DANGEROUS FOR GIRLS..12 SCHOOL TOO FAR FROM HOME. . . .13 LEFT TO CARE FOR OTHERS14	
						A) French B) Arabic	REASON 1 REASON 2

8B	9	10	11	12	14	15a	15b	16	17	18
Is [NAME] currently enrolled or will be enrolled in school this academic year (2022-2023)? 1. Currently enrolled 2. Not enrolled, but planning to be enrolled. 3. Will not attend.	What class is [NAME] in this academic year (2022-2023)?	How old was [NAME] when [NAME] started school?	What type of school does [NAME] attend? NURSERY....1 <u>PRIMARY</u> GOVERNMENT.11 PRIVATE NON-RELIGIOUS .12 CHURCH/MISSION SCHOOL .13 ISLAMIC SCHOOL.14 OTHER PRIMARY15 <u>SECONDARY</u> GOVERNMENT (CONVENTIONAL).21 CHURCH/MISSION SCHOOL .22 ISLAMIC SCHOOL.23 NIGHT SCHOOL.24 OTHER SECONDARY25 PRIVATE NON-RELIGIOUS...26 <u>TERTIARY</u> UNIVERSITY.27	How many days of school did [NAME] attend in the last week? [If previous week was during a holiday, write 96]	How does [NAME] get to school each day? FOOT.....1 BICYCLE...2 BUS/MINI-BUS.....3 MOTORCYCLE TAXI...4 PRIVATE VEHICLE..5 OTHER (SPECIFY).6	How long does it usually take [NAME] to get to school by this means of transport?		At any time in the past 12 months, did [NAME] ever temporarily withdraw from school, so that [NAME] missed more than two consecutive weeks of instruction? YES..1 NO...2>> Q18	What was the main reason [NAME] temporarily withdrew from school? ACQUIRED ALL EDUCATION WANTED..1 NO MONEY FOR FEES OR UNIFORM.. 2 TOO OLD TO CONTINUE . . . MARRIED / BECAME PREGNANT . . . 4 ILLNESS OR DISABILITY 5 FOUND WORK. 6 NOT INTERESTED. 7 PARENTS STOPPED ALLOWING 8 HAD TO WORK OR HELP AT HOME . . 9 POOR/CROWDED SCHOOL FACILITIES ...10 POOR QUALITY INSTRUCTION/ TEACHERS OFTEN ABSENT11 SCHOOL TOO DANGEROUS FOR GIRLS..12 SCHOOL TOO FAR FROM HOME. . . .13 LEFT TO CARE FOR OTHERS14 FAILED PROMOTION EXAM15 DISMISSED / EXPELLED.16 OTHER (SPECIFY)17	Did any person or organisation from outside this household contribute to school costs for [NAME] in last school year (2021-2022), either cash or material support? YES...1 NO....2
		YEARS		DAYS		AMOUNT				

How much was spent on [NAME]'s education in last school year (2021-2022 academic year) by the household, family, and friends for:

[IF NOTHING WAS SPENT, RECORD '0' (ZERO). IF THE RESPONDENT CAN ONLY GIVE A TOTAL AMOUNT, ENTER '0' (ZERO) IN COLUMNS A-I, THEN ENTER THE TOTAL AMOUNT IN COLUMN J.]

A	B	C	D	E	F	G	H	I	J	K	L	M
Tuition, including extra fees	Expenditures on after school programs & tutoring (extra lessons)	School books & stationery	School uniform clothing	Boarding Fees	Contribution for school building or maintenance	Transport	Parent/Teacher Association & other related fees	Other	TOTAL [ONLY FILL IN IF EXPENDITURES CAN NOT BE DISAGGREGATED INTO CATEGORIES A-I.]	IDEALLY , what level of formal education would you like [NAME] to complete?	Do you believe that [NAME] will be able to complete the level of education that you desire?	What are three main barriers that will prevent [NAME] and others like him/her from reaching a high level of education in your area?

MODULE 3: HEALTH								
PAST 2 WEEKS								
1	2	3	4	5	6	7	8	9
<p>During the past 2 weeks has [NAME] suffered from an illness or injury?</p> <p>YES..1</p> <p>NO...2>>Q6</p>	<p>What was the most recent illness or injury?</p> <p>FEVER/ MALARIA . . .1</p> <p>COUGH/COLD/CHEST INFECTION2</p> <p>TUBERCULOSIS (TB)....3</p> <p>ASTHMA4</p> <p>HEART PROBLEM/ CHEST PAIN5</p> <p>DIARRHEA/ VOMITTING/ABDONIMAL PAIN... .6</p> <p>SKIN PROBLEM . . .7</p> <p>DENTAL PROBLEM ...8</p> <p>EYE PROBLEM. . . .9</p> <p>EAR/NOSE/THROAT...10</p> <p>BACKACHE11</p> <p>DIABETES12</p> <p>MENTAL DISORDER...13</p> <p>SEXUALLY TRANSMITTED DISEASE14</p> <p>HIV/AIDS15</p>	<p>What action did [NAME] take to find relief for the illness or injury?</p> <p>[IF TOOK MORE THEN ONE ACTION, ASK FOR FIRST ACTION.]</p> <p>DID NOTHING1</p> <p>USED MEDICINE HAD IN STOCK...2</p> <p>SOUGHT TREATMENT AT PUBLIC FACILITY3</p> <p>SOUGHT TREATMENT AT PRIVATE/ CHURCH/MISSION FACILITY4</p> <p>WENT TO LOCAL PHARMACY . . .5</p> <p>SOUGHT TREATMENT WITH TRADITIONAL HEALER. . . .6</p> <p>OTHER7</p>	<p>During the past 2 weeks, for how many days did [NAME] have to stop their normal activities because of this illness or injury?</p> <p>DAYS</p>	<p>During the past 2 weeks, for how many days, did anyone else in the household have to stop their normal activities to care for [NAME]?</p> <p>DAYS</p> <p>IF NONE, RECORD ZERO, AND >>Q6</p>	<p>How would you rate [NAME]'s health in general?</p> <p>POOR.....1</p> <p>FAIR.....2</p> <p>GOOD.....3</p> <p>VERY GOOD...4</p> <p>EXCELENT....5</p>	<p>Compared with one year ago, would you say that [NAME]'s health is:</p> <p>BETTER.....1</p> <p>ABOUT THE SAME.....2</p> <p>WORSE.....3</p> <p>[IF UNDER ONE YEAR OLD >>PERSON/SECTION</p>	<p>Does [NAME] have any disability that limits his/her full participation in life activities: such as seeing, hearing, walking, remembering, self-care or communicating?</p> <p>YES..1</p> <p>NO...2</p>	<p>What type of disability does [NAME] have?</p> <p>1=Blind</p> <p>2=Deaf/Mute</p> <p>3=Mental Deficiency</p> <p>4=Paralyzed</p> <p>5=Stunted or amputated arm</p> <p>6=Stunted or amputated leg</p> <p>7=Other, specify</p>

MODULE 4: HOUSING CONDITIONS

Question Number	Question/Observation	Coding
B1	Does your household own this homestead?	1=YES 2=NO -88=Don't know -87=Refused to answer
B2	Main material of the floor	1=Mud/earth 2=Wood/plank 3=Tiles 4=Concrete/cement 5=Grass 998=Other: Specify
B3	Main material of the roof (record observation)	1=Mud 2=Thatch/grass/bamboo 3=Wood/plank 4=Concrete/cement 5=Clay tile/concrete 6=Iron sheet 7=Plastic sheet 8=Asbestos 998=Other: Specify
B4	Main material of the walls	1=Mud/Mud brick 2=Stone 3=Burnt bricks 4=Concrete/cement 5=Wood/bamboo 998=Other: Specify
B5	How many separate rooms do the members of the household occupy (do not count bathrooms, toilets, storerooms, or garage)	Number of rooms -87= Refused to answer

B6	What is the main source of drinking water for members of your household throughout the year?	1=Pipe born water
		2=Borehole
		3=Covered well
		4=Uncovered well
		5=Spring
		6=Rainwater
		7=River, lake, pond
		8=Truck, vendor (mineral water gallons)
B9	What is the main type of toilet used by your household?	1=None
		2=Uncovered pit latrine
		3=Covered pit latrine
		4=Flush to septic tank, or flush to sewage
		5=River
		6=Bush
		998=Other: Specify
		-87=Refused to answer
B10	Does your household have electricity?	1=Yes
		2=No
		-87=Refused to answer
B11	What is the major source of fuel used for cooking for your household?	1=Electricity
		2=Gas
		3=Kerosene
		4=Charcoal
		5=Wood
		998=Other: Specify
-87=Refused to answer		

MODULE 5: REDUCED COPING STRATEGIES INDEX		Frequency (0-7 of days)
Q1	In the past 7 days, how many days has your household had to: <i>Rely on less preferred and less expensive food because you did not have enough food or money to buy food?</i>	
Q2	In the past 7 days, how many days has your household had to: <i>Borrow food or rely on help from a relative or friend because you did not have enough food or money to buy food?</i>	
Q3	In the past 7 days, how many days has your household had to: <i>Limit portion size of meals because you did not have enough food or money to buy food?</i>	
Q4	In the past 7 days, how many days has your household had to: <i>Restrict consumption by adults in order for small children to eat because you did not have enough food or money to buy food?</i>	
Q5	In the past 7 days, how many days has your household had to: <i>Reduce the number of meals eaten per day because you did not have enough food or money to buy food?</i>	

MODULE 5: DIETARY DIVERSITY (World Food Programme Food Consumption Score Indicator and Expenditure Score)

Question Number	Question	Over the past 7 days , how many days did members of your household eat:	Over the past 7 days , did you or others in your household purchase any of the following foods? If yes, please estimate the total amount in cash or credit.		Over the past 7 days , did you or others in your household consume any of the following foods that came from in-kind gifts and/or assistance? If yes, please estimate the value from in-kind assistance or gift. If no consumption, please put 0		Over the past 7 days , did you or others in your household consume any food that you produced, gathered or received in exchange of labor? If yes, please estimate the value of this food. If no consumption, please put 0	
		NUMBER OF DAYS (0-7)	1=Yes ->	1=Yes ->	1=Yes ->	1=Yes ->	1=Yes ->	1=Yes ->
		IF NOT CONSUMED.....0	0=No -> next question (Assistance)	0=No -> next question (Assistance)	0=No -> next question	0=No -> next question	0=No -> next question (Assistance)	0=No -> next question (Assistance)
		REFUSED TO ANSWER... -87	Cash	Credit				
1	(Maize Grain/Flour; Yam flour; Cassava flour; Rice; Millet; Guinea corn/Sorghum; Wheat Flour; Bread; Other grains and flour)		_	_				
2	Starchy Roots, Tubers, and Plantains (Cassava Tuber; Gari; Sweet Potato; Yam; Irish Potato; Plantain; Other Roots and Tuber)		_	_	_	_	_	_
3	Pulses, Nuts and Seeds (Soya Bean; Brown beans; White beans; Groundnuts; Other Nut/Seeds/Pulse)		_	_	_	_	_	_
4	Vegetables		_	_	_	_	_	_

	(Onion; Garden egg/eggplant; Carrots; Okra fresh and dried; Pepper; Tomato fresh and canned; Leaves/cocoyam, Spinach; Jew's mallow (Ewedu), Amaranth, Telfairia, (Leafy green vegetables), Celosia (Ugwu), Other Vegetables/Leaves)								
5	Meat, Fish and Animal Products Eggs; Dried/Fresh/Smoked Fish/ Cray Fish (Excluding Fish Sauce/Powder); Beef; Goat Meat; Pork; Mutton; Wild game; Chicken; Duck; Other Meat; Suya; Kilishi (Dried Suya)		_	_	_	_	_	_	_
6	Meat, Fish and Animal Products used as spices. Fish Sauce/Grounded Cray Fish Powder; Meat Sauce / Powder, etc. used in small amounts on top of meals as flavor		_	_	_	_	_	_	_
7	Fruits (Mango; Banana; Orange/tangerine; Pineapple; Papaya; Avocado; Water Melon; Cucumber; Canned fruit; Other Fruit)		_	_	_	_	_	_	_
8	Milk/Milk Products (Fresh/Powdered/Tinned Milk; Yogurt; Other Milk Product - Excluding Margarine/Butter or Small Amounts of Milk for Tea/Coffee)		_	_	_	_	_	_	_
9	Oil and Fats (Palm oil; Butter; Margarine; Vegetable oil; Groundnut oil; Other oil and fat)		_	_	_	_	_	_	_
10	Sugar/Sugar Products/Honey (Sugar; Sugar Cane; Honey; Jam; Other Sweets and Confectionary)		_	_	_	_	_	_	_

11	Spices/Condiments (Salt; Spices; Ginger; Garlic; Turmeric; Pepper; Tomato Sauce; Other Condiment - Including Small Amounts of Milk for Tea/Coffee)								
12	Beverages (non-alcoholic, including bottled water) Coffee, tea, herbal infusion; bottled water; soft-drinks; juices								
13	Snacks consumed outside of the home Take away, snacks consumed outside the home								

MODULE 7: NON-FOOD EXPENDITURE (World Food Programme Expenditure Score)

Q	Item	Over the past 7 days , did you or others in your household consume any of the following products?	Over the past 7 days , did you or others in your household purchase any of the following foods? If yes, please estimate the total amount in cash or credit.		Over the past 7 days , did you or others in your household consume any of the following foods that came from in-kind gifts and/or assistance? If yes, please estimate the value from in-kind assistance or gift. If no consumption, please put 0		Over the past 7 days , did you or others in your household consume any [item] that you produced, gathered or received in exchange of labor? If yes, please estimate the value of this food/item. If no consumption, please put 0	
		IF NOT CONSUMED.....0	1=Yes ->	1=Yes ->	1=Yes ->	1=Yes ->	1=Yes ->	1=Yes ->
		REFUSED TO ANSWER... - 87	0=No -> next question (Assistance)	0=No -> next question (Assistance)	0=No -> next question	0=No -> next question	0=No -> next question (Assistance)	0=No -> next question (Assistance)
		NUMBER OF DAYS	Cash	Credit				
1	Hygiene items (Soap, toothbrush, toothpaste, toilet paper, detergents)							

2	Transport Fuel (public transportation, taxi)								
3	Water supply for domestic use (Water for domestic supply - NOT bottled drinking water)								
4	Electricity								
5	Other sources of energy (for cooking, heating, lighting such as gas, kerosene, wood – NOT electricity)								
6	Services related to dwelling (Refuse collection, sewerage collection, maintenance charge in collective buildings, security services)								
7	Communication (Mobile top-up, internet)								
8	Alcohol, Tobacco								
9	Specific to country (Non-food items relevant to the context and not listed above (if relevant))								
10	Health services (Outpatient and hospital services)								
11	Medicines & Health products (Medicine, other medical products, medical equipment)								
12	Clothing and footwear (Clothing, shoes (purchase and repair) – school uniforms excluded)								
13	Education services (Tuition fees)								
14	Education goods (Other education costs (uniform, school materials, transport))								
15	Rent (Actual rent for housing)								
16	Household non-durable furniture and routine maintenance (Textiles, utensils, goods and services for household routine maintenance (do NOT include durable furniture, equipment and appliances))								
17	Savings (Cash saved)								
18	Debt repayment								
19	Insurance								

MODULE 9: LIVELIHOOD-BASED CONSUMPTION STRATEGIES

During the past 30 days , did anyone in your household have to engage in any following activities due to lack of food ?	1 = No, because I did not need to	Indicative severity of the strategy
	2 = No, because I already sold those assets or have engaged in this activity within the last 12 months and cannot continue to do it	<i>(Country office to attribute the relevant severity, the following is just an example)</i>
	3 = Yes	
	4 = Not applicable (don't have children/ these assets)	
1.1 Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, etc.) <i>due to lack of food</i>	__	Stress
1.2 Sold more animals (non-productive) than usual <i>due to lack of food</i>	__	Stress
1.3 Spent savings <i>due to lack of food</i>	__	Stress
1.4 Sent household members to eat elsewhere <i>due to lack of food</i>	__	Stress
1.5 Harvested immature crops (e.g., green maize) <i>due to lack of food</i>	__	Crisis
1.6 Consumed seed stocks that were to be saved for the next season <i>due to lack of food</i>	__	Crisis

1.7 Decreased expenditures on fertilizer, pesticide, fodder, animal feed, veterinary care, etc. <i>due to lack of food</i>	_	Crisis
1.8 Mortgaged/Sold house or land <i>due to lack of food</i>	_	Emergency
1.9 Begged and/or scavenged (asked strangers for money/food) <i>due to lack of food</i>	_	Emergency
1.10 Sold last female animals <i>due to lack of food</i>	_	Emergency
1.11 Purchased food/non-food on credit (incur debts) <i>due to lack of food</i>	_	Stress
1.12 Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.) <i>due to lack of food</i>	_	Crisis
1.13 Reduced expenses on health (including drugs) or education <i>due to lack of food</i>	_	Crisis
1.14 Withdrew children from school <i>due to lack of food</i>	_	Crisis
1.10 Engaged in illegal income activities (theft, prostitution) <i>due to lack of food</i>	_	Emergency

MODULE 8: BBGE PROGRAMME

	Question	Instruction	Response
1	Have you heard of the BBGE program?		1=Yes 2=No

2	Have you received/attended trainings or events in the community focused on health, education, or girls since 2019?		1=Yes 2=No>>5 8=DK>>5
3	Who provided the community trainings or events?		1=Friend 2=Neighbor 3=Other community member 4=NGO 5=BBGE program 6=Government 7=Other, specify
4	Please tell us what topics have been covered by these trainings and events. Mark all that apply.		1=Importance of school 2=Girls' education 3=Child marriage 4=Other, specify
5	're you aware of radio broadcasts in your community on the importance of girls' education?		1=Yes, I'm aware of the radio broad'asts 2=Yes, I have hea'd the radio broadcasts 3=No
6	Have you participated in AMEs or APEs since 2019?		1=Yes 2=No
7	Have you received/attended trainings or events for AMEs or APEs members focused on health, nutrition, education, or girls since 2019?		1=Yes 2=No>>11 8=DK>>11
8	Who provided the AMEs or APEs trainings or events?		1=Principal 2=Teacher 3=School administrator 4=Other community member 5=BBGE program 6=Government 7=Other, specify

9	Please tell us what topics have been covered by these trainings and events. Mark all that apply.		1=WASH 2=Nutrition 3=Cooking demonstrations 4=GBV or FGM 5=SRH 6=Other, specify
10	Have you received a cook training kit with picture boxes and nutri-card games at your APE or AME since 2019?		1=Yes, both 2=Yes, picture boxes 3=Yes, nutri-card games 4=No
11	Have you heard of grant 117utria100,000 CFA available to members of APE/AME to establish IGAs?		1=Yes 2=No>>13
12	Have you or someone you know received a grant of 100,000 CFA to establish IGA since 2019?		1=Yes, both 2=Yes, I received a grant 3=Yes, someone I know received a grant 4=No
13	Have you or someone you know received support for IGAs including sewing machines or other inputs for sewing or trainings in making sanitary napkins?		1=Yes, I or someone I know received both support for IGAs and trainings 2=Yes, I or someone I know received support for IGA 3=Yes, I or someone I know received trainings 4=No
14	Have you heard of grants of 20,000 CFA provided to the top 3 performing girls in primary school since 2019?		1=Yes 2=No

15	Have you heard of Safe Spaces available in your community? If so, have you attended?		1=Yes, there are Safe Spaces in my community but I have not attended 2=Yes, there are Safe Spaces in my community and I have attended 3=No, I am not aware of Safe Spaces in my community >> 17 4=DK >> 17
16	If you are aware of Safe Spaces, can you tell me what they provide? Mark all that apply.		1=Place to make friends 2=Information on SRH 3=Information on GBV 4=Outlet for GBV survivors 5=IGAs for women 6=Other, specify
17	Have you heard of preschool classes for parents of children ages 3-5 available in your community? If so, have you attended?		1=Yes, there are preschool classes but I have not attended any 2=Yes, there are preschool classes and I have attended some 3=No, I am not aware of preschool classes in my community 4=DK
18	Do your children have birth certificates?		1=Yes, all of them 2=Yes, some of them 3=No 4=DK

	Common for Chad or Niger
	Only for Chad (some of the beneficiaries are women but questions can be asked to men too)

MODULE 9A.: INFORMED CONSENT FOR SECTION 11 (RESPONDENTS ABOVE AGE 18)

The informed consent for the Fertility and Sexual and Reproductive Health section is administered to an adult female (preferably the mother of the children or the spouse of the household head) only if the main respondent is a male above the age of 18.

[ENUMERATOR: READ SCRIPT BELOW]

We would now like to ask some questions about the fertility and reproductive health of all of the girls in your household between the ages of 10-19. Some of these questions may be sensitive and make you feel uncomfortable. At any moment you have the right to not answer a question or end the interview. Your responses will be private and stored in a secure location by the researchers. No one else in your household will be able to see your responses. This information will help better the situation of girls and women in your country by providing valuable information about girls' and women's living conditions.

Do you agree to participate?

Signature of Enumerator _____ Date _____

Enumerator: Sign above to witness the verbal consent of the participant. Keep one copy for the PIs records and leave the second copy with the participant.

Who is sponsoring this study?

This research is funded by the WFP (the Sponsors). This means that the research team is being paid by the Sponsors for doing the study. If you have questions about this study, you may contact Dalberg (Tel:) or (Tel:) at Dalberg Research. If you have questions about your rights you may reach out to the MoH [add Federal board information] (Tel:) or the American Institutes for Research Institutional Review Board (Tel: +1 2024035542).

MODULE 9: FERTILITY AND REPRODUCTIVE HEALTH

ASK FOR ALL RESIDENT WOMEN AGE 10-19. (ASK FEMALE SPOUSE TO PROVIDE ANSWERS FOR ALL WOMEN 10-19)

ID CODE	1A	1B	1C	2	3	4	5				6
		<p>Has [NAME] received training in puberty and menstrual management?</p> <p>ASK FOR GIRLS 10-19</p>	<p>Has [NAME] used family planning services? (See description below)</p> <p>ASK ONLY FOR MARRIED GIRLS 10-19</p>	<p>Has [NAME] ever been pregnant?</p> <p>YES..1 NO..2 >>NEXT FEMALE/MODULE UNSURE..7 >>NEXT FEMALE/MODULE</p>	<p>At what age did [NAME] first get pregnant?</p>	<p>Is [NAME] pregnant now?</p> <p>YES..1 NO..2 >>Q7 UNSURE..7 >>Q7</p>	<p>How many months pregnant is [NAME]?</p> <p>ENTER TOTAL NUMBER OF COMPLETED MONTHS. IF LESS THAN A MONTH, RECORD '00'</p> <p>NO LONGER PREGNANT....88 DON'T KNOW...97</p>	<p>Has [NAME] sought/did [NAME] seek any antenatal care for this pregnancy? If so from whom did [NAME] seek care?</p> <p>DOCTOR.....1 NURSE.....2 MIDWIFE.....3 CLINICAL OFFICER..4 TRADITIONL BIRTH ATTENDANT5</p>			
		<p>These include social and medical services that help families decide on the quantity and spacing of the children they have</p>		AGE IN YEARS			a	b	c	d	NUMBER

YOUTH SURVEY

MODULE 0 : COVER PAGE			
Country	1=Chad -> Region 2=Niger -> Province		
Region	1=Lac 2=Logone		
Province	1=Tillabéri 2=Tahoua 3=Diffa		
School Community	Dropdown		
Refugee Status	1=Refugee 2=Internally-Displaced Person 3=Returned Migrant 4=Local Population/Host		
HHID*			
Member ID*			
Age of Respondent [12-19]			
Sex of Respondent	1=Man 2=Woman		
*Remark : HHID and Member ID will be pulled from the Household Survey			

MODULE 0.A. : INFORMED CONSENT (RESPONDENTS ABOVE 18 YEARS OLD)

Informed consent is administered to all Principal Respondents over the age of 18. In the event that the primary respondent, female or male, is a legal minor (<18 years of age), informed consent is administered to their legal guardian during the household survey and the assent form is administered to the minor. In the event that no head of household is available, or if another household member is intended to be the primary respondent for the household-level modules, informed consent is also administered to that member.

[INTERVIEWER: READ SCRIPT BELOW]

We would like to ask you some questions about your life. The responses provided will help the government of [insert survey country] as well as international organizations such as WFP, UNICEF, and UNFPA to understand the needs of families like yours. The information will be used to improve girls' education in your area. Approximately 560 families are participating in this study in [3 regions in Niger, 2 in Chad].

I want to make it clear that there is no direct benefit to your household for participating in the survey. If you do not agree to participate in the study, it will not change any services or benefits that your household or any of its members currently receive or may receive in the future. If you agree to participate, you may stop at any time without penalty and without giving me an explanation. You may feel uncomfortable answering some of the questions I may ask. We will ask questions about your education, health, sanitation knowledge, sexual and reproductive health, and violence. Please know that you are not obligated to answer a question you do not want to answer. You can let me know when you don't want to answer a specific question and I'll move on to the next one. We will not share your answers with anyone in your household or community. Only the investigators conducting this study will have access to participants' personal data. Your name will be kept separate from your answers in a private and secure location.

The questions may take up to XX hours of their time. We will leave a card with information about the study and phone numbers in case you want to know more or have questions even after we have visited.

Do you accept to participate?

Signature of Interviewer _____ Date _____

Interviewer : Sign above to indicate verbal consent of respondent. Keep one copy for PI records and leave the second copy with the participant.

Who is sponsoring this study?

This research is funded by WFP, UNICEF, and UNFPA (the sponsors). This means that the research team is paid by the sponsors to conduct the study. If you have any questions about this study, you can contact Dalberg (Tel:) or (Tel:) at Dalberg Research. If you have questions about your rights, you can contact the Department of Health [add federal board information] (Tel:) or the American Institutes for Research Institutional Review Board (Tel: +1 2024035542).

MODULE 0.B.: INFORMED ASSENT (LEGAL MINORS)

Assent is administered to all female and male respondents who are legal minors (<18 years), while informed consent is administered to their legal guardian.

[TO THE INTERVIEWING OFFICER: READ THE SCRIPT BELOW]

The responses provided will help the government of [insert survey country] as well as international organizations such as WFP, UNICEF, and UNFPA understand the needs of families like yours. The information will be used to improve girls' education in your area. Approximately 560 families are participating in this study in [3 regions].

I want to make it clear that there is no direct benefit to you or your household for participating in the survey. If you do not agree to participate in the study, it will not change any services or benefits that your household or any of its members currently receive or may receive in the future. If you agree to participate, you may stop at any time without penalty and without giving me an explanation. You may feel uncomfortable answering some of the questions I may ask. We are going to ask questions related to your education, health, sanitation, relationships, sexual health, and violence you may have seen or felt. Please know that you are not obligated to answer a question you do not want to answer. Just let me know when you don't want to answer a specific question and I'll move on to the next one. We will not share your answers with anyone in your household or community. Only the investigators conducting this study will have access to participants' personal data. Your name will be kept separate from your answers in a private and secure location.

The questions may take up to XX hours of your time. We will leave a card with information about the study and with phone numbers in case you want to know more or have questions even after our visit.

Do you agree to participate?

Investigator's signature _____ Date _____

Investigator: Sign above to indicate verbal consent of participant. Keep one copy for IP records and leave the second copy with the participant.

Who is sponsoring this study?

This research is funded by WFP, UNICEF, and UNFPA (the sponsors). This means that the research team is paid by the sponsors to conduct the study. If you have any questions about this study, you can contact Dalberg (Tel:) or (Tel:) at Dalberg Research. If you have questions about your rights, you can contact the Department of Health [add federal board information] (Tel:) or the American Institutes for Research Institutional Review Board (Tel: +1 2024035542).

MODULE 1: EDUCATION AND ASPIRATIONS

1	1b	2	3a	3b	4	5a	5b
Are you currently enrolled in school?	If yes, what school-level are you currently enrolled in?	If so, what grade are you in this year?	How many days of school did you attend last week? [If last week was vacation, record	If you were absent at least one "d"y, why did you miss school last week?	To what extent do you agree or disagree with this statement: "I feel safe at school".	If not, when was the last time you went?	[Enter 98 if ever attended]

Yes = 1 No = 2 >> Q5	Primary=1 Secondary=2	[See codes]	"9" 0 or 9 >> Q4	[See codes]	Strongly disagree=1 Disagree=2 Neutral=3 Agree=4 Strongly agree=5 >>Q9	MONTH	YEAR
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16.

6	7	8	9	10	11
What is the highest grade you have completed? [See codes]	Why did you stop going to school? [See codes]	To what extent do you agree or disagree with this statement: "I felt safe at school". Strongly disagree=1 Disagree=2 Neutral=3 Agree=4 Strongly agree=5	Imagine that you have no constraints and can study for as long as you want, or go back to school if you have already left. Ideally, what level of formal education would you like to complete? [See codes]	Imagine being able to choose who and when you get married. IDEALLY, at what age would you like to get married? Already married = 98 Never married = 97	Imagine that you are able to choose how many children you want. IDEALLY, assuming they all live to adulthood, how many children would you like to have?

Codes for level of education :	1=Ci 2=CP 3=CE1 4=CE2 5=CM1 6=CM2 7=6ème 8=5ème 9=4ème 10=3ème 11=2nd 12=1ère 13=Term ^{nia} 14=Uni 1 15=Uni 2 16=Uni 3 17=Uni 4 18=Uni 5 [training school] 19=EF 1 20=EF 2 21=EF 3 22=EF 4 99=Aucun
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Codes for reasons for missing school :	1=Acquired all the education desired 2=No money for school fees or uniforms 3=Too old to continue 4=Marriage/sickness 5=Sickness or disability 6=Found a job 7=Not interested, lazy 8=Parents stopped allowing
	9=Had to work or help at home 10=Poor school/popular school 11=Poor teaching/teachers often absent 12=School too dangerous for girls 13=School too far from home
	14=Left to others 15=Failed promotion exam 16=Dismissed/expelled 17=Safety/security 18=Other (specify)
Codes for reasons of dropping out/stop attending school :	1=Acquired all the education desired 2=No money for school fees or uniforms 3=Too old to continue 4=Marriage/sickness 5=Sickness or disability 6=Found a job 7=Not interested, lazy 8=Parents stopped allowing
	9=Had to work or help at home 10=Poor school/popular school 11=Poor teaching/teachers often absent 12=School too dangerous for girls 13=School too far from home
	14=Left to others 15=Failed promotion exam 16=Dismissed/expelled 17=Safety/security 18=Other (specify)

MODULE 2: HEALTH AND NUTRITION SELF-EVALUATION

1	2	3	6	7
How would you rate your overall health? Poor=1 Fair=2 Good=3 Very good=4 Excellent=5	Have you had an illness or injury in the last 2 weeks? Yes=1 No=2 >> Q8	What was the most recent illness or injury? [Select all that apply]. Fever = 1 Loose stools / diarrhea = 2 Cough / chest pain = 3 Other, specify = 4	Did your caregiver do anything when you were sick? Yes=1 No=2 >> Q8	What did your caregiver do when you were sick? [Select all that apply]. 1=Give you extra food 2=Give you medicine 3=Took you to the doctor/pharmacy 4=Other, please specify

4	5	8	9	10
<p>Did you miss any days of school due to illness?</p> <p>Yes=1 No=2 >>Q8 Not currently attending = 3 >> Q19</p>	<p>How many days of school did you miss the last time you were sick?</p> <p>[Enter a number from 1 to 14]</p>	<p>During the past school week, have you had trouble concentrating at school? For example, did you have trouble paying attention to what your teacher was saying, staying in your seat during a lesson, or concentrating on class activities?</p> <p>Yes=1 No=2 >> Q11</p>	<p>How often did you have trouble concentrating at school?</p> <p>1=Rarely 2=Sometimes 3=Most of the time 4=All the time</p>	<p>Why did you have trouble concentrating in school?</p> <p>[Select all that apply]</p> <p>1=hungry 2=Sick 3=Fatigued 4=Other, please specify</p>
11	12	13	14	15
<p>When was the last time you had a medical exam at school?</p> <p>A physical is when a doctor or nurse examines you to make sure you are healthy, even if you don't feel sick (for example, during a school physical).</p> <p>1=Last week</p>	<p>How often do you have medical checkups at school?</p> <p>1=Every month 2=A few months 3=Every year 4=Less than once a year 5=Never</p>	<p>Did you receive deworming tablets at school last year (2021-2022)?</p> <p>1=Yes 2=No 99=Don't know</p>	<p>Did you receive a vitamin or micronutrient pill or tablet at school last school year (2021-2022)?</p> <p>1=Yes 2=No 99=Don't know</p>	<p>If yes, what supplements did you receive? [Select all that apply]</p> <p>1=Iron 2=Folic acid 3=Vitamin C 4=Vitamin A 5=Other, specify</p>

2=Last month 3=Previous year 4=More than a year ago 5= Never				
16	17a	17b	17c	17d
How many meals and snacks do you usually eat at school each school day (i.e. week during the school year)? 0 >> Q19 1 2 3 or more=3	What meals do you eat at school? For each meal, select the answer: 1=Yes 2=No			
	Breakfast	Lunch	Dinner	Snack
18	19	20	21	22

<p>Who provides the meals you eat at school?</p> <p>1=School 2=Guardian/parent 3=Yourself 4=Other, please specify</p>	<p>Do you have difficulty hearing?</p> <p>1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform any activity at all</p>	<p>Do you have difficulty walking or climbing stairs?</p> <p>1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform the activity at all</p>	<p>Do you have trouble remembering or concentrating?</p> <p>1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform the activity at all</p>	<p>Do you have difficulty communicating (verbally)?</p> <p>1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform the activity at all</p>
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MODULE 3: WASH KAP			
Question		Instruction	Response
1	Do you use toilets at school?		1 - Yes 0 - No
2	If answered "No", ask why not?	Select all that apply. Do not read response options.	0- No functioning toilet 1 - No toilet paper 2 - No soap in the toilet 3 - No water in the toilet 4 - No privacy 5 - Out of order 6 - Smells bad 7 - Dirty 8 - Not safe 9 - Mixed with students of opposite gender 10 - Other, specify

3	If answered "No", ask Where do you go when you need to urinate/defecate?		1 - Bush 2 - River 3 - Went home to use latrine 4 - Other, specify
4	How important is it to dispose of human feces (and not leave them outside)?		1 - Not important 2 - A little important 3 - Rather important 4 - Very important
5	Why is it important to dispose of human feces (and not leave them outside)?	Select all that apply. Do not read response options.	1 - Contains germs 2 - Contaminate soil and water 3 - Bad smell 4 - Other, specify 88 - DK
6	What is the proper way to use the toilet? Describe the steps you should do when using a latrine from entering the latrine to exiting the latrine area. Did the student mention any of the following:		
a	Defecating/urinating in the toilet bowl		1 - Yes 0 - No
b	Cleaning yourself after defecating/urinating with toilet paper or water		1 - Yes 0 - No
c	Throwing toilet paper in the toilet or in the basket (not on the floor)		1 - Yes 0 - No
d	Not throwing solid objects into the toilet		1 - Yes 0 - No
e	Flushing the toilet with water after use		1 - Yes 0 - No

f	Washing hands after using the toilet		1 - Yes 0 - No
7	What do you use to clean yourself after using the toilet?	Select all that apply. Do not read response options.	1 - Paper 2 - Water 3 - Nothing 4 - Other, specify
8	Is there a trash bin / waste pit in your school?		1 - Yes 0 - No
9	How do you dispose of waste / trash?	Select all that apply. Do not read response options.	1 - Put it in a trash bin / trash pit 2 - Throw it on the ground 3 - Other, specify
<i>Drinking water</i>			
10	Where do you get your water for drinking from at school?	Select all that apply.	1 - They give us boiled water 2 - They give us unboiled water 3 - Piped water 4 - Tank 5 - Well 5 - Other, specify
11b	Is it important to drink water from a safe source?		1 - Not important 2 - A little important 3 - Rather important 4 - Very important

13	Why is it important to drink water from a safe source?	Select all that apply. Do not read response options.	1 - Reduced likelihood of germs, microorganisms 2 - Reduces chance of illness (diarrhea) 3 - Gives water better taste 4 - Other, specify 88 - DK
12	How likely do you think you are to become sick, such as having stomach ache or diarrhea, from drinking water from unsafe source?		1 - Not likely 2 - Not sure 3 - Likely
Handwashing			
15	Can you describe how you wash your hands?	Select all that apply. Do not read response options.	1 - Washes hands in a bowl of water (sharing with other people) 2 - With someone pouring a little clean water from a jug onto one's hands 3 - Under running water 4 - Washes hands with soap or ashes 5 - Other, specify

16	At what moment did you wash your hands today? If interview takes place early in the morning, ask about yesterday.	Select all that apply. Do not read response options.	<ul style="list-style-type: none"> 1 - Before eating 2 - After eating 3 - After defecation 4 - After playing games 5 - After throwing out the garbage or cleaning 6 - After coming home from school or market 7 - After feeding or caring for animals 8 - After cleaning/wiping baby brother or sister 9 - Before preparing food 10 - Other, specify
17	What portion of your classmates wash hands after using the bathroom?		<ul style="list-style-type: none"> 1 - None 2 - Some 3 - Most 4 - All
18	What portion of your classmates wash hands before meals?		<ul style="list-style-type: none"> 1 - None 2 - Some 3 - Most 4 - All
19	Do you use handwashing stations at school?	A handwashing station can be a sink, a tap with a bucket, a tippy tap - anything that provides clean running water.	<ul style="list-style-type: none"> 0 - No 1 - Yes 2 - There are no handwashing stations at school >> <i>Skip to next module</i>

20	If answered "No", ask why not?	Select all that apply.	1 - Soap not available 2 - Wash basins not clean 3 - Mixed with students of opposite gender 4 - Out of order 5 - Crowded 6 - Little water 7 - Far from class rooms 8 - Too high to reach 9 - Other, specify
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MODULE 4: SEXUAL AND REPRODUCTIVE HEALTH				
1	2	3	5	6
Do you currently have a boyfriend/girlfriend or spouse/partner? 1=Yes, boyfriend/girlfriend 2=Yes, spouse/partner 3=No >> Q5 99=Refused >>Q5	How old is your boyfriend/girlfriend or spouse/partner? [Enter age in years. Enter 99 if DK]. 99=Refused If not married>>Q5	If you are married, how old were you when you got married? [Enter age in years] 99=Refused	Have you had sexual experiences other than kissing, either by choice or against your will? 1=Yes 2=No >>Q17 99=Refused>>Q17	How old were you when you had your first sexual experience? [Enter age in years] 99=Refused
7	8	9	10	11

<p>Have you ever had sex by choice or against your will? (By sex, I mean when a man puts his penis into a woman's vagina or anus).</p> <p>1=Yes 2=No >> Q17 99=Refused '>Q17</p>	<p>How old were you when you had your very first sexual intercourse?</p> <p>[Enter age in years]</p> <p>99=Refused</p>	<p>In total, how many different people have you had sex with in the past 12 months?</p> <p>[Enter a number]</p> <p>99=Refused</p>	<p>Have you had any relationships that overlapped over the last 12 months (i.e. have you had more than one relationship at a time)?</p> <p>1=Yes 2=No 99=Refused</p>	<p>Did you or your partner use a condom the last time you had sex?</p> <p>1=Yes 2=No 99=Refused</p>
12	13	14	15	16
<p>Have you ever received or given money, gifts, or favors in exchange for sex with this person?</p> <p>1=Yes, received 2=Yes, given 3=Both 4=No 99=Refused</p>	<p>In the past 12 months, has anyone pressured, tricked, or forced you to have sex against your will?</p> <p>1=Pressured 2=Cheated 3=Forced 4=No 99=Refused</p>	<p>In your life, how many different people have you had sex with in total?</p> <p>[Enter a number]</p> <p>99=Refused</p>	<p>In your life, have you ever received or given money, gifts or favors in exchange for sex?</p> <p>1=Yes, received 2=Yes, given 3=Both 4=No 99=Refused</p>	<p>In your life, has anyone pushed, tricked, or forced you to have sex against your will?</p> <p>1=Pressured 2=Cheated 3=Forced 4=No 99=Refused</p>
17	18	19	20	21
<p>When a woman reaches a certain age, she begins to have monthly bleeding (menstrual cycle). Have you started your menstrual</p>	<p>At what age did you first start your monthly bleeding?</p> <p>[Enter age in years]</p>	<p>Have you ever missed school because of your menstrual cycle?</p>	<p>Do you currently use or hav' you ever used sanitary products such as sanitary napkins or</p>	<p>Where did you get the sanitary products?</p> <p>1=I buy them at the store</p>

bleeding? 1=Yes 2=No >> Q35 99=Refused >>Q35	99=Refused	1=Yes 2=No 3=Don't remember 99=Refused	tampons? 1=Yes, currently 2=Yes, previously 3=No >>Q23 99=Refused >>Q23	2=Caregiver 3=A friend 4=School 5=Other, please specify 99=Refused	
22	23	24	25	26	
What is the main reason you do not currently use sanitary products when you cycle? 1=They are not available 2=They are too expensive 3=No place to throw them away 4=Social stigma or shame 5=Other, specify 99=Refused	Have you ever been pregnant? 1=Yes 2=No >> Q35 99=Refused >>Q35	At what age did you first become pregnant? [Enter age in years] 99=Refused	Have you started a pregnancy since 2019? 1=Yes 2=No >> Q29 3=DK 99=Refused	Are you currently pregnant? 1=Yes 2=No >> Q29 3=DK 99=Refused	
27	28	29	30	31	
How many months pregnant are you? [Enter the total number of months that have passed. If less than one month enter 00. Enter 98 if don't know] 99=Refused	Did you seek prenatal care fo' pregnancy since 2019? If yes, from whom? 1=Doctor 2=Nurse 3=Midwife 4=Traditional birth attendant 5=Parent/friend 6=Other, specify 99=Refused	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? If so, how many? [Enter number; enter 98 if you do not know]. 99=Refused	Have you ever given birth to a live child? If so, how many? [Enter a number] 99=Refused	Please indicate the date of birth (month and year) of each child	

				99=Refused.
32	33	34	35	
<p>What is the shortest amount of time you have had between pregnancies? In other words, after one pregnancy ended with a live birth or not, what is the least amount of time that passed before you were pregnant again?</p> <p>[Indicate number and unit] 1=Years 2=Months 99=Refused</p>	<p>Have you ever been pregnant when you didn't want to be?</p> <p>1=Yes 2=No >> Q35 99=Refused >>Q35'Why didn't you want to be pregnant at that time?</p> <p>[Select 'll that apply].</p> <p>1=Concern for health 2=Concern about the health of the baby 3=I have had too many children already 4=Just had a baby 5=Wanted to stay in school 6=Other, specify 99=Refused</p>	<p>Do you know of any family planning methods? If so, which ones? [Select all that apply].</p> <p>0= No >> Q38 1=Pill 2=IUD 3=Injectable 4=Implant 5=Male condom 6=Female condom 7=Traditional method 8=Other : Specify 99=Refused</p>	<p>Do you or your partner currently use any family planning methods?</p> <p>1=Yes 2=No >>Q38 99=Refused >>Q38</p>	
37	38	39	40	41

<p>What family planning method have you or your partner used most recently?</p> <p>1=pill 2=IUD 3=Injectables 4=Implant 5=Male condom 6=Female condom 7=Traditional method 8=Other : Specify 99=Refused</p>	<p>Have you heard of HIV?</p> <p>1=Yes 2=No >>Q50 99=Refused>>Q50</p>	<p>Can a person become infected with HIV through mosquito bites?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>	<p>Can a person become infected with HIV by sharing a meal with an infected person?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>	<p>Can the risk of HIV transmission be reduced by having sex with only one faithful uninfected partner?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>
42	43	44	45	46
<p>Can a person with a healthy appearance have HIV?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>	<p>Does condom use reduce the risk of HIV transmission?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>	<p>Can the risk of HIV transmission be reduced by not having sex?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>	<p>Can a child become infected with HIV through breastfeeding if the mother is HIV positive?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>	<p>Can an infected man be cured of HIV if he has sex with a virgin?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>
47	48	49	50	51

<p>Is there a cure for HIV/AIDS?</p> <p>1=Yes 2=No 3= DK 99=Refused</p>	<p>I don't want to know the results, but have you ever bee' tested for HIV?</p> <p>1=Yes 2=No 99=Refused</p>	<p>Do you know of a place where people can go to get tested for HIV?</p> <p>1=Yes 2=No 99=Refused</p>	<p>Do you think that unprotected sex can lead a woman to become pregnant?</p> <p>1=Yes 2=No 99=Refused</p>	<p>Do you think cleaning the vagina/penis after sex can prevent the risk of STIs?</p> <p>1=Yes 2=No 99=Refused</p>
39				
<p>How can a person become infected with HIV?</p> <p>ENUMERATOR: DO NOT READ ANSWER OPTIONS ALOUD</p> <p>[Select all that apply]</p> <p>1 - through mosquito bites 2 - by sharing a meal wit– an infected person 3- by –aving unprotected sex with someone that has HIV 4 - by having protected sex with someone that has HI– 5 - by kissing someone with HIV 5 - by touching some–ne with HIV 6 - by breastfeedin– 7- Other, specify</p>				

MODULE 5 :GENDER-BASED VIOLENCE

I would now like to ask you about other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial to helping us understand the condition of women in Chad/Niger. Let me assure you that your answers are completely confidential and will not be shared with anyone else in your household. If I ask you a question that you do not want to answer, please let me know and I will move on to the next question.

Q1

Are you currently married, living with a partner as if you were married or in an intimate relationship?

1=Yes

2=No

Ask to girls

Now I'm going to ask you about some of the situations t'at can occur between some women and their husbands/male partners.

	Q2: Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).	Q3: How often has this happened in the past 12 months: often, only sometimes, or not at all?
a : Is/was he jealous or angry if you talked to other men?	1=Yes	1=Often
	2=No-> Proceed to situation B	2=Sometimes
		3=Not in the last 12 months
	-87: Refuse to respond -> Proceed to situation B	-87: Refuse to respond -> Proceed to situation B
	1=Yes	1=Often

b : He accused you wrongly of being unfaithful?	2=No-> Proceed to situation C	2=Sometimes
		3=Not in the last 12 months
	-87: Refuse to respond -> Proceed to situation C	-87: Refuse to respond -> Proceed to situation C
c : He did not allow you to meet your friends?	1=Yes	1=Often
	2=No-> Proceed to situation D	2=Sometimes
		3=Not in the last 12 months
		-87: Refuse to respond -> Proceed to situation D
	-87: Refuse to respond -> Proceed to situation D	
d : He tried to limit your contact with your family?	1=Yes	1=Often
	2=No-> Proceed to situation E	2=Sometimes
		3=Not in the last 12 months
		-87: Refuse to respond -> Proceed to situation E
	-87: Refuse to respond -> Proceed to situation E	
e : He insisted on knowing where you are/were at all times?	1=Yes	1=Often
	2=No-> Proceed to Q4	2=Sometimes
		3=Not in the last 12 months
		-87: Refuse to respond -> Go to Q4
	-87: Refuse to respond -> Go to Q4	

Now I need to ask you a few more questions about your relationship with your current or last husband/male partner.		
	Q4 : Has your current husband/male partner (or your last husband/male partner) ever :	Q5 : How often has this happened in the past 12 months: often, only sometimes, or not at all?
a : said or done anything to humiliate yourself in front of others?	1=Yes	1=Often
	2=No-> Proceed to situation B	2=Sometimes
		3=Not in the last 12 months
	-87: Refuse to respond -> Proceed to situation B	-87: Refuse to respond -> Proceed to situation B
b: threaten to hurt or harm you or someone you care about?	1=Yes	1=Often
	2=No -> move to C	2=Sometimes
	-87=Refuse to answer -> move to C	3=Not in last 12 months
		-87=Refuse to answer
c: insult you or make you feel bad about yourself?	1=Yes	1=Often
	2=No -> move to Q6a	2=Sometimes
	-87=Refuse to answer -> move to Q6a	3=Not in last 12 months
		-87=Refuse to answer
	Q6: Has he or any other partner ever done any of the following things to you:	Q7 : How often has this happened in the past 12 months: often, only sometimes, or not at all?
a : pushed, shaken or thrown something at you?	1=Yes	1=Often
	2=No-> Proceed to situation B	2=Sometimes
		3=Not in last 12 months

	-87: Refuse to respond -> Proceed to situation B	-87=Refuse to answer
b : slapped you ?	1=Yes	1=Often
	2=No-> Proceed to situation C	2=Sometimes
		3=Not in last 12 months
	-87: Refuse to respond -> Proceed to situation C	-87=Refuse to answer
c : twisted your arm or pulled your hair?	1=Yes	1=Often
	2=No-> Proceed to situation D	2=Sometimes
		3=Not in last 12 months
	-87: Refuse to respond -> Proceed to situation D	-87=Refuse to answer
d : hit you with his fist or with something that could hurt you?	1=Yes	1=Often
	2=No-> Proceed to situation E	2=Sometimes
		3=Not in last 12 months
	-87: Refuse to respond -> Proceed to situation E	-87=Refuse to answer
e : kicked you, drugged you, or beat you?	1=Yes	1=Often
	2=No-> Proceed to situation F	2=Sometimes
		3=Not in last 12 months
	-87: Refuse to respond -> Proceed to situation F	-87=Refuse to answer
f : tried to choke you or burn you on purpose?	1=Yes	1=Often
	2=No-> Proceed to situation G	2=Sometimes
		3=Not in last 12 months
	-87: Refuse to respond -> Proceed to situation G	-87=Refuse to answer
g : attacked you with a knife, gun or other weapon?	1=Yes	1=Often
	2=No-> Proceed to situation H	2=Sometimes
		3=Not in last 12 months

	-87: Refuse to respond -> Proceed to situation H	-87=Refuse to answer
h : physically forced you to have sex with him when you did not want to?	1=Yes	1=Often
	2=No -> proceed to situation I	2=Sometimes
	87=Refuse to respond -> proceed to situation I	3=Not in last 12 months
		-87=Refuse to answer
i : physically forced you to perform other sexual acts that you did not want to?	1=Yes	1=Often
	2=No-> Proceed to situation J	2=Sometimes
		3=Not in last 12 months
	-87: Refuse to respond -> Proceed to situation J	-87=Refuse to answer
j : forced you by threats or in any other way to perform sexual acts that you did not want?	1=Yes	1=Often
	2=No-> Proceed to Q7	2=Sometimes
		3=Not in last 12 months
	-87: Refuse to respond -> Proceed to situation Q7	-87=Refuse to answer
Now I would like to know more about the injuries you suffered as a result of any of the actions of your partner that we have discussed. By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones, broken teeth, or other such things.		
Q7. Have you ever been injured as a result of these acts by (any of) your husband/partner(s)? Please think about all of the above.	1=Yes	
	2=No --> Q10	
	-88= Don't know --> Q10	
Q9a. In your life, how many times were you injured by (any of) your husband/partner(s)?	-87= Refused to answer -->Q10	
	2= Multiple (3-5) times	
	3= Multiple (more than 5) times	
	-88= Don't know	
	-87= Refused to answer	
	1=Yes	

Q9b. Has this being injured) happened in the last 12 months?	2=No	
	-88= Don't know	
	-87=Refused to answer	
Many women experience various forms of violence in their lives from people they know, from other people they know and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations.		
Q10. Has anyone ever beaten or physically abused you in any way? (For women with a current partner, other than your partner/husband)	1=Yes	Q11. If so, who did this to you? [Select all that apply]
	2=No → Q12	1=Father
	-88=@Don't know	2 = Father in law
	-87=@Refused to answer'3=Other male family member	
		4=Female family member
		5=Teacher
		6=Police/Soldier
		7=Male family friend
		8 = Female famlily friend
		9=Boyfriend
		10=Stranger
		11=Someone at work
		12=Priest/religious chief
		998=Other, specify
	88=Don't know	
	87=Refused to answer	
Q12. Has anyone ever forced you to have sex or perform a sexual act when you did not want to? (For women with a current partner, other than your partner/husband)	1=Yes	Q13. If so, who did this to you? [Select all that apply]
	2=No -> Q14	1=Father
	88=Don't know -> Q14	2 = Father in law
	-87=Refuse to 'espond-> Q14	3=Other male family member

		4=Female family member
		5=Teacher
		6=Police/Soldier
		7=Male family friend
		8 = Female family friend
		9=Boyfriend
		10=Stranger
		11=Someone at work
		12=Priest/religious chief
		998=Other, specify
		88=Don't know
		87=Refused to answer
Q14. Can you remember if anyone in your family has ever touched you sexually or made you do anything sexual that you didn't want to do?	1=Yes	Q15. If so, who did this to you? [Select all that apply]
	2=No	1=Father
	88=Don't know	2 =Father in law
		3=Grandfather
		4=Mother
		5 =Mother in law
		6=Grandmother
		7=Brother
		8=Sister
		9=Uncle
		10=Aunt
		11=Other male family member
		12=Other female family member
	999=Other, specify	
	88=Don't know	

Q16. Thinking about what you've experienced of the different things we've talked about, in the last 12 months, have you ever talked to anyone about this or sought help from services to prevent it from happening?	Yes 1	
	No 2	
	-87=Refuse to respond	
Q17. Who did you tell?	Friends A	
	Parents B	
REGISTER ALL PERSONS MENTIONED	Brother or sister C	
	Uncle or aunt D	
PROBE: Anyone else?	Husband/partner's family E	
	Children F	
	Neighbours G	
	Police H	
	Doctor/health agent I	
	Priest/religious chief J	
	Advisor K	
	NGO/women's organization L	
	Local leader M	
	Other, specify X	

MODULE 6: BBGE PROGRAMME

1	2	3	4	5	6
<p>Have you heard of the BBGE/AGAPE program?</p> <p>1=Yes 2=No</p>	<p>Have you received meals at school in the past 3 school years (2019-2022)?</p> <p>1=Yes 2=No >> Q4</p>	<p>Which meals have you received at schools ?</p> <p>1=Breakfast 2=Lunch 3=Dinner (snacks)</p>	<p>Have you or your family ever received financial support to help you with your education?</p> <p>1=Yes 2=No >> Q7 8=DK >> Q7</p>	<p>Who provided this financial support?</p> <p>1=Other family member 2=Friend 3=Neighbor 4=Other community member 5=BBGE/AGAPE program 6=Government 7=Other, please specify</p>	<p>Do you know how much you received? If yes, please tell me how much you received (in CFA).</p> <p>[Enter amount]</p> <p>Enter -99 if DK</p>

7	8	9	10	11	12
<p>Did you receive a welcome to school kit?</p> <p>1=Yes 2=No >> Q10</p>	<p>How often did you receive the welcome kit?</p> <p>1=Every year 2=Once only 3=Every quarter 4=Other, please specify</p>	<p>What was the value of the welcome kit?</p> <p>[Enter amount]</p> <p>Enter -99 if DK</p>	<p>Have you participated in any extracurricular learning activities?</p> <p>1=Yes 2=No >> Q13</p> <p>[Chad only]</p>	<p>If so, for which lessons?</p> <p>[Select all that apply]</p> <p>1=Mathematics 2=Biology 3=Life and Earth Sciences 4=French 5=Other, please specify</p>	<p>How often did you attend these classes/tutorials after school?</p> <p>1=Every day 2=3 times a week 3=Two times a week 4=Once a week 5=Less than once a week</p>

13	14	15	16	18	17
<p>Do you have a birth certificate?</p> <p>1=Yes 2=No 8=DK</p>	<p>Have you received micronutrient supplementation at school since 2019?</p> <p>1=Yes 2=No >> Q16</p>	<p>If yes, what supplements did you receive?</p> <p>[Select all that apply]</p> <p>1=Iron 2=Folic acid 3=Vitamin C 4=Vitamin A 5=Other, specify</p>	<p>Have you received deworming treatment at school since 2019?</p> <p>1=Yes 2=No</p>	<p>Please tell us what topics were covered in these trainings and events. Check all that apply.</p> <p>1=WASH 2=Nutrition 3=Girls' education 4=GBV or FGM 5=Sexual and Reproductive' Health 6=Child marriage 7=HIV 8=Leadership 9=Relationships 10=Other, specify</p>	<p>Have you received/participated in any trainings or events in the community focused on health, education or girls since 2019?</p> <p>1=Yes 2=No>>Q19 8=DK>>Q19</p>
19	19		20		21
<p>Please tell us what topics were covered in these trainings and events. Check all that apply.</p> <p>1=WASH 2=Nutrition 3=Girls' education 4=GBV or FGM 5=HRH 6=Child marriage 7='IV 8=Other, specify</p>	<p>Have you received a hygiene kit or MHM kit at school since 2019?</p> <p>1=Yes, both 2=Yes, a hygiene kit 3=Yes, MHM kit 4=No >> Q21</p>		<p>Please list all items that were in your kit. Check all items that apply.</p> <p>1=A bucket 2=Underwear 3=Personal hygiene pads 4=Soap 5=Perfume 6=Storage bag 7=Towel 8=Other, please specify</p>		<p>Did you receive sanitary napkins at school that were not part of a kit?</p> <p>1=Yes 2=No</p>

22	23	24	25	26
<p>Did you receive information about health services, particularly Sexual and Reproductive Health services, available in your community while in school?</p> <p>1=Yes 2=No >> Q24</p>	<p>Who provided this information?</p> <p>1=Community health workers 2=Teachers 3=Directors/administrators 4=NGOS 5=Other, specify</p>	<p>Have you heard about the safe spaces available in your community? If so, have you participated?</p> <p>1=Yes, there are safe spaces in my community but I have not been to one 2=Yes, there are safe spaces in my community and I have participated 3=No, I do not know of any safe spaces in my community >> Q26 4=DK >> Q26</p>	<p>If you know about safe spaces, can you tell me what they offer? Check all that apply.</p> <p>1=A place to make friends 2=Information about sexual and reproductive health 3=Information on GBV 4=Shelter for victims of GBV 5=Associations for women 6=Other, please specify</p>	<p>Have you heard messages about girls' education on the radio in your community?</p> <p>1=Yes'2=No</p>

27	28	29	30	31
<p>Have you heard of the Husband-to-be Club? If so, did you participate?</p> <p>1=Yes, I have heard of the club but have not participated. 2=Yes, I have heard of this club and have participated. 3=No, I have not heard of this club >> Q29 4=DK >> Q29</p>	<p>If you know about the Future Husbands Club, can you tell me what it offers? Check all that apply.</p> <p>1=A place to meet your future wife 2=A place to make friends 3=Information on how to be a good husband 4=Health information 5=Information on reproduction/family planning 6=Information on child marriage 7=Information on education, especially for girls 8=Other, please specify</p>	<p>Does your school have a school health club? If yes, have you ever participated?</p> <p>1=Yes, my school has a club but I have never participated >> Q31 2=Yes, my school has a club and I have attended 3=No, my school does not have a club >> Q31 8=DK >> Q31</p>	<p>If you participated in the health club, please tell us what topics you discussed at these meetings. Check all that apply.</p> <p>1=Handwashing 2=Nutrition 3=MHM 4=SRH 5=GBV or FGM 6=HIV 7=Other, please specify</p>	<p>Does your school have a person attending minor health issues? For instance, someone who provides medicines from a pharmacy box when children feel sick.</p> <p>1=Yes 2=No 3=DK</p>

- Niger Only
- Common for Chad or Niger
- Only for Chad (some of the beneficiaries are women but questions can be asked to men too)

Focus Group Discussion with Parents/Caregivers

Introduction & Consent

Background

1. Please introduce yourself and tell me how many children you have at [school], their genders, and their ages.

Relevance, Effectiveness, and Impact

2. What are the main barriers that girls face in completing primary school in your community? And secondary school? Please explain.
 - a. In your community, how do parents try to support girls' access to education?
3. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to improve girls' education? Please tell me what you know about the program.

(Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

- a. Has the BBGE program promoted education in this community? If yes, how? If not, why not?
- b. How do you feel this program has contributed to girls' education? Give reasons for your answer.
- c. Have your children received any benefits from the BBGE program? Please describe.
- d. In this community, has the perception of girls' education changed as a result of the BBGE program? How?
- e. Have you received any training as part of the BBGE program (e.g., GBV, nutrition, prevention of early marriage)? If yes, please describe.

Component specific, ask most relevant:

4. Now we'd like to ask you about some of the specific activities under the BBGE program.
 - a. **School meals**
 - i. How would you describe the regularity of school meals? (During the last school year? And now?)
 - ii. What worked well about the school meals?
 - iii. Was there anything you did not like about the distribution of school meals?
 - iv. Do you think school meals were helpful in supporting girls' education? Why or why not?
 - b. **Cash transfers**

- i. Who are the beneficiaries of cash transfers? Please describe.
 - ii. Do you think cash transfers were helpful for keeping your girl children in school? Why or why not?
 - iii. How were cash transfers used by beneficiaries?
 - c. **School-based training on nutrition/nutritious foods**
 - i. Did you or your children receive information on nutrition and nutritious foods? Please describe what you learned and what was most useful about this training.
 - ii. What additional information do you/your children need on nutrition and nutritious foods?
 - iii. Do you think that there is a link between these formations and girls' education? Please explain.
 - d. **Supplements (iron, folic acid) and deworming**
 - i. Did your children receive iron and folic acid supplements and deworming through BBGE?
 - ii. What worked well about the distribution of these supplements and deworming?
 - iii. Was there anything you did not like about the distribution of these supplements and deworming? (e.g., delivery, uptake)
 - iv. Do you think that there is a link between these supplements and girls' education? Please explain.
 - e. **SRH (Sexual and Reproductive Health)-related activities**
Now I'd like to ask you about the program's SRH-related activities.
 - i. Did your child's school set up an infirmary (In Niger: or was it visited regularly by a nurse) as part of BBGE? Did your children receive sex education or SRH counseling? Are you aware of SRH kits in school health facilities or in the local health center?
 - ii. Are you aware of any safe spaces or mentoring for girls? Were these in the school or community? Please describe.
 - iii. What worked well about these SRH supports? *Probe for each component: infirmaries, sex education, SRH counseling, SRH kits, mentorship, safe spaces*
 - iv. Was there anything that you disliked about these SRH programs?
 - v. Did you find any of these SRH-related supports helpful for supporting your girl children's education? Please describe.
 - f. **WASH**
Now I'd like to ask you about the program's WASH-related activities.
 - i. Do you know if the BBGE program helped your children's school rehabilitate its WASH infrastructure? What other sanitation hygiene services or activities did your child's school receive through BBGE?
 - ii. What were the biggest strengths of the WASH activities?
 - iii. Was there anything you did not like about the WASH activities?
 - iv. Did you find these WASH activities helpful for supporting girls' education? Please describe.
5. If the BBGE program were to continue, are there any activities you would change? Please explain.

Coherence and Efficiency

6. Are you aware of any delays in any of the program activities? Please explain. Which activities were delayed, and for how long? What caused the delays?
7. Did school closures (for COVID or other reasons) affect BBGE activities? Please explain.

Sustainability

8. Would you like for BBGE activities to continue? Which ones in particular?
9. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
10. What are the barriers to continuing BBGE activities without external support? (Probe for specific activities: SRH support, school meals, WASH activities)
11. Do you think that the achievements of the project can be sustained after the project has ended?
 - a. If the project should continue, what else needs to be done to sustain the investments?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you very much for your time.*

Focus Group Discussion with Community Members

Background

1. Please introduce yourself and tell me how long you've been in this community. What is your role in the community?

Relevance

2. What are the main barriers adolescent girls face in completing primary school in your community? And secondary school? Please explain.
 - a. In your view, is it easy for adolescent girls to access education in this area? What are some of the key obstacles girls face in pursuing their education?
 - b. In your community, how do you try to support girls' access to education? If so, please explain.



Note to facilitator:

- *Prepare for the activity by drawing a tree on a flipchart before meeting respondents. Leave the tree blank and fill it in with respondent answers throughout the activity.*
- *First, write “GBV” on the trunk when you introduce the topic to the FGD participants.*
- *Then, record their responses about the causes of GBV underneath the roots of the tree and record their responses to the consequences of GBV in the top part of the tree.*
- *This activity should take 30 minutes. Please take a photo of the flipchart papers at the end of the FGD.*

Activity on Gender-Based Violence

3. We will now do an activity together. This activity will help me understand more about gender and gender-based violence in this community.

- First, can someone please tell me what is meant by the term “gender-based violence”?
- Thank you. Our activity today is called a “problem tree,” and it is a tool for understanding the causes and effects of an issue. In this tree, the trunk is gender-based violence. That is the core issue we will talk about. In particular, we will focus on gender-based violence against adolescent girls, aged 10-19.
- Let’s make sure we all understand the issue first. **Can you think of any types of actions that would be considered gender-based violence?**
- Now I want to ask: What can we define as the roots of the tree? That is to say, **what are the causes of gender-based violence in this community?**
- Lastly, we will look at the branches and leaves, which are the consequences or the effects of the issue. **What are the consequences of gender-based violence on adolescent girls in this community?**

Do we all agree on this diagram? Great! Let’s continue with our discussion.

Effectiveness and Impact

4. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to improve girls' education? Please tell me what you know about it.

(Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

- a. How did you hear about the project activities?
- b. Has the BBGE program promoted education in this community? If yes, how? If not, why not? Were you involved?
5. Now we'd like to ask you about some of the specific components of the BBGE project.
 - a. **Gender-based violence (GBV)**
 - i. Have you participated in any trainings or activities on the topic of gender-based violence?
 - ii. Did you learn anything new during the training? If so, what?
 - iii. Did the training change your opinions or beliefs in any way? Please explain.
 - iv. Was there anything you didn't like about these trainings?
 - v. Do you think the training addressed any of the root causes of GBV that we just discussed? Why or why not?
 - vi. In your view, did trainings on gender-based violence have any impact on yourself or your community? Please explain.
 - b. **Water, sanitation, and hygiene (WASH)**
 - i. Have you participated in any trainings or activities on the topic of sanitation and hygiene as part of the BBGE project? (e.g., toilets, handwashing, water)
 - ii. Did you learn anything new during the training? If so, what?
 - iii. Did the training change your opinions or beliefs in any way? Please explain.
 - iv. Was there anything you didn't like about these trainings?
 - v. In your view, did trainings on sanitation and hygiene have any impact on yourself or your community? Please explain.
 - c. **Sexual and reproductive health (SRH)**
 - i. Have you participated in any trainings or activities on the topic of sexual and reproductive health (including menstrual health)?
 - ii. Did you learn anything new during the training? If so, what?
 - iii. Did the training change your opinions or beliefs in any way? Please explain.
 - iv. Was there anything you didn't like about these trainings?
 - v. In your view, did trainings on sexual and reproductive health have any impact on yourself or your community? Please explain.
 - d. **Attitudes towards girls' education**
 - i. Have you participated in any trainings or activities on the topic of girls' education?
 - ii. Did you learn anything new during the training? If so, what?
 - iii. Did the training change your opinions or beliefs in any way? Please explain.
 - iv. Was there anything you didn't like about these trainings?
 - v. In your view, did trainings on girls' education have any impact on yourself or your community? Please explain.

6. Aside from the ones we talked about, are there any other activities you participated in as part of the BBGE project? Please describe.
7. Of the activities you participated in, which activity did you enjoy most? Why?
 - a. Which activity would you change if you could? Why?
 - b. Are there any activities that you would add, if the BBGE project were to be continued? Which ones?
8. Overall, do you think your ability to support access to education (especially for girls) has changed because of the BBGE program? Why or why not?

Coherence and Efficiency

We are nearing the end of the discussion. I have just a couple of final questions about the organization of the project.

9. To your knowledge, were BBGE activities delivered together as one program? Or did it seem like numerous programs? Please explain.
10. Were the program activities interrupted at any time? What caused the interruption? Which activities were affected?

That brings me to the end of my questions. Is there anything else you would like to share with me about girls' education in this area or the BBGE project?

Thank you for your time!

Key Informant Interview with School Directors and Teachers

Introduction & Consent

Background

1. Please introduce yourself and tell me how long you've been working at [school]. What is your role at [school]?

(Note to the enumerator: Take care that the school directors and teachers know the project well and, for instance, are not new to their role.)

Relevance, Effectiveness, and Impact

2. What are the main barriers girls face in completing primary school in your community? And secondary school? Please explain.
 - a. In your view, is it easy for girls to access education in this area? What are some of the key obstacles girls face in pursuing their education?
 - b. In your role as a [director/teacher], how do you try to support girls' access to education in this area?
3. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to improve girls' education? Please tell me what you know about the program.

(Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

- a. Has the BBGE program promoted education in this community? If yes, how? Were you involved?
- b. How do you feel this program has contributed to girls' education? Give reasons for your answer.
- c. In thi' community, has the perception of girls' education changed as a result of the BBGE program? How?
- d. Have you received any training as part of the BBGE program (e.g., GBV, nutrition, prevention of early marriage)? If yes, please describe.
- e. Do you think your ability to support access to education (especially for girls) has changed because of the BBGE program? Why or why not?

Component specific, ask most relevant:

4. Now we'd like to ask you about some of the specific activities under the BBGE program.
 - a. **School meals**
 - i. How would you describe the regularity of school meals? (During the last school year? And now?)
 - ii. What worked well about the school meals?
 - iii. What were the biggest challenges related to the distribution of school meals?
 - iv. Do you think school meals were helpful in supporting girls' education? Why or why not?
 - b. **Cash transfers**
 - i. Who are the beneficiaries of cash transfers? Please describe.
 - ii. How do you feel these scholarships have helped them stay in school? Give reasons or justification for your answer.
 - iii. Do you know how the scholarships are used by the students who receive them?
 - c. **School-based training on nutrition/nutritious foods**
 - i. Did you or your students receive information on nutrition and nutritious foods? Please describe.
 - ii. What was the most helpful information you/your students received on nutrition and nutritious foods?
 - iii. Do you have any recommendations of how to improve these nutrition trainings? Please explain.
 - iv. Do you think the nutrition-related information was helpful in supporting girls' education? Why or why not?
 - d. **Supplements (iron, folic acid) and deworming**
 - i. Did students in your school consistently receive iron and folic acid supplements and deworming through BBGE?
 - ii. What worked well about providing these supplements and doing deworming?
 - iii. What were the biggest challenges of providing these supplements and doing deworming? (e.g., delivery, uptake)
 - iv. Do you feel that there is any the relationship between these supplements and girls' education? Please explain.
 - e. **SRH (Sexual and Reproductive Health)-related activities**

Now I'd like to ask you about the program's SRH-related activities.

- i. Did your school set up an infirmary (In Niger: or was it visited regularly by a nurse) as part of BBGE? Did you receive support to provide sex education or SRH counseling to girls? Did you receive SRH kits in health facilities?
- ii. Were there safe spaces and mentoring for girls? Were these in the school or community? Please describe.
- iii. What worked well about these SRH supports? *Probe for each component of SRH: infirmaries, sex education, SRH counseling, SRH kits, mentorship, safe spaces*
- iv. What were the biggest challenges in providing the SRH supports?
- v. Did you find any of these SRH-related supports helpful for supporting girls' education? Please describe.

f. WASH

Now I'd like to ask you about the program's WASH-related activities.

- i. Did the BBGE program help your school rehabilitate its WASH infrastructure? What other sanitation and hygiene services did your school receive through BBGE? (e.g., formation of school WASH committees; renovation of latrine, handwashing, or water infrastructures)
- ii. What were the biggest strengths of the WASH activities?
- iii. What were the biggest challenges of the WASH activities?
- iv. Did you find these WASH activities helpful for supporting girls' education? Please describe.

- 5. Did you change any parts of the program to better fit the needs of your school or the adolescent girls in this community? If yes, how so? *Prompt respondent to provide concrete examples of adaptations.*
- 6. If the BBGE program were to continue, are there any activities you would change? Please explain.

Coherence and Efficiency

- 7. To your knowledge, did the project beneficiaries (girls) participate in more than one activity within the BBGE program? (In other words, was the program able to reach the same beneficiaries through its different components?)
- 8. Were BBGE activities delivered together as one program? Or did it seem like numerous programs?
- 9. Did the program encounter any delays? Please explain. Which activities were delayed, and for how long? What caused the delays?
- 10. Did you change any program activities to better fit the needs of your school or the adolescent girls in this community? If yes, how so? Please provide concrete examples of adaptations.
- 11. Did school closures (for COVID or other reasons) affect BBGE activities? Please explain.

Sustainability

- 12. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
 - a. For example, the school gardens? The clubs?

13. What are the obstacles to the sustainability of BBGE activities without external support?
14. If the project should continue, what else needs to be done to sustain the investments?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you very much for your time.*

Focus Group Discussion with Female Adolescents

Introduction & Consent

Background

1. Please introduce yourself by telling me your name, your grade, and your favorite soccer team (or your favorite “Dandali” film actor).

Note to facilitator:

- *In the first part of the activity, you will take each card out one at a time, define it with the group, and use tape to attach it to the flipchart paper labeled with the categories below. Ask the girls to explain the term, and try to make sure that everyone understands the term before categorizing it.*
- *In the second part of the activity, you will move the cards up and down within the category, with the biggest barriers (the ones that really prevent girls from succeeding in school) at the top.*
- *Probe discussion throughout by asking girls if they agree with the categorization or ranking proposed by another. Ask for clarification about how they understand the term (e.g., What do you consider to be a ‘long distance’ to school?).*
- *This activity should take 30 minutes. Please take a photo of the flipchart papers at the end of the FGD.*

Relevance –Barriers to Girls Education

2. We will start with an activity. The activity will help me understand some of the challenges to getting a good education in this community.

- a. First, I'm going to show you some cards with things that some people think prevent girls from going to school. We will define each one and then you will help me arrange the cards based on how big of an issue it is. Does it...**affect all girls, affect many girls, affect some girls, or affect no one?**
 - i.Lack of school materials
 - ii.Early marriage (under 18 years old)
 - iii.Pregnancy
 - iv.Gender-based violence from teachers, students, or community members
 - v.Conflict or insecurity near your home or school
 - vi.Sickness
 - vii.Menstruation
 - viii.Lack of interest in school
 - ix.Too many household responsibilities
 - x.Long distance to school
 - xi.Poor sanitation/facilities at school
 - xii.The pandemic COVID-19 (school closures)
- b. Before we move on, are there any more factors we should add? Are there any other things that make it difficult for girls to study?
- c. Now that we have categorized these cards. We will look at each category and arrange the cards based on their importance.
 - i.In the “affects all girls” category, which card lists the biggest barrier to education? Which card lists the next biggest barrier? ...
 - ii.In the “affects most girls” category, which card lists the biggest barrier to education? Which card lists the next biggest barrier? ...
 - iii.In the “affects few girls” category, which card lists the biggest barrier to education? Which card lists the next biggest barrier? ...
- d. Do we all agree on how we've ordered the cards? Great! Let's continue with our discussion.

Effectiveness and Impact

3. Have you heard of the project implemented by WFP, UNFPA, and UNICEF which aims to support girls education? Please tell me what you know about it.

(Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

4. Now we'd like to ask you about some of the specific activities the BBGE project did.
 - a. **School meals (only for CM level students)**
 - i.How do you feel about the regularity of school lunches? (In the past year? And in the present?)

- ii. Did you like having meals provided at school? If so, what did you like about them?
- iii. Was there anything you didn't like about the meals?
- iv. Do you think these meals impacted your attendance or performance at school?
- b. **Cash transfers**
 - i. Did anyone in the group receive a cash transfer a part of the project?
 - ii. Was the cash transfer helpful? Why or why not?
 - iii. Was there anything you didn't like about the cash transfer program?
 - iv. Do you think the cash transfer impacted your attendance or performance at school? Why or why not?
 - v. How did you use the cash transfer that you received?
- c. **School-based trainings**
 - i. Have you joined any trainings or clubs at your school, as a part of BBGE? Please describe them. (*Probe for trainings on WASH, SRH, and GBV.*)
 - ii. Does your school have something called a "safe space" for girls? If so, what do you do there? If not, do you have another structure to turn to?
 - iii. What did you enjoy about these activities?
 - iv. What did you dislike about them?
- d. **WASH and Health**
 - i. To your knowledge, have your school sanitation facilities (latrines, water) recently been repaired as part of the BBGE project?
 - ii. To your knowledge, has your school set up a school infirmary or been regularly visited by a nurse?
 - iii. What did you enjoy about these activities?
 - iv. What did you dislike about these activities?
- e. Aside from the ones we talked about, are there any other activities associated with the BBGE project that you know about?
- f. Prior to the project, how do you feel about your school participation and attendance, as well as your class concentration and academic performance?
 - i. What change do you see after the project? To what do you attribute this change?

Coherence and Efficiency

5. Of the activities we discussed, which ones did you participate in? How did you hear about those activities? (*Probe for all answers. Use table below to record responses*)
6. Which activity did you enjoy most? Why?
7. Which activity would you change if you could? Why?
8. Are there any activities that you would add, if the BBGE project were to be continued? Which ones?
9. If school was disrupted, did the project activities continue? Please explain.

a. What about if there was conflict nearby, did the project activities continue?

That brings me to the end of my questions. Is there anything else you would like to share with me about girls' education in this area or the BBGE project? Thank you for your time!

Annex: BBGE Activity Participation

Mark with an X the BBGE activities that FGD participants were involved in.

FGD Participant	School Meal	Cash Transfer	School-based trainings	Supplements	Deworming	WASH	Health
1							
2							
3							
4							
5							
6							
7							
8							

Notes:

Key Informant Interview with Health Center Leaders

Introduction & Consent

Background

1. Please introduce yourself and tell me how long you've been working at this health center. What is your role at the health center?

Relevance, Effectiveness, and Impact

2. What are some health-related barriers that adolescent girls face in completing primary school in your community? And secondary school? Please explain.
3. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to encourage girls education? Please tell me what you know about the program.
 - a. Have you received any training as part of the BBGE program (e.g., GBV, nutrition, prevention of early marriage)? If yes, please describe.
 - i. Did you feel that these trainings were helpful to you? Why or why not?
 - b. Do you think your ability to support the sexual and reproductive health of boys and girls in this area has changed because of the BBGE program? Why or why not?

Component specific, ask most relevant:

4. Now we'd like to ask you about some of the specific activities under the BBGE program.
 - a. How has this health center worked with school in the context of this project?
 - b. **Supplements (iron, folic acid) and deworming**
 - i. Did you supply iron and folic acid supplements and deworming through BBGE?
 - ii. What worked well about providing these supplements and doing deworming?
 - iii. What were the biggest challenges of providing these supplements and deworming? (e.g., delivery, uptake)
 - iv. Do you think providing these supplements and deworming were helpful in supporting girls' education? Why or why not?
 - c. **SRH (Sexual and Reproductive Health)-related activities**

Now I'd like to ask you about BBGE's SRH-related activities.

 - i. Did you visit schools as part of BBGE? Did you receive support to provide sex education or SRH counseling to girls? Did you receive SRH kits?
 - ii. Were you involved in safe spaces and mentoring for girls? Were these in the school or community? Please describe.

- iii. What worked well about these SRH supports? *Probe for each component of SRH: infirmaries, sex education, SRH counseling, SRH kits, mentorship, safe spaces*
- iv. What were the biggest challenges in providing the SRH supports?
- v. Were these SRH-related supports helpful for supporting girls' education? Please describe.

d. **WASH**

Now I'd like to ask you about BBGE's WASH-related activities.

- i. Did you engage in any WASH-related activities as part of BBGE? Please explain.
- ii. What were the biggest strengths of the WASH activities?
- iii. What were the biggest challenges of the WASH activities?
- iv. Did you find these WASH activities helpful for supporting girls' education? Please describe.

5. If the BBGE program were to be continued, are there any activities you would change? Please explain.

Coherence/Efficiency

- 6. To your knowledge, did the project beneficiaries (girls) participate in more than one activity within the BBGE program? (In other words, was the program able to reach the same beneficiaries through its different components?)
- 7. Did you change any program activities to better fit the needs of your school or the adolescent girls in this community? If yes, how so? Please provide concrete examples of adaptations.
- 8. Did COVID-19 affect implementation of BBGE? Please explain.

Sustainability

- 9. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity
 - a. For example, the SRH activities?
- 10. What are the barriers to continuing BBGE activities without external support?
- 11. If the project should continue, what else needs to be done to sustain the investments?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you very much for your time.*

Focus Group Discussion with Implementers (Chad Country Office)

WFP, UNFPA, UNICEF

Introduction & Consent

Background

1. Could you all please briefly introduce yourselves and share your title and what your role was in the BBGE program?

Relevance, Effectiveness, and Impact

2. What are the main barriers girls face in completing primary school in Chad? And secondary school?
 - a. Do the challenges girls face differ by region? Please explain.
3. Do you think BBGE activities helped to remove obstacles that girls face in pursuing their education? Why or why not? *Prompt respondents to cite specific activities and how they helped or didn't help girls to overcome educational barriers.*
 - a. School meals
 - b. Cash transfers
 - c. School-based training on nutrition/nutritious foods
 - d. Supplements (iron, folic acid) and deworming
 - e. Sensitization of girls, parents, and communities on the importance of education
 - f. GBV sensitization and prevention efforts
 - g. Prevention of early marriage/safe spaces
 - h. Sexual and reproductive health (SRH) education and counseling
 - i. WASH activities (rehabilitation of school WASH facilities, formation of school WASH committees)
4. Was the BBGE program adapted to better need the needs of beneficiaries? If yes, how so? *Prompt respondents to provide concrete examples of program adaptations.*
5. Aside from the ones we've talked about, are there any other activities that you or your organization were involved in as part of the BBGE project? Please describe.
6. Of the activities you were involved in, which do you think most effectively supported adolescent girls? Why?
 - a. Which activity would you change if you could? Why?
 - b. Are there any activities that you would add to the program, if the BBGE were to be continued? Which ones?
7. If the BBGE program were to be continued, are there any activities you would change? Please explain.

Coherence/Efficiency

8. Did the UN agencies collaborate with government/ministries and implementing partners responsible for BBGE? Was this collaboration effective? Why or why not?
 - a. Has the BBGE project supported the government's ability to improve girls' access to education in [Chad/Niger]? Please explain with examples.
9. In general, how did the three agencies (UNICEF, WFP, and UNFPA) collaborate with one another on the project?
 - a. What were the advantages and disadvantages of the inter-agency collaboration? Please give specific examples (e.g., monitoring and evaluation, targeting, communications, donor relations, etc.).
 - b. In your opinion, did the partnership between the three agencies hinder or enable the efficiency and effectiveness of the project?
10. If the BBGE program were to continue or expand, would you change anything about the structure/management of the program?
11. Was the BBGE program able to reach the same beneficiaries (girls) with multiple program components/services? Please explain.
 - a. In your view, was the project's targeting approach effective? Why or why not?
 - b. Were BBGE activities delivered holistically as one program? Or did it seem like numerous discrete interventions?
12. Were there any environmental factors that influenced or interfered with program implementation/delivery of BBGE services?
13. Did school closures (for COVID or other reasons) affect implementation of BBGE?
14. Did the program encounter any other delays or disruptions? Which activities were affected? What happened
 - a. *Probe: What about in the case of planned activities which were never implemented? What happened in those cases?*

Sustainability

15. Is/was there a sustainability plan for BBGE? Please describe.
16. Have any BBGE activities or policies been institutionalized as part of government/ministry operations? Which ones and how so?
17. Have BBGE activities continued beyond the initial funding period? Why or why not?
18. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
19. What are the barriers to sustaining BBGE activities and their benefits?
 - a. For example, at the level of government? And within communities?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you all very much for your time.*

Focus Group Discussion with Implementers (Headquarters)

WFP, UNFPA, UNICEF

Introduction & Consent

Background

1. Could you all please briefly introduce yourselves and share your title and what your role was in the BBGE program?

Relevance, Effectiveness, and Impact

2. What are the main barriers girls face in completing primary school in Chad and Niger? And secondary school?
 - a. Do the challenges girls face differ by region? Please explain.
3. Do you think BBGE activities helped to remove obstacles that girls face in pursuing their education? Why or why not? *Prompt respondents to cite specific activities and how they helped or didn't help girls to overcome educational barriers.*
 - a. School meals
 - b. Cash transfers
 - c. School-based training on nutrition/nutritious foods
 - d. Supplements (iron, folic acid) and deworming
 - e. Sensitization of girls, parents, and communities on the importance of education
 - f. GBV sensitization and prevention efforts
 - g. Prevention of early marriage/safe spaces
 - h. Sexual and reproductive health (SRH) education and counseling
 - i. WASH activities (rehabilitation of school WASH facilities; formation of school WASH committees)
4. Was the BBGE program adapted to better need the needs of beneficiaries? If yes, how so? *Prompt respondents to provide concrete examples of program adaptations.*
5. Which BBGE activities most effectively supported adolescent girls? Why?
 - a. Which activity would you change if you could? Why?
 - b. Are there any activities that you would add to the program, if the BBGE were to be continued? Which ones?
6. If the BBGE program were to be continued, are there any activities you would change? Please explain.

Coherence and Efficiency

7. In your positions at headquarters, how did you collaborate with the country offices and regional bureau to implement BBGE? Was this collaboration effective? Why or why not?
 - a. If the BBGE program were to continue or expand, would you change anything about the structure/management of the program?

8. In general, how did the three agencies (UNICEF, WFP, and UNFPA) collaborate with one another on the project?
 - a. What were the advantages and disadvantages of the inter-agency collaboration? Please give specific examples (e.g., monitoring and evaluation, targeting, communications, donor relations, etc.).
 - b. In your opinion, did the partnership between the three agencies hinder or enable the efficiency and effectiveness of the project?
9. Was the BBGE program able to reach the same beneficiaries (girls) with multiple program components/services? Please explain.
 - a. In your view, was the project's targeting approach effective? Why or why not?
10. Were BBGE activities delivered holistically as one program? Or did it seem like numerous discrete interventions?
11. Were there any environmental factors that influenced or interfered with program implementation/delivery of BBGE services?
12. Did the program encounter any delays? Please explain. Which activities were delayed, and for how long? What caused the delays?
13. Did school closures (for COVID or other reasons) affect implementation of BBGE?

Sustainability

14. Is/was there a sustainability plan for BBGE? Please describe.
15. Have any BBGE activities or policies been institutionalized as part of government/ministry operations? Which ones and how so?
16. Have BBGE activities continued beyond the initial funding period? Why or why not?
17. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
18. What are the barriers to sustaining BBGE activities and their benefits?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you all very much for your time.*

Focus Group Discussion with Implementers (Regional Bureau) WFP, UNFPA, UNICEF

Introduction & Consent

Background

1. Could you all please briefly introduce yourselves and share your title and what your role was in the BBGE program?

Relevance, Effectiveness, and Impact

2. What are the main barriers girls face in completing primary school in Chad and Niger? And secondary school?
3. Do you think BBGE activities helped to remove obstacles that girls face in pursuing their education? Why or why not? *Prompt respondents to cite specific activities and how they helped or didn't help girls to overcome educational barriers.*
 - a. School meals
 - b. Cash transfers
 - c. School-based training on nutrition/nutritious foods
 - d. Supplements (iron, folic acid) and deworming
 - e. Sensitization of girls, parents, and communities on the importance of education
 - f. GBV sensitization and prevention efforts
 - g. Prevention of early marriage/safe spaces
 - h. Sexual and reproductive health (SRH) education and counseling
 - i. WASH activities (rehabilitation of school WASH facilities; formation of school WASH committees)
4. Which BBGE activities most effectively supported adolescent girls? Why?
5. If the BBGE program were to be continued, are there any activities you would change? Please explain.

Coherence and Efficiency

6. As the regional bureau, how did you collaborate with the country offices and headquarters? Was this collaboration effective? Why or why not?
 - a. If the BBGE program were to continue or expand, would you change anything about the structure/management of the program?
7. In general, how did the three agencies (UNICEF, WFP, and UNFPA) collaborate with one another on the project?
 - a. What were the advantages and disadvantages of the inter-agency collaboration? Please give specific examples (e.g., monitoring and evaluation, targeting, communications, donor relations, etc.).
 - b. In your opinion, did the partnership between the three agencies hinder or enable the efficiency and effectiveness of the project?

8. To your knowledge, was the BBGE program able to reach the same beneficiaries (girls) with multiple program components/services? Please explain.
 - a. In your view, was the project's targeting approach effective? Why or why not?
 - b. Were BBGE activities delivered holistically as one program? Or did it seem like numerous discrete interventions?
9. Were there any environmental factors that influenced or interfered with program implementation/delivery of BBGE services?
10. Did the program encounter any delays? Please explain. Which activities were delayed, and for how long? What caused the delays?
11. Did school closures (for COVID or other reasons) affect implementation of BBGE?

Sustainability

12. Is/was there a sustainability plan for BBGE? Please describe.
13. Have any BBGE activities or policies been institutionalized as part of government/ministry operations? Which ones and how so?
14. Have BBGE activities continued beyond the initial funding period? Why or why not?
15. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
16. What are the barriers to sustaining BBGE activities and their benefits?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you all very much for your time.*

Focus Group Discussion with Male Adolescents

Introduction & Consent

Background

1. Please introduce yourself by telling me your name, your grade, and your favorite soccer team (or your favorite "Dandali" film actor).

Note to facilitator:

- *In the first part of the activity, you will take each card out one at a time, define it with the group, and use tape to attach it to the flipchart paper labeled with the categories below. Ask the boys to explain the term, and try to make sure that everyone understands the term before categorizing it.*
- *In the second part of the activity, you will move the cards up and down within the category, with the biggest barriers (the ones that really prevent girls from succeeding in school) at the top.*
- *Probe discussion throughout by asking girls if they agree with the categorization or ranking proposed by another. Ask for clarification about how they understand the term (e.g., What do you consider to be a 'long distance' to school?).*
- *This activity should take 30 minutes. Please take a photo of the flipchart papers at the end of the FGD.*

Activity on the Barriers to Girls Education

2. We will start with an activity. The activity will help me understand some of the challenges girls face in getting a good education in this community.

a. First, I'm going to show you some cards with things that some people think prevent girls from going to school. We will define each one and then you will help me arrange the card based on how many people have this issue. Does it...**affect all girls, affect many girls, affect some girls, or affect no girls?**

- i. Lack of school materials
- ii. Early marriage (under age 18)
- iii. Pregnancy
- iv. Gender-based violence from teachers, students, or community members
- v. Conflict or insecurity near your home or school
- vi. Sickness
- vii. Menstruation
- viii. Lack of motivation
- ix. Too many household responsibilities
- x. Long distance to school

- xi. Poor sanitation/facilities at school
- xii. The COVID-19 pandemic (school closures)
- b. Now that we have categorized these cards. We will look at each category and arrange the cards based on their importance.
 - i. In the “affects all girls” category, which card lists the biggest barrier to education? Which card lists the next biggest barrier? ...
 - ii. In the “affects most girls” category, which card lists the biggest barrier to education? Which card lists the next biggest barrier? ...
 - iii. In the “affects few girls” category, which card lists the biggest barrier to education? Which card lists the next biggest barrier? ...
- c. Do we all agree on how we ordered the cards? Great! Let’s continue with our discussion.

Effectiveness and Impact

- 3. Have you heard of the project implemented by WFP, UNFPA, and UNICEF which aims to support girls education? Please tell me what you know about it.

(Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

- 4. Now we’d like to ask you about some of the specific components of the BBGE project.
 - a. **‘Future husbands club’**
 - i. Does your school have a future husbands club (a club for boys)? Please describe it.
 - ii. Did you learn anything new in the club? If so, what?
 - iii. Did the club change your opinions or beliefs in any way? Please explain.
 - iv. Was there anything you didn’t like about the club?
 - v. In your view, did your participation in the club have any impact on yourself or your school? Please explain.
 - b. **School-based trainings**
 - i. Have you participated in any other trainings at your school, as a part of BBGE? Please describe them.
 - i. For example, trainings on WASH, SRH, and GVB?
 - ii. Did you learn anything new during the trainings? If so, what?
 - iii. Did the trainings change your opinions or beliefs in any way? Please explain.
 - iv. Was there anything you didn’t like about these trainings?
 - v. In your view, did the trainings have any impact on yourself or your school? Please explain.
 - c. Aside from the ones we talked about, are there any other activities you participated in as part of the BBGE project? Please describe.

That brings me to the end of my questions. Is there anything else you would like to share with me about girls' education in this area or the BBGE project?

Thank you for your time!

Key Informant Interview with Ministry Representatives (Ministries of Health, Education, and Women & Social Affairs)

Introduction & Consent

Background

1. Please introduce yourself and tell me how long you've been working at [ministry]. What is your role at [ministry]?
2. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to improve girls' education? Please tell me what you know about the program. *Prompt respondent to list specific BBGE activities that they know of.*

Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

Relevance, Effectiveness, and Impact

3. What are the main barriers girls face in completing primary school in [Chad/Niger]? And secondary school?
 - a. Do the challenges girls face differ by region? Please explain.
4. Do you think BBGE activities helped to remove obstacles that girls face in pursuing their education? Why or why not? *Prompt respondent to cite specific activities and how they helped or didn't help girls to overcome educational barriers.*
 - a. School meals
 - b. Cash transfers
 - c. School-based training on nutrition/nutritious foods
 - d. Supplements (iron, folic acid) and deworming
 - e. Sensitization of girls, parents, and communities on the importance of education
 - f. GBV sensitization and prevention efforts
 - g. Prevention of early marriage/safe spaces
 - h. Sexual and reproductive health (SRH) education and counseling
 - i. WASH activities (rehabilitation of school WASH facilities and related training)

5. Was the BBGE program adapted to the needs of beneficiaries? If yes, how so? *Prompt respondent to provide concrete examples of program adaptations.*
6. If the BBGE program were to be continued, are there any activities you would change? Please explain.
7. Has the BBGE project supported [ministry]'s ability to improve girls' access to education in [Chad/Niger]? Please give examples.
8. Did the BBGE program support [ministry] to revise policies, plans, and budgets that affect adolescent girls?
 - a. Have any policies/plans/budgets changed as a result of this support? Please be specific as possible.
 - b. If there have been policy/planning changes, are these permanent? Please explain.

Coherence and Efficiency

9. Was the BBGE program aligned with [ministry]'s goals? Please explain.
10. Did you and [ministry] collaborate with the UN agencies and implementing partners responsible for implementing BBGE (WFP, UNFPA, and UNICEF)? Was this collaboration effective? Why or why not?
 - a. If the BBGE program were to continue or expand, would you change anything about the structure/management of the program?
11. To your knowledge, did the project beneficiaries (girls) participate in more than one activity within the BBGE program? (In other words, was the program able to reach the same beneficiaries through its different components?)
12. Were BBGE activities delivered holistically as one program? Or did it seem like numerous discrete interventions?
13. Were there any environmental factors that influenced program implementation/delivery of BBGE services?
14. Did the program encounter any delays? Please explain. Which activities were delayed, and for how long? What caused the delays?
15. Did school closures (for COVID or other reasons) affect implementation of BBGE? Please describe.

Sustainability

16. Is/was there a sustainability plan for BBGE? Please describe.
17. Have any BBGE activities or policies been institutionalized as part of [ministry]'s operations? Which ones and how so?
18. Have BBGE activities continued beyond the initial funding period? Why or why not?
 - a. Is there a plan to expand the BBGE project areas?
19. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
20. What are the barriers to sustaining BBGE activities? Do you think benefits from the program will be sustained over time? Please explain.
21. If the project should continue, what else needs to be done to sustain the investments?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you very much for your time*

Focus Group Discussion with NGOs/Implementing Partners

Introduction & Consent

Background

1. Please introduce yourself and tell me which organization you work for. What is your role in the organization?

Relevance

2. How would you describe the state of girls' education in this area?
 - a. What are the main barriers adolescent girls face in completing primary school in your community? And secondary school? Please explain.
 - b. In your role, how do you try to support girls' access to education in this area?

Effectiveness and Impact

3. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to improve girls' education? Please tell me what you know about the program.

Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

- a. *In general*, how was your organization you involved in the project?
- b. Was your organization involved in a particular activity? Which one?
- c. In your view, has the BBGE program promoted education in this community? If yes, how?

Now we'd like to ask you about some of the specific components of the BBGE project.

4. Do you think BBGE activities helped to remove obstacles that girls face in pursuing their education? Why or why not? *Prompt respondent to cite specific activities and how they helped or didn't help girls to overcome educational barriers.*
 - a. School meals
 - b. Cash transfers
 - c. School-based training on nutrition/nutritious foods
 - d. Supplements (iron, folic acid) and deworming
 - e. Sensitization of girls, parents, and communities on the importance of education
 - f. GBV sensitization and prevention efforts
 - g. Prevention of early marriage/safe spaces
 - h. Sexual and reproductive health (SRH) education and counseling

- i. WASH activities (e.g., formation of school WASH committees; renovation of latrine, handwashing, or water infrastructures)
5. Aside from the ones we've talked about, are there any other activities that you or your organization were involved in as part of the BBGE project? Please describe.
6. Of the activities you were involved in, which do you think most effectively supported adolescent girls? Why?
 - a. Which activity would you change if you could? Why?
 - b. Are there any activities that you would add to the program, if the BBGE were to be continued? Which ones?

Coherence and Efficiency

We are nearing the end of the discussion. I have just a couple of final questions about the organization of the project.

7. Did your organization collaborate with the UN agencies to implement BBGE (WFP, UNFPA, and UNICEF)? If so, was this collaboration effective? Why or why not?
8. How did your organization collaborate with other implementing partners to implement BBGE activities? Was this collaboration effective? Why or why not?
9. If the BBGE program were to continue or expand, would you change anything about the structure/management of the program?
10. To your knowledge, did the project beneficiaries (girls) participate in more than one activity within the BBGE program? (In other words, was the program able to reach the same beneficiaries through its different components?)
11. Were there any environmental factors that influenced program implementation/delivery of BBGE services?
12. Did the program encounter any delays? Please explain. Which activities were delayed, and for how long? What caused the delays?

Sustainability

13. Is/was there a sustainability plan for BBGE? Please describe.
14. Have BBGE activities continued beyond the initial funding period? Why or why not?
15. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
16. What are the barriers to sustaining BBGE activities? Do you think benefits from the program will be sustained over time? Please explain.

That brings me to the end of my questions. Is there anything else you would like to share with me about girls' education in this area or the BBGE project?

Thank you for your time!

Key Informant Interview with Parent Association Representative

Introduction & Consent

Background

1. Please introduce yourself and tell me how many children you have at [school], their genders, and their ages.
2. What is your role in the parent association and how long have you been in that role?

Relevance, Effectiveness, and Impact

3. What are the main barriers girls face in completing primary school in your community? And secondary school? Please explain.
 - a. How does the PTA try to support girls' access to education in this area?
4. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to improve girls' education? Please tell me what you know about the program.

Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

- b. Has the BBGE program promoted girls' education in this community? If yes, how?
- c. Was the PTA involved? If so, how so?
- d. Have you received any training as part of the BBGE program (e.g., GBV, nutrition, prevention of early marriage)? If yes, please describe.
- e. Do you think the school's ability to support access to education (especially for girls) has changed because of the BBGE program? Why or why not?

Component specific, ask most relevant:

5. Now we'd like to ask you about some of the specific activities under the BBGE program.

f. School meals

- i. Was the PTA involved in school meal delivery the past year? Describe how.
 - ii. What worked well about the school meals?
- iii. What were the biggest challenges of school meals?
 - iv. Do you think school meals were helpful in supporting girls' education? Why or why not?

g. Cash transfers

- i. Who are the beneficiaries of cash transfers? Please describe.
- ii. How do you feel these scholarships have helped them stay in school? Give reasons or justification for your answer.

iii. Do you know how the scholarships are used by students who receive them?

E. School-based training on nutrition/nutritious foods

- i. Did the PTA or students at this school receive information on nutrition and nutritious foods? Please describe.
- ii. What was the most helpful information the PTA/students received on nutrition and nutritious foods?
- iii. Do you have any recommendations of how to improve these nutrition trainings? Please explain.
- iv. Do you think the nutrition information was helpful in supporting girls' education? Why or why not?

i. Supplements (iron, folic acid) and deworming

- i. Did students in the school receive iron and folic acid supplements and deworming through BBGE?
- ii. What worked well about the distribution of these supplements and deworming?
- iii. What were the biggest challenges of providing these supplements and deworming? (e.g., delivery, uptake)
- iv. Do you feel that there is any the relationship between these supplements and girls' education? Please explain.

j. SRH (Sexual and Reproductive Health)-related activities

Now I'd like to ask you about the program's SRH-related activities.

- i. Did this school set up an infirmary (In Niger: or was it visited regularly by a nurse) as part of BBGE? Did you receive supports related to sex education or SRH counseling for girls? Did health facilities receive SRH kits? Was the PTA involved in any of these activities?
- ii. Are you aware of any safe spaces or mentoring for girls? Was the PTA involved in any of these activities? Please describe.
- iii. What worked well about these SRH supports? *Probe for each component of SRH: infirmaries, sex education, SRH counseling, SRH kits, mentorship, safe spaces*
- iv. What were the biggest challenges with these SRH supports?
- v. Did you find any of these SRH-related supports helpful for supporting girls' education? Please describe.

k. WASH

Now I'd like to ask you about the program's WASH-related activities.

- i. Did the BBGE program help the school rehabilitate its WASH infrastructure? What other sanitation hygiene services did the school receive through BBGE? Was the PTA involved in any of these activities? (e.g., formation of school WASH committees; renovation of latrine, handwashing, or water infrastructures)
- ii. What were the biggest strengths of the WASH activities?
- iii. What were the biggest challenges of the WASH activities?
- iv. Did you find these WASH activities helpful for supporting girls' education? Please describe.

6. If the BBGE program were to be continued, are there any activities you would change? Please explain.

Coherence and Efficiency

7. Did the program encounter any delays? Please explain. Which activities were delayed, and for how long? What caused the delays?
8. Did school closures (for COVID or other reasons) affect BBGE activities? Please explain.

Sustainability

10. If the project withdraws at this point, what activities can continue with community support? What activities will be abandoned due to lack of community capacity?
 - a. For example, the school gardens? The clubs?
11. Would you like for BBGE activities to continue? Which ones in particular?
12. What are the barriers to continuing BBGE activities without external support?
13. If the project should continue, what else needs to be done to sustain the investments?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you very much for your time.*

Key Informant Interview with Religious and Traditional Leaders

Introduction & Consent

Background

1. Please introduce yourself and tell me your role in the community and how long you've been in your role.

Relevance, Effectiveness, and Impact

2. What are the main barriers adolescent girls face in completing primary school in your community? And secondary school? Please explain.
 - a. In your role as a [religious/traditional leader], how do you try to support girls' access to education?
3. Are you familiar with the program implemented by WFP, UNICEF, and UNFPA to improve girls' education? Please tell me what you know about the program.
4. (Note for the enumerator: Please be certain that the participant(s) understand which project you will be discussing. Explain that you will refer to it by its formal title: BBGE)

5. Has the BBGE program promoted education in this community? If yes, how? Were you involved?
 - b. Have you received any training as part of the BBGE program (e.g., GBV, nutrition, prevention of early marriage)? If yes, please describe.
 - c. Do you think your community's ability to support access to education (especially for girls) has changed because of the BBGE program? Why or why not?

Component specific, ask most relevant:

6. Now we'd like to ask you about some of the specific activities under the BBGE program.

- a. **School meals**

- i. To your knowledge, did students in your community receive school meals? Please describe.
 - ii. Do you think school meals were helpful in supporting girls' education? Why or why not?

- b. **Cash transfers**

- i. To your knowledge, did students at your school receive cash transfers? Please describe.
 - ii. Do you think cash transfers were helpful for getting more girl students into school? Why or why not?

- c. **School-based training on nutrition/nutritious foods**

- i. To your knowledge, did students at your school receive information on nutritious foods? Please describe.
 - ii. Do you think the nutrition training was helpful in supporting girls' education? Why or why not?

- d. **Supplements (iron, folic acid) and deworming**

- i. To your knowledge, did students in the community receive iron and folic acid supplements and deworming through BBGE?
 - ii. Do you feel that there is any the relationship between these supplements and girls' education? Please explain.

- e. **SRH (Sexual and Reproductive Health)-related activities**

Now I'd like to ask you about the program's SRH-related activities.

- i. Are you familiar with the SRH-related activities through the BBGE program in your community? Which activities? Please describe. *Probe for each component of SRH: infirmaries, sex education, SRH counseling, SRH kits, mentorship, safe spaces*
 - ii. Did you find these SRH-related supports helpful for supporting girls' education? Please describe. *Probe for each component of SRH*

- f. **WASH**

Now I'd like to ask you about the program' WASH-related activities.

- i. Are you familiar with the WASH-related activities through the BBGE program in your community? Which activities? Please describe. *Probe for school WASH infrastructure rehab, sanitation and hygiene services*
 - ii. Did you find these WASH activities helpful for supporting girls' education? Please describe.
5. Did the program fit the needs of your school or the adolescent girls in this community? If yes, how so? If not, why not? *Prompt respondent to provide concrete examples.*
 6. If the BBGE program were to be continued, are there any activities you would change? Please explain.

Coherence and Efficiency

7. Did the activities encounter any delays or challenges? Please explain. Which activities were delayed, and for how long? What caused the delays?
8. Did school closures (for COVID or other reasons) affect implementation of BBGE? Please explain.

Sustainability

9. If the project withdraws at this point, what activities can continue with community support? a. What activities will be abandoned due to lack of community capacity? For example, the school meals? The upkeep of WASH infrastructures?
10. What are the barriers to continuing BBGE activities without external support?
11. If the project should continue, what else needs to be done to sustain the project's investments?

Conclusion. *That brings me to the end of my questions. Is there anything else you'd like to share with me about the BBGE program? If not, thank you very much for your time.*

Annex 5. Fieldwork Agenda

AIR developed a detailed data collection schedule together with our local partners and the WFP evaluation manager. Field data collection took place between January 19-28, 2023. Beginning January 19, three teams of five enumerators and two field supervisors deployed in the areas of Lac and Logone Oriental in Chad to collect quantitative data. Qualitative data collection (i.e., KIIs and FGDs) was conducted in parallel to quantitative data collection. All field activities were completed by January 29, 2023.

Table A12. Fieldwork Agenda

Days/dates	Team member	Locations/sites	Stakeholders
January 10, 2023 Enumérateur Training	<ul style="list-style-type: none"> Dalberg 	<ul style="list-style-type: none"> Chad: N'Djamena 	<ul style="list-style-type: none"> Dalberg enumerators, representatives from WFP
October 1-9, 2022 Organizational FGDs	<ul style="list-style-type: none"> Hannah Ring Cody Bock Dalberg 	<ul style="list-style-type: none"> Virtual 	<ul style="list-style-type: none"> HQ, Regional Bureau, and Country Office representatives from UNICEF, UNFPA, and WFP
January 19-28, 2023 Quantitative Data Collection	<ul style="list-style-type: none"> Dalberg 	<ul style="list-style-type: none"> Chad: Lac, Logone Oriental 	<ul style="list-style-type: none"> School principals; Households; Teachers; Students; PTAs; KIIs; FGDs
January 19-24, 2023 Qualitative Data Collection	<ul style="list-style-type: none"> Dalberg 	<ul style="list-style-type: none"> Chad: Lac, Logone Oriental 	<ul style="list-style-type: none"> Ministerial representatives; teachers; school principals; parents' association representatives; caregivers/parents; health centre staff; religious leaders; male and female adolescents; community members

Annex 6. Findings and Conclusions

Table A13. Recommendations Mapping

Recommendation	Conclusions	Findings
Recommendation 1: Set up a centralized mechanism for coordination between the three UN agencies and their local subcontractors to improve the joint implementation approach. The coordination unit should include representatives from each UN organization based in-country and the unit should oversee all activity implementation and conduct regular monitoring missions to ensure consistency of the joint approach..	Conclusion 1 (Joint Approach)	EQ 3.1: How did the joint approach to programme implementation enhance or hinder efficiency?
Recommendation 2: Clarify targeting of interventions among UN agencies and local subcontractors (for example, should boys be receiving any interventions, as the evaluation showed that they were?) and improve communication around targeting.	Conclusion 2 (Effectiveness and Perceived Impact)	E.Q. 4.1 To what extent did the programme contribute to the achievement of intended results?
		What internal and external factors affected the programme's achievement of intended results?
Recommendation 3: Improve the timeliness of the provision of financial incentives. Ensure that financial incentives for girls are delivered at the start of the school year to encourage proper and timely use of funds for girls' educational needs.	Conclusion 2 (Effectiveness and Perceived Impact)	6.3 What internal and external factors affected the programme's ability to achieve its intended impact on girls' and adolescent girls' education?
		E.Q. 4.1 To what extent did the programme contribute to the achievement of intended results?
Recommendation 4: Improve timeliness of and communication around school meal provision. Determine bottlenecks in food delivery resulting in delays, and set realistic expectations about when school meals will be provided during the school year (i.e., will they start at the beginning of the school year or a few months in?).	Conclusion 2 (Effectiveness and Perceived Impact)	E.Q. 4.1 To what extent did the programme contribute to the achievement of intended results?
Recommendation 5: Increase the length and frequency of trainings on girls' education, SRH, and GBV to target changes in entrenched norms and practices. Mobilize community, religious, and health leaders to facilitate trainings and encourage participation. Include trainings on fostering a safe school environment and preventing bullying.	Conclusion 2 (Effectiveness and Perceived Impact)	What internal and external factors affected the programme's achievement of intended results?
		E.Q. 4.1 To what extent did the programme contribute to the achievement of intended results?
		What internal and external factors affected the

		programme's achievement of intended results?
Recommendation 6: The UN agencies should establish a clear sustainability plan for all programme activities with identified assignments for community leaders and country office staff. For activities that require additional financial resources, the sustainability plan should identify which elements can be continued at low or no cost.	Conclusion 3 (Sustainability)	EQ 5.1: To what extent are communities participating in programme implementation and able to continue programme activities after the implementation period? Does this differ for men and women?

Annex 7. List of People Interviewed

Table A14. Participants in Stakeholder Mapping Exercise

Name	Organization	Programme Area
HQ Stakeholder Meeting		
Michele Doura	WFP	School-Based Programmes
Shiraz Chakera	UNICEF	Education
Regional Stakeholder Meeting		
Alina Kleinn	WFP	School Feeding
Chad CO Stakeholder Meeting		
Adoumbe Maoura	UNFPA	M&E
Benediction Mbaikar	WFP	Education
Laetitia Gahimbaza	WFP	Human Capacity Development
Nanalngar Moyengar	UNICEF	M&E

Table A15. People Interviewed in Qualitative Data Collection

Respondents	Activity Type	Location
Organizational Informants		
HQ Representatives of UNICEF, UNFPA and WFP	FGD	Virtual
West Africa Regional Office Representative	KII	Virtual
Country Office Representatives of UNICEF, UNFPA and WFP	FGD	Virtual
Implementing NGO Staff	FGD	N'Djamena
Implementing NGO Staff	FGD	Logone Oriental
Ministry of Public Health and National Solidarity	KII	N'Djamena
Ministry of Education	KII	N'Djamena
Ministry of Women, Families, and the Protection of Children	KII	N'Djamena
Community-Level Key Informants		
Teacher	KII	<ul style="list-style-type: none"> • Lac (3) • Logone Oriental (4)
School Director	KII	<ul style="list-style-type: none"> • Lac (4) • Logone Oriental (4)
Health Centre Representative	KII	<ul style="list-style-type: none"> • Lac (2) • Logone Oriental (1)
Community/Traditional Leader	KII	<ul style="list-style-type: none"> • Lac (1) • Logone Oriental (1)
Parents' Association Representative	KII	<ul style="list-style-type: none"> • Lac (1) • Logone Oriental (1)
Community-level Focus Groups		
Adolescent Girls	FGD	<ul style="list-style-type: none"> • Lac (4) • Logone Oriental (4)
Community Members (gender segregated)	FGD	<ul style="list-style-type: none"> • Lac (2) • Logone Oriental (2)
Parents (gender segregated)	FGD	<ul style="list-style-type: none"> • Lac (2) • Logone Oriental (2)

Annex 8. Bibliography

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Annex 9. Additional Tables

Table A16. School infrastructure and WASH services, by Region

Variable	Mean (All)	Mean Lac	Mean Logone Oriental	Diff 3-4	N Lac	N Logone Oriental
1	2	3	4	5	6	7
Clean school grounds	0.789	0.828	0.75	0.078	29	28
Safe school grounds	0.474	0.621	0.321	0.299 **	29	28
No standing water in buildings	0.281	0.31	0.25	0.060	29	28
Functioning canteen	0.509	0.552	0.464	0.087	29	28
Access to enough water	0.649	0.759	0.536	0.223 *	29	28
Water accessible to smallest	0.632	0.69	0.571	0.118	29	28
School has latrines	0.895	1	0.786	0.214 ***	29	28
Latrines within short walk	0.961	0.966	0.955	0.011	29	22
Latrines can be used by smallest	0.98	0.966	1	-0.034	29	22
Latrines disability-friendly	0.941	0.897	1	-0.103 *	29	22
Latrines clean	0.863	0.793	0.955	-0.161 *	29	22
Separate latrines boys/girls	0.961	0.966	0.955	0.011	29	22
Private latrines teachers	0.49	0.483	0.5	-0.017	29	22
Clean water near latrines	0.619	0.571	0.667	-0.095	21	21
Number of classrooms	7.404	6.931	7.893	-0.962	29	28
Classrooms in good condition	0.263	0.345	0.179	0.166	29	28
Classrooms protected from elements	0.439	0.586	0.286	0.300 **	29	28
Classrooms protected from insects	0.228	0.31	0.143	0.167	29	28
Classrooms have enough light	0.474	0.655	0.286	0.369 ***	29	28
Adequate space for learning activities	0.386	0.483	0.286	0.197	29	28
Classroom are protected from outside noise	0.281	0.345	0.214	0.131	29	28

Note: Column 2 presents the Mean of the outcome listed in Column 1. Columns 3 and 4 show the Mean of the outcome for Lac and Logone Oriental, respectively. Column 5 reports the difference between the two regions. * $p < 0.1$. ** $p < 0.05$. *** $p < 0.01$

Table A17. Suite of Activities Implemented by the BBGE Programme in Primary and Secondary Schools

Variable	Mean All	Mean Primary	Mean Secondary	Diff 3-4	N Primary	N Secondary
1	2	3	4	5	6	7
School Meals (proportion)	0.814	0.814	N/A		43	
School Meals: days/week	4.279	4.279	N/A		43	
Girls' Financial Incentives (proportion)	0.754	0.698	0.929	-0.231 *	43	14
Financial Incentives / female enrolment (proportion)	0.334	0.158	0.861	-0.704 ***	42	14
Student Trainings (prop)	0.86	0.814	1	-0.186 *	43	14
Num. of Trainings	3.684	3.419	4.5	-1.081	43	14
Nutritional supplementation (prop)	0.895	0.907	0.857	0.050	43	14
Latrines built since 2019 (prop)	0.754	0.698	0.929	-0.231 *	43	14
Num. of Latrines built since 2019	4.605	4.733	4.308	0.426	30	13
Sanitary Napkins (prop)	0.772	0.767	0.786	-0.018	43	14
Num. of Activities (out of 6)	4.649	4.698	4.5	0.198	43	14

Note: Column 2 presents the Mean of the outcome listed in Column 1. Columns 3 and 4 show the Mean of the outcome for primary and secondary schools, respectively. Column 5 reports the difference between primary and secondary schools. * $p < 0.1$. ** $p < 0.05$. *** $p < 0.01$

Table A18. Suite of Activities Implemented by the BBGE Programme, by Region

Variable	Mean (All)	Mean Lac	Mean Logone Oriental	Diff	N Lac	N Logone Oriental
1	2	3	4	5	6	7
School Meals	0.814	0.909	0.714	0.195	22	21
Meals: days/week	4.279	4.909	3.619	1.290 *	22	21
Financial Incentives	0.929	1	0.857	0.143	7	7
Prop Girls' Financial Incentives	0.861	1.209	0.513	0.696 **	7	7
Student Trainings	0.86	0.793	0.929	-0.135	29	28
Num. of Trainings	3.684	3.517	3.857	-0.340	29	28
Deworming/Nutritional Supplements	0.895	0.897	0.893	0.004	29	28
Latrines built since 2019	0.754	0.793	0.714	0.079	29	28
Num. of Latrines built since 2019	4.605	4.913	4.25	0.663	23	20
Sanitary Napkins	0.772	0.724	0.821	-0.097	29	28
Num. of Activities (out of 6)	4.649	4.793	4.5	0.293	29	28

Note: Column 2 presents the Mean of the outcome listed in Column 1. Columns 3 and 4 show the Mean of the outcome for Lac and Logone Oriental, respectively. Column 5 reports the difference between the two regions. * $p < 0.1$. ** $p < 0.05$. *** $p < 0.01$

Table A19. Detailed Suite of Activities Implemented by the BBGE Programme, by Region

Variable	Mean All	Mean Lac	Mean Logone Oriental	Diff	N Lac	N Logone Oriental
1	2	3	4	5	6	7
School Meals	0.814	0.909	0.714	0.195	22	21
Num. Days Meals Provided	5.257	5.4	5.067	0.333	20	15
Cash Grants Secondary	0.929	1	0.857	0.143	7	7
Num. Cash Grants	123.385	172	66.667	105.333	7	6
Attendance based Grants	0.737	0.828	0.643	0.185	29	28
Num. of Attendance based Grants	975.048	1677.417	38.556	1638.861	24	18
Folic Acid	0.579	0.586	0.571	0.015	29	28
Deworming Med.	0.211	0.31	0.107	0.203 *	29	28
Iron	0.632	0.759	0.5	0.259 **	29	28
Vitamin A	0.684	0.483	0.893	-0.410 ***	29	28
Latrines built since 2019	0.754	0.793	0.714	0.079	29	28
Num. Latrines built	4.605	4.913	4.25	0.663	23	20
HW stations built since 2019	0.456	0.517	0.393	0.124	29	28
Num. HW stations	1.737	1.552	1.929	-0.377	29	28
Sanitary Napkins	0.772	0.724	0.821	-0.097	29	28
CES	0.491	0.448	0.536	-0.087	29	28
SRH	0.702	0.517	0.893	-0.376 ***	29	28
GBV	0.772	0.621	0.929	-0.308 ***	29	28
Life Skills	0.193	0.172	0.214	-0.042	29	28

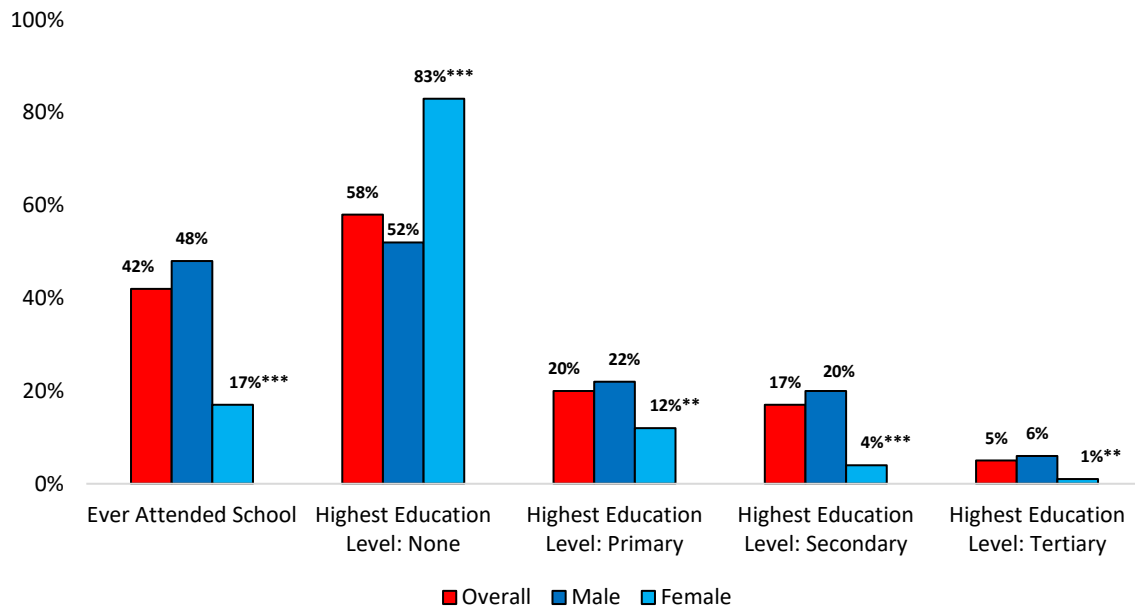
HIV	0.386	0.621	0.143	0.478 ***	29	28
Leadership	0.123	0.172	0.071	0.101	29	28
Relations	0.105	0.138	0.071	0.067	29	28
WASH	0.526	0.552	0.5	0.052	29	28
Nutrition	0.386	0.276	0.5	-0.224 *	29	28
CES	0.737	0.586	0.893	-0.307 ***	29	28
SRH	0.737	0.552	0.929	-0.377 ***	29	28
GBV	0.789	0.69	0.893	-0.203 *	29	28
Life Skills	0.386	0.345	0.429	-0.084	29	28
HIV	0.421	0.517	0.321	0.196	29	28
Leadership	0.211	0.31	0.107	0.203 *	29	28
Relations	0.211	0.31	0.107	0.203 *	29	28
WASH	0.596	0.655	0.536	0.119	29	28
Nutrition	0.404	0.345	0.464	-0.119	29	28

Note: Column 2 presents the Mean of the outcome listed in Column 1. Columns 3 and 4 show the Mean of the outcome for Lac and Logone Oriental, respectively. Column 5 reports the difference between the two regions. * $p < 0.1$. ** $p < 0.05$. *** $p < 0.01$

Additional descriptive findings from survey data describing target communities

1. The BBGE programme targeted areas included ethnically and linguistically diverse populations. Only 8% of surveys were conducted in French, the official language of Chad, 17% were conducted in Arabic, and the remaining 75% in various local languages and dialects. There was also clear difference in reported religion across the two regions, with 87% of households in Logone Oriental identifying as Christian and 93% of households in Lac identifying as Muslim.
2. Household heads were mainly married middle-aged men who grew up close to their villages. Overall, only 18% of household heads in the sample were female. Household heads were on average about 47 years old. Most household heads grew up close to the village in which they currently lived. Most grew up in the same village or one less than 10 kilometers away (60%) or within the same commune but in another village (14%). Most household heads were either monogamously married (63%) or polygamously married (26%). Polygamy was more common in Lac than in Logone Oriental (34% vs. 14%, $p = 0.000$), perhaps reflecting varying ethnic, religious, and cultural differences. Amongst female household heads, fewer than half were married (46%), and many lived without a partner—widows (26%), divorced (15%), or separated (14).
3. Education rates were low for household heads in target areas, with female household heads completing significantly less education than male household heads (Exhibit 1). Under half of all household heads had ever attended school (42%), and some reported they could read or write in French (40%) or Arabic (34%). Rates of attending school and reading or writing in French were higher in Logone Oriental, while reading or writing in Arabic was more common in Lac. The most common level of schooling for household heads was at least some primary (20%), followed by at least some secondary (17%); only 5% had completed at least some tertiary education. Household heads from Logone Oriental had completed more education than household heads from Lac. The most common reasons for never attending school were that the respondent was not interested (38%), that parents did not allow for it (17%), or that they did not have enough money (16%).

Exhibit 14. Education Levels of Household Head, Overall and by Sex



Source. Household Survey (N = 566, males = 463, females = 103). **p < 0.05. ***p < 0.01.

- Household survey data showed that household heads were in generally good shape. Disability was reported for 10% of household heads, and their general health self-assessment revealed mixed results. Over half of household heads described themselves as being in “poor” or “fair” health (55%), while 45% described their health as “good,” “very good,” or “excellent.” The majority of household heads reported that their health was better than (31%) or the same as (59%) it was one year ago. About 1 in 3 household heads had suffered an illness or injury in the past 2 weeks (34%), most commonly fever/malaria or cough/cold/chest infection. The most common response to an illness was to seek treatment at a public facility, seek treatment with a traditional healer, or go to a local pharmacy. Seeking treatment from traditional healers was more common in Lac than in Logone Oriental (26% vs. 13%, p = 0.032). Although not inherently harmful, use of traditional medicine can be counterproductive because the treatments are not scientifically verified.

Annex 10. BBGE Logical Framework

CHAD OUTPUTS - June 2021								
Results chain		Performance indicators						
Country Specific Outcomes	Output statement	Indicators list	Agency lead	Baseline	Achievement by June 2021	Results Achieved June 2022	End of project target	Comments
Outcome 1: Improved access to education for girls, especially adolescent girls, through improved school enrolment, attendance and retention, and improved access to nutritious and healthy food for all school-age children scolaire	Output 1: Girls (including adolescents) and boys attending primary school are provided with adequate and timely school meals to meet their dietary needs and support school attendance	Number of boys and girls benefiting from a school meal	WFP	0	39,494	120%	33,000	Note an increase of 6,494 students on the overall number of students from May in the schools supported by the project, increase related to the influx of new refugees from the Central African Republic to southern Chad (Logone Oriental).
		Feeding days as a percentage of total school days	WFP	0	99%	124%	80%	Shortage of food in some schools because of the increased number of students before being supplied, the supply will continue at the beginning of the next school year in October 2021.
		Average number of school days per month for which multiple food groups or at least	WFP	0	23	115%	20	

	4 food groups were provided					
	Quantity of food distributed (in MT)	WFP	0	424	38%	1,129
	Number of non-food items distributed	WFP	0	33,526	63%	53,400
	Number of schools supported	WFP	0	78	65%	120
						Food distributions are made quarterly in schools.
						30 kitchens and 30 shops are being built in the schools (20 in Gore and 10 in The Lake) currently being finalized. Mats, cups, plates, pots, trays and handwashing kits, basin, detergents, soap, aprons (as canteen kits). Seeds, agricultural tools, motor pumps (as kits for the school garden) were delivered to schools for canteen activities.
						The targeting resulted in the selection of 57 primary schools that receive the canteen and 21 middle schools that receive incentive services to keep girls in school.

	Number of vegetable gardens and community fields established	WFP		57	475%	12	20 schools were able to set up school gardens in the schools: 10 in Gore and 10 at the lake.
	Amount of food (per food group) produced locally injected into the canteen (vegetable gardens and fields) (KG)	WFP	0	142.5	6%	2,500	10 school gardens have been set up in 10 schools in the Logone have produced vegetables that have been used to diversify food menus in canteens. However, the quantities broken down are not captured by the managers. On the other hand, the other 10 school gardens on the Lake produced onion and maize which was harvested almost at the end of the school season.
Output 2: Targeted households receive cash, subject to regular school attendance by their adolescent girls.	Number of adolescent girls who received a school grant (cash transfer) per year	WFP	0	2,200	28%	8,000	Due to strikes, the courses were not implemented and girls did not attend school. As such, the target has not been met. A scale-up will take place in October 2021

							when classes resume.
	Total amount of cash transferred to targeted participants	WFP	0	USD \$ 325,000	62%	USD \$ 521,000	
Output 3: Adolescent girls are encouraged to return to school through incentives such as incentive kits, the construction of classrooms for preschoolers and/or scholarships for targeted adolescents.	Number of scholarships distributed to girls at the primary and secondary levels	WFP	0	906	252%	360	Activity was revised and the amount of the scholarship was revised for harmonization purposes with other initiatives. As such, programme was able to cover a higher number of girls than anticipated to receive these scholarships of excellence in the two provinces.
	Number of adolescent girls receiving incentive kits (secondary level)	WFP	0	1660	66%	2500	For reasons of strikes very few girls were registered at the beginning of the school year, The Kits were distributed only to a limited number of students.
	Number of preschool classrooms built	UNICEF	0	0	0%	16	The delay in construction is due to the problem of the standards of preschool buildings and ongoing discussions with

							the Minister of Women. The process of contracting the companies for construction is ongoing. Work will start in November 2021 and end in January 2022 and the classroom opening will be in May 2022.
	Number of children aged 3 to 5 accompanied by teenage mothers assisted through the preschool class	UNICEF	0	0	0%	400	The data will be available after the reception of the preschool classrooms for children from 3-5 years old, the activity was planned for the second year of the project, it will start in May 2022 after the reception of the classrooms.
Output 4: The civil registration system of a birth in supported health facilities, as well as students without a (civil) birth certificate supported	Number of birth certificates issued by project partners	UNFPA	0	5,484	110%	5,000	Enlisted 5,484 including 3,266 girls. 3,516 secure birth certificates issued.

	Output 5: Targeted households are supported by income generation opportunities.	Number of organizations that received support for income-generating activities	UNFPA	0	392	131%	300	The 392 members of the women's associations benefited from sewing machines for AGR activities. They make reusable sanitary pads that are bought back and distributed to the female students.
		Number of women, men, boys and girls receiving transfers as part of income generation opportunities (including HGSF activities)	WFP	0	180	36%	500	180 MEA/EPA members selected to benefit from AGR funds that will start in October 2021.
Outcome 2: Improved access to an integrated package of school health, deworming, protection, WASH and nutrition services aimed at reducing school morbidity, malnutrition, anaemia, gender-based violence among	Output 1: An integrated nutrition and deworming service is provided, including nutrition awareness	Number of children aged 6 to 11 who received vitamin A supplement in the past 6 months	UNICEF	0	0	0%	33,000	Children aged 6 - 11 years are not priority targets in the vitamin A supplementation program. Target planned to be reached in the upcoming school year.
		Number of girls and boys (10-14 years) supplemented with iron and folic acid	UNICEF	0	26,245	121%	21,660	The number of students supplemented is higher than the target, due to the high number of students enrolled for the 2020-2021 school year.

adolescent girls through better hygiene infrastructure promoted for the benefit of beneficiaries allowing girls to fully benefit from educational opportunities that will lead them to a healthier transition to adulthood while reducing the school dropout	Number of girls and boys (>15 years) supplemented with iron and folic acid	UNICEF	0	8,663	60%	14,340	the Iron supplementation has been provided to some of the students at the end of the school year, it will continue at the next school year in October 2021.
	Number of high who received a dewormer (Mebendazole, Albendazole)	UNICEF	0	26,345	239%	11,037	The deworming campaign was organised last June and will continue until the next school year in October 2021.
	Number of adolescent boys (10-19 years) supplemented with iron and folic acid	UNICEF	0	14,104	233%	6,063	Target overachieved as all registered pupils have been supplemented to avoid discrimination.
	Output 2: Boys and girls in primary and secondary education have access to adequate nutrition, hygiene and sanitation services at school						
	Number of functional handwashing kits installed in schools	UNICEF	0	57	73%	78	In addition to the handwashing devices installed in front of each block of 3-cabin latrines, 57 removable handwashing devices are installed near the canteens.
	Number of schools benefiting from activities to promote good hygiene practices	UNICEF	0	42	56%	75	For the rest of the schools, teachers have already been trained and they will meet and

						train the remaining students at the beginning of the next school year in October 2021.
	Number of water points built/rehabilitated in schools	UNICEF	0	0	0%	75 The contracting process for the rehabilitation of drinking water points is underway and the activity will start in September 2021 with the aim of finalizing it by January 2022.
	Number of functional water point management committees in schools	UNICEF	0	0	0%	75 The water point management committees will be set up after the rehabilitation of the points and will be formed in February 2022.
	Number of Hygiene Clubs set up in schools	UNICEF	0	42	56%	75 The 42 nutrition clubs are set up in the Logone area, the remaining clubs will be set up at the next school year in October 2021 in the other areas.
	Number of school nutrition clubs set up	UNICEF	0	42	56%	75 The rest of the hygiene clubs will be set up at the beginning of the next school year in October 2021.

	Number of schools with separate sanitation facilities for girls and boys	UNICEF	0	37	45%	82	Separate sanitary facilities are being built in 37 schools in the Logone, the contracting process for the construction of water points and latrine blocks for the Lake is underway. Construction work will begin in October after the rains and will be finalized in January 2022.
	Number of schools benefiting from activities to promote good hygiene practices	UNFPA	0	15	100%	15	
	Number of people trained in the manufacture of reusable sanitary pads	UNFPA	0	392	1307%	30	A cascade training of trainers was organized for 15 people who in turn trained other members.
	Number of reusable sanitary pads distributed to schools	UNFPA	0	9,300	186%	5,000	9,300 kits of locally produced sanitary pads were distributed in schools to girls.
	Number of girls who received school support	UNFPA	0	5,172	575%	900	The majority of secondary school girls received school support which is why target has been exceeded.

	Output 3: Targeted children and adolescents have access to health, nutrition, hygiene and menstrual health education	Number of students receiving nutrition education sessions	WFP	0	2,731	30%	9,000	
		Number of people affected by CSCC's interpersonal approaches to health, nutrition and hygiene	UNICEF, UNFPA	0	16,052	535%	3,000	
		Number of adolescent girls trained in puberty and menstrual hygiene management	UNFPA	0	392	44%	900	The remaining trainings will continue at the beginning of school by October 2021.
Outcome 3: Improved knowledge, attitudes and behaviours of teachers, cooks and students on health, nutrition, reproductive and sexual health and gender-based violence	Output 1: Girls and boys have access to an integrated education package, including life skills, prevention of gender-based violence and sexual and reproductive health rights	Number of awareness-raising campaigns on gender-based violence, nutrition, hygiene and reproductive health organized	all agencies	0	87	544%	16	
		Number of girls and boys with access to e-learning material	UNFPA	0	637	127%	500	Girls have access to the online learning medium via a green number available in schools.
		Number of girls and boys trained in life skills	UNFPA	0	10,146	101%	10,000	25 student ambassadors including 10 girls trained as life skills trainers. they will in turn train their peers in this new school year and 10,147 adolescents

						including 5,059 girls have been trained in life skills.
Number of health facilities offering youth-friendly services	UNFPA	0	13	130%	10	13 health centers have been identified to offer the SR health offer to girls.
Number of schools with reference health services set up	UNFPA	0	10	100%	10	10 establishments have been put in touch with health centres for the referencing of girls for SR care.
Number of girls with access to health care referral services	UNFPA	0	784	157%	500	The girls were referred by the heads of the institutions to the health centres.
Number of young people using the discussion and advocacy platform(s) on children's schooling	UNICEF	0	1,927	193%	1,000	These are the 1,845 members of 82 hygiene clubs set up in schools. These activities will be evaluated at the start of the 2021-2022 school year.
Number of members of the School Management Committees (APE-AME-COGES) whose capacity has been increased	UNICEF	0	0	0%	300	The 300 members of the EPAs and MEAs will be formed in August 2021.

<p>Outcome 4: Improved knowledge, attitudes and behaviours of parents and communities regarding health, nutrition, reproductive and sexual health</p>	<p>Output 1: Teachers, cooks and parents have access to skills development and training modules.</p>	<p>Number of health care providers trained in youth-friendly services</p>	<p>UNFPA</p>	<p>0</p>	<p>26</p>	<p>173%</p>	<p>15</p>	<p>Two training sessions were organized for the managers of the 13 identified health centers and 26 health care providers were trained.</p>
		<p>Number of members of parents' associations trained in life skills, adolescent sexual and reproductive health, gender-based violence and equality between girls and boys in school</p>	<p>UNFPA</p>	<p>0</p>	<p>300</p>	<p>100%</p>	<p>300</p>	<p>This activity was carried out with regard to the SR component by the partner TECHNIDEV. With regard to the GBV component, there was a delay in the signing of the APTA with the IP AFJT, which explains the delay in the implementation of this component whose implementation began during this 3rd quarter and will continue until the end of the project.</p>
		<p>Number of people affected by CSCC interpersonal approaches</p>	<p>UNFPA</p>	<p>0</p>	<p>3,272</p>	<p>33%</p>	<p>10000</p>	<p>3,272 people have already been through sensitization activities in the 12 safe spaces of the Lake. This activity will continue for the remainder of the</p>

						project period where the focus will be on the eastern logone province to achieve the indicator.	
	Number of teachers trained on life skills, SRAJ, GBV and gender equality	UNFPA	0	0	0%	400	Activity not carried out, scheduled for the month of September.
	Number of teachers and supervisors trained in early childhood pedagogy	UNICEF	0	0	0%	96	96 facilitators will be trained in October 2021.
	Number of pre-school teachers who benefit from the payment of community teachers' subsidies as part of programmes	UNICEF	0	0	0%	96	96 facilitators will be included in September 2021, the process is underway with the Ministry of Education.
	Number of primary and middle school teachers and supervisors trained in pedagogy (discipline didactics) and education in the culture of peace	UNICEF	0	502	45%	1125	The second pool of 619 teachers will be trained in September 2021.
	Number of teachers trained in nutrition education	UNICEF	0	111	56%	200	All teachers available and present in the schools were affected by the first phase of the training. The rest should be

							conitnued at the beginning of the next school year.	
	Number of teachers train on essential actions in nutrition	WFP	0	68	19%	360	Part of the training will be organized in the next school season.	
	Number of COGES who have received training on the management and monitoring of school feeding programmes	WFP	0	962	200%	480	962 members of COGES, APE/AME including 416 women and 546 men received training on the management of school canteens. Each committee is composed of 23 members at the Lake and 14 members at Goré.	
	Output 3: Women and adolescent girls have access to safe spaces (to discuss important issues and receive training on adolescent sexual and reproductive health, GBV prevention, etc.).	Number of functional safe spaces	UNFPA	0	12	80%	15	12 safe spaces have already been set up by the partner IHDL in the Lac province. The establishment of safe spaces will continue in the province of The Eastern Logone (Nya Pende) where the implementing partner has just signed the agreement with UNFPA.
		Number of adolescent girls and mothers supported	UNFPA	0	392	784%	50	In the eastern logone (Gorée), 392 women were supported,

		through safe spaces						the activity has not yet started in the lake.
		Number of awareness sessions conducted in safe spaces	UNFPA	0	20	200%	10	20 awareness sessions have already been carried out in the 12 safe spaces set up in the Lake.
		Number of national policies, programmes and coordination systems developed or strengthened with the support of United Nations partners	All agencies	0	0	0%	1	The activity is planned for the last quarter of the project (Q4 2021). this activity is likely to be delayed until January 2021.
Outcome 5: Strengthening the capacity of government institutions at the central and local levels and the education sector (school management committees, parents' and mothers' associations) to take into account the specific needs of adolescent girls in national policies and strategies as well as in	Output 1: Government at the local and national levels is trained on adolescent girls' priorities in national policies and strategies and in operational plans and budgets	Number of partners supported	All agencies	0	9	82%	11	For the implementation of project activities, agencies signed collaboration and partnership contracts with NGOs, provincial education delegations and private companies.

plans and budgets								
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Annex 11. Acronyms

AIR	American Institutes for Research
APE/AME	Association de Parents d'élèves/ Association de Mères d'élèves
BEPC	Le Brevet d'études du premier cycle
BBGE	Breaking Barriers for Girls Education
CBO	Community-based organization
DEQAS	Decentralised Evaluation Quality Assurance System
DEQS	Decentralised Evaluation Quality Support
ERG	Evaluation Reference Group
ET	Evaluation Team
EQ	Evaluation Questions
FAO	UN Food and Agriculture Organization
FCAS	Fragile and Conflict-Affected Situations
FGD	Focus Group Discussion
GAC	Global Affairs Canada
GBV	Gender-Based Violence
GEWE	Gender Equality and Women's Empowerment
HDI	Human Development Index
IDP	Internally-Displaced Person
IRB	Institutional Review Board
KAP	Knowledge, Attitudes, and Practices
KII	Key Informant Interview
MHM	Menstrual Hygiene Management
NGO	Non-governmental organization
OECD-DAC	Organization for Economic Cooperation and Development's Development Assistance Committee
PND	National Development Plan
PTA	Parent-Teacher Association
QA	Quality Assurance
SBP	School-Based Programmes Division
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
TOC	Theory of Change
TOR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
OEV	Office of Evaluation

Annex 12. Activities Table

Activity	Description of Activity	Recipients	Leading Agency / Implementing Partners	Implementation Period
School meals	Provide meal of rice, beans, oil, salt, and vegetables	All primary school boys and girls	WFP	2019-2022
Cash grants	Conditional on 80% attendance; grant of 10,000 CFA	Girls in CM1, CM2 or secondary	WFP	2020-2022
Micronutrient supplementation	Folic acid supplementation	Students aged 6-15 in primary and secondary school	UNICEF	2021-2022
Comprehensive Sexuality Education	CSE provided in schools and communities. In communities, adolescent girls given skills in SRH, gender and human rights, literacy, financial skills, and returning to school. Parents given info on importance of school and consequences of child marriage. In schools, pass info through health clubs and preparing for integration into teacher training	Adolescents aged 10-19 in target communities; All children in school	UNFPA	2019-2022
WASH services	Constructed latrine blocks (separate for boys and girls) with handwashing stations	All schools	UNICEF	2020-2022
Scholarships	Grant of 20,000 CFA to 3 best primary girls at end of each school year	Girls in primary school	WFP	
Welcome kits	Grants of 30,000 CFA to secondary school girls at beginning of school year	Girls in secondary school		
After-school tutoring	Group and individual tutoring after school in French, Math, Biology, Physics, Chemistry, and Philosophy. 3 times per week in each subject	Boys and girls with learning difficulties in CEGs	Technidev	2020-2022
Deworming	Provided deworming medicine to students	Students aged 6-15 in primary and secondary school	UNICEF	2021
Healthcare referral services	Healthworkers in facilities close to CEGs trained in provision of SRH services to young people and adolescents. Healthworkers go to schools to raise awareness of SRH services offered at facilities.	Boy and girl students in schools near health facilities	ASTBEF/UNFPA	2021-2022

WASH education in school	Teachers and APE/AME members trained on comprehensive nutrition, water, sanitation, and health education provided in schools, including MHM	Primary grades CP1 - CM2 and secondary grades 6eme-3eme	UNICEF	2020-2022
SRH and GBV education sessions	Sessions provided in primary and secondary schools on themes related to SRH and GBV	Students	AFJT	2020-2022
Life skills training	Sessions provided on themes such as GBV, leadership, relationships, HIV)	Adolescent girls and women	Technidev	2020-2022
Distribution of sanitary napkins	Sanitary napkins distributed in primary schools and high schools	Menstruating female students	Technidev	2021-2022
Teacher training kit	Kit including picture boxes and booklets	Teachers	UNICEF	2020-2021
Cook training kit	Kit including picture boxes and nutri-card games. Training included cooking demonstrations and proper nutrition practices	PTAs and cooks	WFP	2020-2021
PTA training kit	AMEs and APes trained on GBV and SRH	PTAS	AFJT	2021-2022
Issuing birth certificates	Identifying students, having mobile hearings, enrolling students, and issuing birth certificates	Students without birth certificates and newborns	Technidev and National Agency for Secured Titles (Agence Nationale des Titres Sécurisés)	2020 and 2022
IGAs for mothers	Grants of 100,000 CFA to members of APE/AME and cooks to establish IGAs	APE/AME members and cooks	PAM	2021-2022
Construction of preschool classes		Parents of children aged 3-5 (incl. single mothers)	UNICEF	2022
Community sensitization on girl's education	Community sensitization campaign on the importance of girls' education. Conducted interactive radio broadcasts with influential members of the community. Radio messages transmitted in different local dialects.	Communities	PAM	2021-2022
Safe spaces	Created safe spaces for women and adolescent girls. These spaces serve as places of education and information on SRH and GBV. Also serve as a	Women and adolescent girls in community	AFJT / UNFPA	2021-2022

	place to listen to survivors of GBV			
Support to women's groups for IGAs	Support women's groups for IGAs including with sewing machines and other inputs for sewing made available to these groups. Members trained in making sanitary napkins and sealing them.	Women's group members in community	Technidev	2020-2022

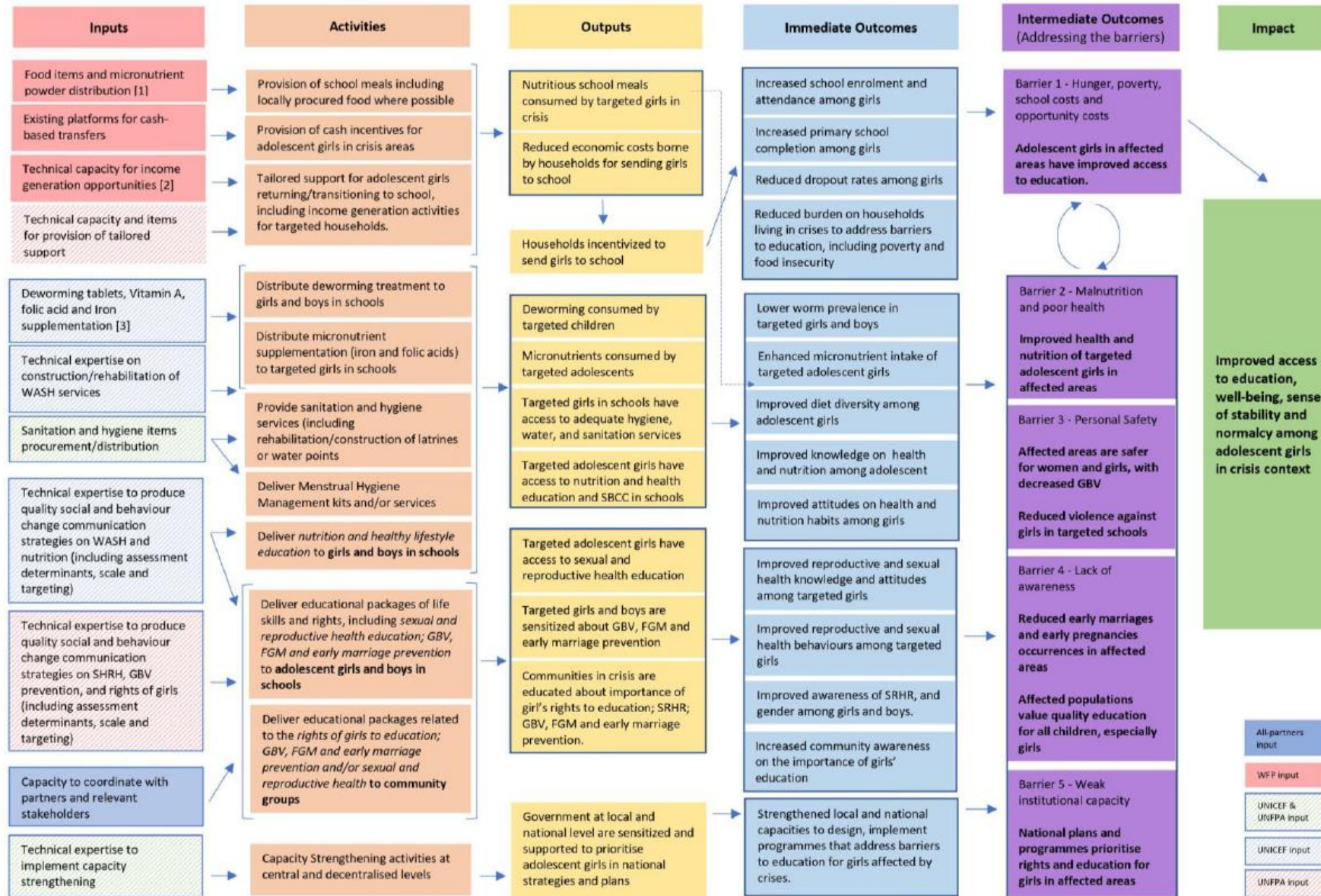
Annex 13. Detailed Stakeholder Analysis

Stakeholder	Involvement with BBGE	Involvement with evaluations of BBGE
Implementing agencies and partners		
WFP (HQ)	<ul style="list-style-type: none"> • Negotiated and signed BBGE project through the School-Based Programme (SBP) service • Promoted collaboration between HQ, regional, and country office levels (across three UN agencies); provided technical support for budgeting, reporting, M&E, donor relations, etc. • Commissioned external evaluation 	Manages external evaluation process. Primary stakeholders and informants – will use the evaluations for evidence-based decision making, advocacy to continue/inform future programming in line with WFP’s approach, and internal and external reporting.
WFP Regional Bureau for West Africa (RBD)	<ul style="list-style-type: none"> • Provided technical support for country offices’ technical needs • Helped create synergies with other interventions (Resilience project, UNICEF partnership) 	Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting.
WFP Country Office (Chad)	<ul style="list-style-type: none"> • Overall responsibility for management and implementation of BBGE • Responsible for school meal activities and related assistance • Delivered nutrition-sensitive programming such as school kits, conditional cash grants, and food vouchers • Monitoring and evaluation of activities 	Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting.
UNFPA (HQ)	<ul style="list-style-type: none"> • Provided input and oversight to BBGE activities related to GBV prevention and reproductive health (see row below) 	Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting.
UNFPA (Chad)	<ul style="list-style-type: none"> • Managed activities related to preventing GBV and improving adolescent girls’ reproductive health • Strengthened community and health worker capacity and provided community- 	Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting. Will also use evaluations to build national ownership to continue the

Stakeholder	Involvement with BBGE	Involvement with evaluations of BBGE
	<p>level sensitization on GBV and reproductive health</p> <ul style="list-style-type: none"> • Safe Spaces initiative for adolescents • Supporting return of girls to school, including advocacy with government • Capacity building of mentors • Coordination of partners' activities in birth registration; menstrual hygiene; prevention and management of GBV; and SRHR 	<p>programme without external funding.</p>
<p>UNICEF (HQ)</p>	<ul style="list-style-type: none"> • Provided input and oversight to BBGE activities related to education, nutrition, health, and WASH (see row below) 	<p>Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting.</p>
<p>UNICEF (Chad)</p>	<ul style="list-style-type: none"> • Managed activities related to nutrition supplementation and deworming • Rehabilitated and upgraded school-based WASH facilities and provided complementary trainings on nutrition, health, WASH, and STIs 	<p>Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting.</p>
<p>Government</p> <ul style="list-style-type: none"> • Ministry of Education • Ministry of Public Health and National Solidarity • Ministry of Women, Families, and the Protection of Children 	<ul style="list-style-type: none"> • National governments and line ministries provided leadership and oversight of all BBGE activities • Informed project intentions at regional and school levels and established networks between school communities and health services 	<p>Primary stakeholders and key informants with particular interest in evaluation results related to capacity, coordination, and sustainability.</p>
<p>NGOs and community-based organizations in Chad (PTAs; SMCs; female farmer groups; women's groups; religious leaders; community radio)</p>	<ul style="list-style-type: none"> • Supported gender equality and GBV sensitization • Supported delivery of field-level activities with parents and mothers' associations 	<p>Primary stakeholders and informants – will use the evaluations for evidence-based decision making.</p>
<p><i>Implementing partners:</i></p> <ul style="list-style-type: none"> • Secours Catholique et Développement (SECADEV) • SOS Sahel • Technidev Academy 		

Stakeholder	Involvement with BBGE	Involvement with evaluations of BBGE
<ul style="list-style-type: none"> • Association Tchadienne pour le Bien-Etre Familial (ASTBEF) • Association des Femmes Juristes du Tchad (AFJT) • World Vision 		
Programme beneficiaries and stakeholders		
Beneficiaries (female and male students; parents/caregivers; women’s groups making reusable sanitary napkins, etc.)	Direct and indirect beneficiaries of BBGE activities.	Primary stakeholders and key informants with stake in determining whether assistance provided was appropriate and effective.
Community-level programme stakeholders (school directors; teachers; health centre leaders; parent association representatives; religious and traditional leaders)	Stakeholders and supporters of BBGE activities.	Primary stakeholders and key informants with stake in determining whether assistance provided was appropriate and effective.

Annex 14. BBGE Reconstructed Theory of Change



Annex 15. Quantitative and Qualitative Evaluative Approach

Quantitative Evaluative Approach

Our quantitative approach entails calculating changes in outcomes between baseline and follow-up using recalled baseline information. Where feasible, we gathered retrospective baseline information for outcomes for which recall error may be less concerning, such as information on school enrolment, progression, and dropout collected directly from school records. For outcomes for which it was not feasible to collect retrospective baseline information (e.g., educational aspirations or morbidity) or for which recall errors might be a concern, we report descriptive statistics. Although our approach does not render the causal impact of BBGE, it does provide suggestive evidence that helps us respond to some of the EQs, particularly when complemented with qualitative and secondary data findings.

Quantitative Sampling

We implemented a two-stage stratified sampling approach for this evaluation: We first selected schools and their corresponding catchment areas (i.e., the communities served by the selected schools within each region of interest in Chad), and we then sampled households within the chosen catchment areas or communities. We divided the BBGE schools sampling frame provided by UNICEF, UNFPA, and WFP country office teams into different strata defined by (a) the region of interest, (b) targeted departments/inspections within each region, and (c) secondary or primary schools. Specifically, we divided the sampling frame into 12 strata, four in Lac and eight in Logone Oriental. We then randomly sampled BBGE schools from each stratum. The final planned sample comprised 56 BBGE schools, 28 from each of the programme regions.

Enumerators identified the boundaries of the communities served by the sampled schools with the help of local leaders and the school principals. In each community, we aimed to select 10 households by conducting a random walk through the community. A screener questionnaire on the number and sex of school-age children in the household was completed at the beginning of each household interview. We used screener questions to stratify the sample while performing the random walk. Households without school-age children were skipped, and enumerators continued interviewing households until they reached the community quota. In households with school-age children, we randomly selected a parent and a young child (aged 12–19) to respond to the household survey and youth module, respectively. We randomly selected the youth regardless of sex until we met a quota to ensure that girls were oversampled in a ratio of 6:4.

Our study sample covered the two BBGE regions in Chad. We aimed to select 28 communities within each region, for a total of 56 communities. Within each community, we aimed to visit one school and 10 households, for a total of 56 schools and 560 households. As shown in Table 3, we met our targeted sample size, sampling a total of 57 schools (roughly 73% of BBGE schools). The field team was able to access almost all of the communities and schools initially sampled. Only one community, located in Logone Oriental, was replaced due to security concerns. Quantitative data were collected from randomly selected primary and secondary schools across the two programme regions. We conducted 560 youth surveys and 566 household surveys in the 57 school zones visited.

Table 1. Chad Quantitative Data (Planned vs. Actual)

	Number of schools/communities		Number of household surveys		Number of youth surveys	
	Planned	Actual	Planned	Actual	Planned	Actual
Lac	28	29	280	282	280	278
Logone Oriental	28	28	280	284	280	282
Total	56	57	560	566	560	560

Qualitative Evaluative Approach

We used KIIs and FGDs as our anchor qualitative methods, incorporating age- and respondent-appropriate participatory activities such as actor mapping, problem tree, and ranking activities (Exhibit 2). In designing the study sample, we carefully considered how experiences with the program might be gendered or differ according to age, education, or other dimensions of diversity. We designed our qualitative sample to draw out these differences while also preserving the safety and comfort of respondents throughout the data collection process.

We purposefully sampled four schools—in two towns in Lac and two in Logone Oriental—for qualitative data collection at the community/school level. Qualitative data collection coincided partly with quantitative data collection and lasted

slightly longer, taking place between January and February 2022. Altogether, we conducted 16 FGDs with female adolescents, parents, and community members in a sex-segregated manner (e.g., male caregivers and female caregivers separately). We also conducted 22 KIIs with the community-level informants, including representatives of parents' associations, traditional or religious leaders, health service providers, teachers, and principals. At the institutional level, we conducted three KIIs with government representatives from the Ministry of Public Health and National Solidarity, the Ministry of National Education and Civic Promotion (MENPC), and the Ministry of Women, Families, and the Protection of Children. Finally, the evaluation team conducted six organizational FGDs at the headquarters, regional, and country levels (including NGO and country office staff). A full description of people sampled in the qualitative data collection is provided in Annex 8.

To maximize learning from this evaluation, we used the results from the desk review (including previous evaluations conducted) and incorporated feedback from conversations held during the inception phase to develop instruments for interviews and focus groups. By closely reviewing existing reports and identifying important findings from previous analyses, we built qualitative instruments on the existing knowledge base that complemented it rather than duplicating previous research efforts while still fully answering all EQs.

Participatory Approaches During FGDs

Our qualitative data collection also incorporated participatory activities to empower respondents during the research process and elicit their nuanced perceptions and experiences. Participatory learning and action approaches focus on minimizing the power differences between researchers and research participants, and they do so by empowering the latter to share their knowledge and experience through group-based, visual, and engaging activities (Chambers, 2002). Such approaches are particularly well suited to research involving marginalized or vulnerable groups and are thus important data collection tools for evaluating the BBGE programme (Chambers, 2002). Further, they “shift attention away from the interaction between outside investigators and local people and towards the analyses themselves” and allow for better understanding respondents’ perceptions and choices on complex topics (Pretty et al., 1995).

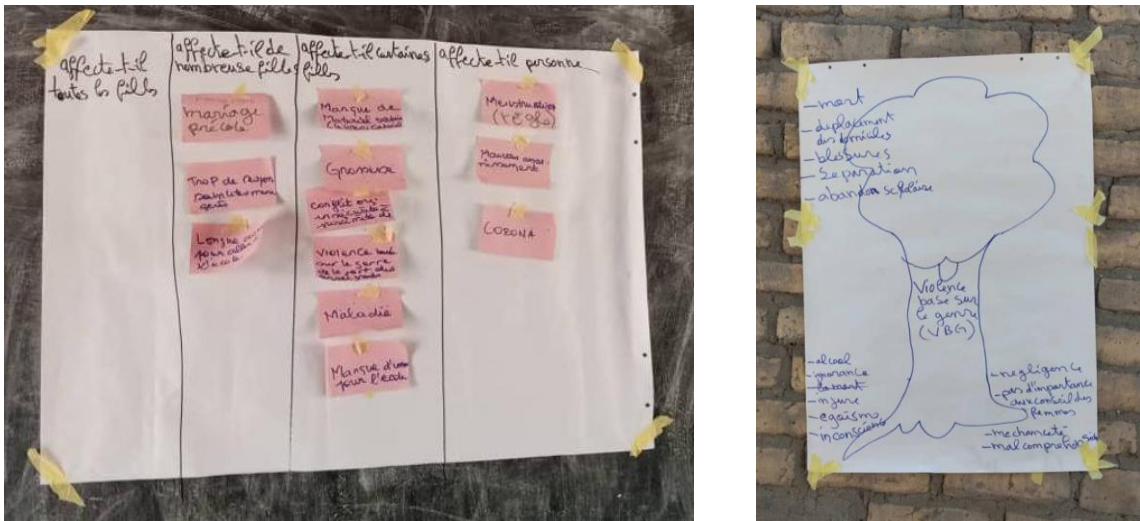
In this study, the evaluation team used participatory approaches during FGDs to help unpack participants’ perspectives on GBV and the barriers to girls’ education. The team conducted a ranking and scoring activity during FGDs with adolescent girls to gain a richer understanding of the perceived barriers to education in their locality. Data collectors guided the respondents in mapping a prepared list of potential barriers according to their prevalence and importance. In results such as the one pictured in Exhibit 3, adolescents in BBGE zones conveyed their understanding of the barriers to girls’ education. Meanwhile, we conducted a problem tree activity during FGDs with community members who had been sensitized through the BBGE project. Problem trees are collaborative drawings that allow researchers and study participants to collaboratively elaborate the causes and consequences of a given issue (UN ESCAP, UNDP, & ADB, 2007). Through the problem tree activity, enumerators guided community respondents to comment on the root causes of GBV in their communities and the effects or manifestations of GBV they notice. The full activity protocols are provided in Annex 5.

Exhibit 1. Ranking Activity Facilitation in Chad



Source. Dalberg Research.

Exhibit 2. Example Result of Ranking and Scoring Activity and Problem Tree Activity



Source: Dalberg Research.

Inclusive, Gender-Responsive Approach

This evaluation wielded an inclusive and gender-sensitive approach to strengthen the validity of the findings. When framing the research questions, designing the data collection, collecting data, and analysing and writing up the results, AIR sought to use best-practice gender-sensitive techniques to ensure a high-quality research output. Further details on our gender-inclusive approach can be found in Annex 16.

First, we ensured that we had gender balance within our own evaluation and data collection team. Next, AIR considered the gender and equity implications within the evaluation tools. In terms of sampling, we purposefully sampled beneficiaries to reflect the ethnic, linguistic, socioeconomic, and gender diversity of the study population, and we ensured participant security throughout implementation of this approach. All data were collected in a gender-sensitive way, considering the gender-based risks that women and female youth might have faced when participating in—or serving as respondents during—the data collection processes. Finally, when feasible, we analysed data by sex and any other important identifying characteristics related to gender inequality and power imbalances in Chad. Our analyses disaggregated data and results by sex, age, and region whenever possible to examine differential impacts by these characteristics. These subgroup analyses ensured that nuanced outcomes were observed (e.g., outcomes that were observed only for a subpopulation or impacts that were substantially larger for a subpopulation than for the overall sample), and they aided in the examination of gender equality resulting from the BBGE programme.

Further, our team collected data on sensitive topics, including GBV and SRHR, in quantitative and qualitative interviews. Thus, it was imperative that the entire team, including all data collectors, adhere to good practices for safe and inclusive interviewing techniques to avoid respondent harm during or after the interviews. For instance, we required the sex of the enumerator or interviewer to match the sex of the respondent when addressing sensitive issues (i.e., males interviewed males, and females interviewed females). Also, AIR trained enumerators and interviewers in administering these protocols through sessions on gender and GBV; research ethics related to sensitive topics; safety precautions and managing risks during GBV and SRHR data collection; how to recognize and respond to trauma, including secondary and vicarious trauma, in respondents; and how to safely provide referrals to local support services. Our team of local data collectors, along with our Chadian consultant, Titiyam Ngaryanouba, worked together to ensure the team was adequately trained to assist women respondents in answering sensitive questions and was able to get the approval from spouses, as needed, to participate in the study. This training was gender-disaggregated so that male trainers trained male interviewers and female trainers trained female interviewers. Finally, the AIR–Dalberg team prepared a French language protocol for data enumerators that outlined the topics covered during the training and a reporting procedure in case of respondent reports of GBV. The protocol included referral information for GBV support services in Chad.

Data collectors were trained by Dalberg staff and a local consultant in Chad from January 2 to 6, 2023. Teams piloted data collection instruments on January 14 in a BBGE community not included in the evaluation sample. After enumerator training finished, teams travelled to the selected survey areas in each region to collect data from January 17 to 27. The final quantitative survey data were received by the AIR team from Dalberg Research on February 1, 2023, and the final qualitative transcripts were received on February 23, 2023.

Quantitative Evaluative Approach

We conducted a theory-based descriptive evaluation of the BBGE programme to provide suggestive quantitative evidence on the effectiveness of the intervention across various outcome domains and investigated the mechanisms through which changes might arise. We performed descriptive analyses, using data from the household and youth surveys, as well as the school census, to identify levels of key programme indicators such as school enrolment and attendance, proportion of schools with separate sanitation facilities for boys and girls, and school feeding days as a percentage of total school days. When possible, we examined changes over time by comparing endline values with recall values. Throughout the analysis phase, we involved our national expert to ensure that findings were being interpreted with due consideration given to cultural nuances in Chad.

In addition, because of the programme objectives, we performed separate analyses by sex, school level, and region. We triangulated findings for outcomes at the individual and household level with descriptive statistics at the school level. We assessed programme implementation and fidelity, using school census information as well as data from the household and youth surveys.

Recording, Transcription, and Translation of Qualitative Data

All interviews were digitally recorded and transcribed. Interviews and focus groups conducted in French or local dialects were transcribed in English prior to analysis of all documents. The evaluation team carefully reviewed all transcripts to ensure the completeness and clarity of the English translations. The research team consulted the audio recordings as necessary to verify content and the accuracy of the translations.

All data from interviews and focus groups were coded and analysed using the NVivo qualitative software programme. The evaluation team created a preliminary coding structure based on the EQs, interview and focus group protocols, and memos of ideas that emerged during data collection. The resulting coding outline was used to organize and subsequently analyse the information gathered through KIIs and FGDs. The outline was used as a living document and was occasionally modified as new themes and findings emerged during data analysis. A list of definitions for the codes accompanied the outline to ensure coders used the same standards to categorize data. After inputting the raw data into NVivo, coders selected a sample of interviews to double-code to ensure interrater reliability. The team then input the data into the thematic structure. During this process of data reduction, researchers characterized the prevalence of responses, examined differences amongst groups, and identified key findings and themes related to the EQs. The qualitative researchers discussed and compared findings amongst themselves, then triangulated the data with the findings from the quantitative research to ensure the validity and richness of the data. The evaluation team also disaggregated the qualitative data wherever possible to differentiate the perceptions of different groups of beneficiaries and stakeholders. The team attempted to reflect the diversity of experiences with the programme by distinguishing findings for different groups (e.g., women and refugees) whenever possible and relevant.

Annex 16. BBGE Chad Activities, Targets, and Results Based on Monitoring and Survey Data

Key BBGE activities	Target	Reported outputs (Logframe Dec 2021)	Reported outputs (Logframe Dec 2022)	School survey	Youth survey
School meals (primary schools)	33,000 students	39,494 students	56,269 students	81% of schools	61% of youth
School gardens	12	20	46	30% of schools	N/A
School-based nutritional supplementation (no. of students)	Deworming: 11,037 Folic acid: 36,000 Iron: 42,063 Vitamin A: 33,000 (per year)	Deworming: 28,844 Folic acid: 34,908 Iron: 34,908 Vitamin A: 0	Deworming: 28,844 Folic acid: 44,953 Iron: 44,953 Vitamin A: 0	Deworming: 21% of schools Folic acid: 58% of schools Iron: 63% of schools Vitamin A: 69% of schools Any: 90%	Deworming: 49% of youth Folic acid: 13% of youth Iron: 19% of youth Vitamin A: 30% of youth Any: 51% of youth
Construction of new sex-segregated latrines in schools	82	37	73	75% of schools About 5 latrines per school	N/A
Handwashing stations	78	57	57	45% of schools	N/A
Construction of preschool classrooms	16	0	16	34% of primary schools 8% of secondary schools 12 preschool classrooms in sample	N/A
Distribution of sanitary napkins	5,000 kits per year	9,300 kits	5,426 kits	77% of schools in sample	33% of female youth
Incentive grants, attendance-based grants, and scholarships to primary and secondary school girls	8,000 attendance-based grants 360 scholarships 2,500 Incentive grants	2,200 attendance-based grants 906 scholarships 1,660 incentive grants	8,000 attendance-based grants 1,977 scholarships 2,471 incentive grants	73% of schools had attendance-based grants. 93% of secondary schools had incentive grants	31% of youth received financial assistance for school
Trainings for students	Nutrition: 9,000 students SRH: 15 secondary schools Life skills: 10,000 students	Nutrition: 2,731 SRH: 15 schools Life skills: 10,146 students	Nutrition: 20,731 students SRH: 15 schools Life skills: 10,170 students	86% of schools had some multitopic trainings for students Nutrition: 40% of schools Life skills: 20% of schools GBV: 77% of schools	28% of youth attended any trainings WASH: 58% of youth Nutrition: 45% of youth GBV: 64% of youth HIV: 43% of youth

Key BBGE activities	Target	Reported outputs (Logframe Dec 2021)	Reported outputs (Logframe Dec 2022)	School survey	Youth survey
				SRH: 70% of schools	Child marriage: 57% of youth
Trainings for teachers	Life skills: 400 teachers GBV: 400 teachers SRH: 400 teachers Nutrition: 560 teachers	Life skills: 0 GBV: 0 SRH: 0 Nutrition: 111	Life skills: 109 GBV: 109 SRH: 109 Nutrition: 686	Life skills: 40% of schools GBV: 80% of schools SRH: 73% of schools Nutrition: 40% of schools	N/A
Hygiene and nutrition clubs	Hygiene clubs: 75 Nutrition clubs: 75	Hygiene clubs: 42 Nutrition clubs: 42	Hygiene clubs: 78 Nutrition clubs: 81	Hygiene clubs: 9% of schools Nutrition clubs: 8% of schools	N/A
Safe spaces	15	12	Missing		43% of youth aware 18% of youth attended 40% of households aware 17% of households attended
GBV, nutrition, SRH, and girls' education sensitization campaigns (community level)	16	87 campaigns	44 campaigns		61% of youth 40% of households received/attended trainings or events 43% of households aware of radio broadcasting 15% of households heard radio broadcasting 31% of households received/attended training at APE/AME
Birth registration	5,000	3,516	1968		51% of youth have birth certificate 30% of households had birth certificates for all children 34% of households had birth certificates for some children

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