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

Decentralised Evaluation Report

Key Personnel for the Evaluation

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Executive Summary

1. The American Institutes for Research (AIR) conducted the final evaluation of the Breaking Barriers for Girls' Education (BBGE) programme in Chad and Niger implemented from October 2019 to June 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). The three UN agencies jointly commissioned this evaluation for the purposes of accountability and learning about what works for girls' access to education in crisis context as well as learning about the partnership. The evaluation's objectives are to assess the relevance, coherence, efficiency, effectiveness, perceived impact, and sustainability of the BBGE programme and offer actionable steps for program improvement. This report presents the evaluation findings and conclusions in Niger.

CONTEXT

2. Niger 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. 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), Niger ranks last (189 out of 191) amongst countries included in the Human Development Index (HDI)[1]. Niger is also increasingly confronting the effects of climate change, as evidenced by declining yields, disappearing grazing lands, and climbing food insecurity. Food security is further threatened by the current global food price crisis and the regional insecurity in neighboring Mali and Nigeria. Furthermore, education in Niger is beset by many challenges including poor attendance and instructional quality, gender inequality, and keeping pace with rapid population growth.

3. Education in Niger is beset by many challenges including poor attendance and instructional quality, gender inequality, and keeping pace with rapid population growth. On average, children in Niger spend only 6.5 years in school.[2] Amongst those who attend school, over 60% of pupils do not have the knowledge and abilities required to read and understand text, and about 30% of pupils fail to reach the "sufficient" threshold in mathematics.[3] The net primary enrolment rate has declined in recent years, exacerbated by disruptions due to COVID-19 and outbreaks of conflict.[4] Moreover, these trends have seen gender inequity in school enrolment rise since 2017, indicating movement away from the SDG targets related to gender equality and education. Girls in Niger now receive only half the number of years of education that boys do, and the primary school completion rate for girls decreased from 65% in 2016 to 49% in 2020[5]. Meanwhile, decreasing girls' education rates correlate with increases in early marriage: currently, 75% of girls marry before the age of 18, and 28% marry before the age of 15. Niger has a fertility rate of seven children per woman, giving it the highest population growth rate in the world.[6]

SUBJECT OF THE EVALUATION

4. Within this dire 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 the Global Affairs Canada (GAC) (over 11.3 million Canadian dollars) in the Tillaberi, Tahoua, and Diffa regions of Niger. 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.

5. 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 for girls, training for students on topics such as sexual and reproductive health

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[1] UNDP, 2020

[2] WFP, 2021a

[3] PASEC, 2020

[4] World Bank, 2021b

[5] World Bank, 2022a

[6] Razafimandimby & Swaroop, 2020

(SRH), gender-based violence (GBV), water, sanitation, and hygiene (WASH), life skills, and nutrition, construction of gender-segregated latrines in schools and distribution of menstrual and hygiene management kits, including sanitary napkins, distribution of micronutrient supplements, community-based sensitization and GBV prevention activities, and activities aimed at strengthening capacity at national level.

6. 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.

7. The expected users for this evaluation report include the WFP SBP Division and its decision-making partners, the WFP, UNICEF, UNFPA headquarters, regional, and country and field offices, the ministries of education and health in Niger, GAC, and local NGOs and CBOs acting as implementing partners.

EVALUATION METHODOLOGY AND SCOPE

8. 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.

9. AIR used a mixed-methods approach, integrating quantitative and qualitative methods to (a) assess performance of the BBGE programme towards the expected outcomes, using the logic framework, (b) examine the partnerships amongst the organizations responsible for implementing the BBGE programme in Niger, (c) uncover 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) identify lessons and good practices with special attention to lessons for programming for girls in crisis and emergency contexts.

10. 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 Niger, 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 research included a school census with 50 schools and surveys from a total of 555 household and 557 youth respondents in the Tillaberi, Tahoua, and Diffa regions. The qualitative research included 24 focus group discussions (FGDs) with adolescents and parents, both separated according to gender at 6 sites, 24 key informant interviews (KIIs) with community and government stakeholders, and 6 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. Data collection took place between November and December 2022.

12. While the AIR team took steps to mitigate the risks to the study validity, we could not avoid several limitations. These include 1) lack of data or limited data such as quantitative baseline data, missing recall data, detailed monitoring documents, 2) social desirability bias and sensitive questions in survey data, and 3) logistical challenges related to data collection including remote work, flooding in Diffa region, security threats in Tillabéri, and data collection in several languages. We considered these limitations and discussed several implications and mitigation strategies in the report.

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 complementary programme activities provided relevant, comprehensive support to address them. The programme targeted some of the most vulnerable communities in Niger, highlighting the way 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 faced overlapping vulnerabilities of distance from school, risk of conflict-related violence, displacement, and/or lack of guardianship.

Coherence and Connectedness

14. The BBGE programme's objectives and activities successfully aligned the Government of Niger's relevant policies and priorities for the education; food security and nutrition; water, sanitation, and hygiene; and health sectors, as well as its country-wide sustainable development goals (e.g., the 2015 National School Feeding Strategy (SNAS) and National Strategy for the Acceleration of Education and Training of Girls and Women (SNAEFFF) 2020–2030). The programme's joint approach was generally compatible with the strategies and objectives of the Government of Niger 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 (e.g., WFP's School Feeding Strategy 2020–2030, UNICEF's Programme of Cooperation 2019–2021, and UNFPA's Adolescent Strategy 2019–2030). Specific areas of intervention regarding food security, nutrition, WASH, and health appear to have been most compatible with the strategies and objectives of the stakeholder responsible for their management and oversight, and relevant stakeholders from the Government.

Efficiency

15. The WFP, UNICEF, and UNFPA at the headquarters level generally perceived the joint approach to programme implementation to be successful and efficient while addressing a multifactorial issue in a way a single organization would not have been capable of. Determining flows of funding amongst the various stakeholders and identifying barriers to funding distribution was a challenge within the joint approach to implementation. . External factors such as COVID-19 and the security context broadly impacted the start-up of BBGE and its activities, delaying the delivery of folic acid and iron supplementation to schools and of hygiene kits to health centres. Limited infrastructure in schools also adversely impacted the timely and economical implementation of certain activities.

Effectiveness and Perceived Impact

16. The BBGE programme had an ambitious set of activities planned for Niger aimed at girls, schools, and communities. The school census indicated that BBGE schools received, on average, only three of the six school-based activities (i.e., school meals, cash incentives, trainings, nutritional supplements/deworming, constructions on latrines and hand washing stations, and MHM kits). Among programme activities, school meals were most widely delivered (94% of primary schools), followed by cash grants distribution (66% of secondary schools), and latrine construction (60% of schools), while other programme components were implemented with less fidelity. Because BBGE intended to eliminate multiple barriers to girls' education, the delivery of only a small subset of planned interventions created major challenges.

17. Overall, the education outcomes of youth in the BBGE communities indicate that the program has likely contributed to the positive results. Enrolment rates were high (81% of youth) in program schools. School records suggest increases in enrolment for youth at primary and secondary levels over the past three school years. Further, more girls were taking their Certificat d'Études Primaire (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. The proportion of girls taking the CEP has almost doubled in the last years from 20% in 2019 to 36% in 2022. 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 the two most widely received BBGE activities. Teachers believe girls are enrolling in school at higher rates due ot the BBGE programme.

18. By contrast, most other BBGE activities were not implemented as planned. Although knowledge of the BBGE programme was high amongst caregivers, as well as youth (85% and 76%, respectively), less than half of caregivers received community trainings and youth participation in other complementary activities such as trainings, kit disbursement, micronutrient distribution, and sexual reproductive health and rights (SRHR) education varied. Accordingly, youth knowledge of behaviours related to health, WASH, SRH, and HIV were mixed, with no clear indication of observed positive trends.

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. Although there is some evidence that selected BBGE activities and policies have been institutionalised at both the national and community levels, there was a strong sense of dependency on external support and a limited sense of ownership of the programme by beneficiaries and government stakeholders at all levels. The initial implementation period of less than 2 years was viewed by many as a "proof of concept" or "pilot" phase and next steps were often seen as contingent upon evaluation findings. For these reasons, sustainability may not have been a top priority during the initial programme period. Furthermore, parents and other community stakeholders expressed a sense of helplessness and an inability to continue with activities (especially those requiring financial resources) in the absence of external support.

CONCLUSIONS

21. The WFP, UNICEF, and UNFPA had strong collaboration and considerable excitement over the joint approach and the potential to scale up the program and replicate it elsewhere. However, coordination issues at the ground level emerged as well as some concerns over funding flows.

22. Overall, education indicators related to school enrollment, CEP take rates, and aspirations were high, especially for girls from target areas, suggesting that BBGE activities were well designed to promote girls' enrolment and retention in schools. The cash grants and school meals were perceived to help most in overcoming barriers to educational attainment for youth and were the two most widely received BBGE activities.

23. The BBGE programme and its implementers prioritised gender and overall equity. Many community members and caregivers were concerned with the perceived fairness of cash grants only going to girls and felt boys were being unnecessarily excluded from programme activities when they were also vulnerable and in need of financial assistance to continue with schooling.

24. Sensitizations 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 the part of community members.

LESSONS LEARNED

25. While this report focuses on the evaluation of the BBGE activities in Niger, the programme was simultaneously implemented in Chad. 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:

26. **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.

27. Across both countries, school meals and cash grants were deemed most effective for reducing barriers to girls (and boys) education. **In both Niger and Chad, school meals and cash grants 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.**

28. **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.

29. **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. Cash grants were delayed in both Niger and Chad 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 schoolyear 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.

30. **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 Niger and Chad 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 Joint Programme for Girls Education (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

31. As a result of the evaluation findings, we provide six evidence-based recommendations pertaining to programme efficiency, effectiveness, impact, equity, sustainability, coherence, and connectedness. We first present the strategic recommendations followed by more operational recommendations.

32. Strategic recommendations:

33. *Recommendation 1:* Expand provision of school meals to secondary schools (not just primary).

34. *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. If including boys in relevant activities is infeasible, carefully sensitize communities as to why boys are only included in certain activities.

35. *Recommendation 3:* To ensure girls in crisis contexts benefit from the full package of interventions, consider targeting a smaller number of schools to ensure that all activities and inputs are delivered as intended to realize impact.

36. *Recommendation 4:* 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.

37. *Recommendation 5:* Clarify the roles of the three UN agencies at the headquarters and local levels. Ensure distinct roles and responsibilities which are clearly communicated to better leverage support from the regional bureaus of the three UN agencies.

38. Operational recommendations:

39. *Recommendation 6:* Explore ways to streamline funding flows to reduce delays and avoid confusion about the status of funds disbursement. Determine bottlenecks in flows, and set realistic expectations about disbursement timing to reduce delays.

40. *Recommendation 7:* Enhance communication around training opportunities to ensure better participation. In areas in which knowledge is particularly low, consider follow-up trainings on specific topics.

41. *Recommendation 8:* Improve the timeliness of the provision of scholarships. Ensure that scholarships and cash grants for girls are delivered at the start of the school year to encourage proper and timely use of funds for girls' educational needs.

42. *Recommendation 9:* 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.

1. Introduction

1. Niger is amongst the poorest countries in the world with some of the lowest life expectancies and worst educational outcomes. In 2022, it ranked 189th of 191 countries in the Human Development Index.[7] The widespread and chronic vulnerability is not shared equally: Niger also ranks amongst the lowest countries on the Gender Development Index,[8] meaning that women in Niger have worse educational, health, and financial outcomes relative to men than in almost any other country in the world.[9] Niger ranked 153rd out of 170 countries in the 2021 Gender Inequality Index (the loss in human development because of inequality between female and male achievements).

2. Vulnerability is endemic throughout the country, with marginal differences across regions. A 2019 FEWS NET report found that, when disaggregated over regions and livelihood zones, the entire country except for two regions was classified as having moderate chronic food insecurity (CFI) and that one third of all households in Niger face moderate and severe CFI, experience seasonal food deficits for two to four months of the year and have poor dietary diversity[10]. Further, the report estimates that the prevalence of moderate and severe CFI was highest in Agadez, Diffa, Maradi, Tillabéri, and Zinder regions. In particular, severe droughts hit Niger in 2022, leaving four million households facing elevated levels of food insecurity last year[11] (Exhibit 1).

Exhibit 1. Map of Drought-Affected Zones
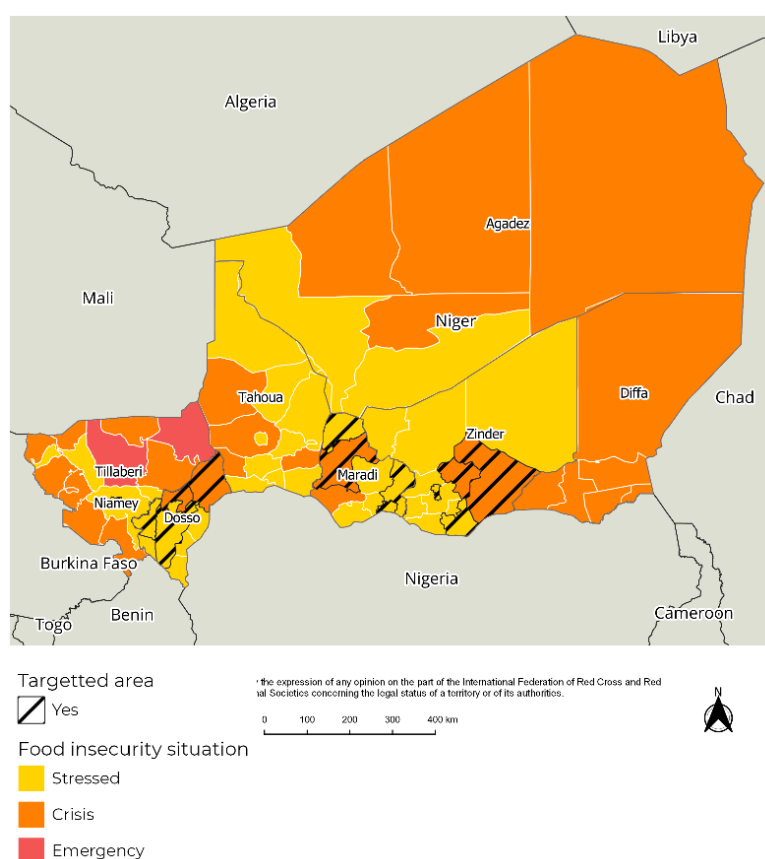
Source. IFRC, 2022

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[7] UNDP, 2022

[8] 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.

[9] UNDP, 2022

[10] USAID, 2019

[11] IFRC, 2022

3. Extreme poverty ($1.90 USD/per day) is common throughout Niger but particularly in rural areas outside of the capital city. In a context of extreme poverty, food insecurity and gender inequality, the barriers facing girls seeking education in Niger are further exacerbated by conflicts near the border with Mali in the Tillabéri and Tahoua regions, as well as near the Lake Chad Basin in Diffa. Regional insecurity has caused massive internal displacement, as well as the migration of refugees into these regions[12].

4. In an attempt to combat some of the challenges that plague youth attainment of education in Niger, particularly 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. A similar project, under the same name, with additional activities was implemented simultaneously by these stakeholders in neighboring Chad. The BBGE team leveraged a joint approach to programme implementation with the intent of achieving convergence of programme activities for key beneficiaries, seeking to ultimately reduce or fully eliminate 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 national and local government 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 Tillabéri, Tahoua and Diffa regions of Niger.

5. 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 Niger. A separate report will document the evaluation team's findings regarding project implementation in Chad. This report describes the 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

6. The evaluation of the BBGE Programme in Niger was jointly commissioned to the American Institutes for Research (AIR) by WFP, UNICEF, and UNFPA with WFP SBP Division as the coordinating agency, and covers the entire period of programme implementation from October 2019 to June 2022. AIR used a mixed-methods approach to investigate the performance of the BBGE programme in achieving improvements in school-aged children's and adolescent girls' outcomes and to assess the strengths and weaknesses of the joint implementation approach by WFP, the UNICEF, and the UNFPA.

7. This evaluation aligns with WFP's greater attention to gender equity and transformation within school feeding programming and a need for more learning about developing guidance for school feeding programmes in humanitarian settings. The BBGE programme exemplifies WFP's new approach to school feeding using an integrated and multisectoral package of interventions for school-age children, outlined in its School Feeding Strategy 2020-2030 framework.[13] As a result, this evaluation contributes to the evidence on the effectiveness and implementation of the integrated approach, building on the lessons learned from the Evaluation of the JPGE in Malawi. It also offers a unique opportunity to learn from the joint implementation of the programme by WFP, UNICEF, and UNFPA.

8. The two main objectives of the BBGE evaluation are accountability and learning, with an emphasis on learning, and the ultimate goal of promoting gender equality and women's prosperity.

- **Accountability:** The evaluation assesses and reports on the performance and results of the BBGE programme in Niger. The findings allow reporting to Global Affairs Canada (GAC); national authorities of Niger; and national, regional, and global stakeholders, as well as programme beneficiaries.

- **Learning:** The evaluation helps the understanding of the reasons why certain results occurred or did not occur 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. Furthermore, this 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 the WFP's School Feeding Strategic Evaluation.

9. The objectives of the evaluation include

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[12] WFP, 2022a

[13] WFP, 2020

- 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 created through the joint 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.

10. 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. We highlight areas that may need improvement and offer recommendations for integration into future programming. AIR aims to provide useful and actionable information at endline to enable WFP to make more informed strategic decisions for future programming.

11. The expected users for this evaluation report include the WFP SBP Division and its decision-making partners, the WFP, UNICEF, UNFPA headquarters, regional, and country and field offices, the ministries of education and health in Niger, GAC, and local non-governmental organizations (NGOs) and community-based organizations (CBOs) acting as implementing partners.

12. 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 Chaïbou Dadi (senior local expert). The team from Dalberg includes Jasper Gosselt and Benjamin N'Dri. The evaluation was managed by WFP SBP Division staff including Anna Hamilton and Niamh O'Grady with input provided by WFP, UNICEF, and UNFPA focal points. The evaluation team (i.e., staff from AIR, Dalberg, and local consultant) has no affiliation with any of the implementing agencies of the BBGE programme, nor stakes in the project being evaluated.

1.2. Context

13. Niger 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. 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), Niger ranks last (189 out of 191) amongst countries included in the Human Development Index (HDI)[14]. Further, Niger's HDI values show significant gender disparities, reflecting unequal outcomes for life expectancy and education and places it in the "group 5" set of countries with the highest gender inequality in HDI achievements.

14. Niger is also increasingly confronting the effects of climate change, as evidenced by declining yields, an erratic rainy season, recurrent droughts and floods, declining soil quality, and mounting food insecurity—especially during the "lean season" between May and August each year.[15] Food security is further threatened by the effects of recent crises and the current global food price crisis, posing additional barriers to the country's progress toward SDG 2 (Zero Hunger). As part of the Sahel region, Niger is further affected by regional insecurity in neighboring Mali and Nigeria. The UNDP classifies it as a "spill-over country," or a country affected by nearby conflict, and the Wilson Centre reports that insecurity in the Sahel has exacerbated gender inequality and food insecurity and weakened governmental institutions[16]. Such is particularly true in the regions targeted by the BBGE intervention—Tahoua, Tillabéri and Diffa in Niger—where there is a concentration of displaced and conflict-affected populations[17].

15. The people of Niger face multiple chronic vulnerabilities. More than 10 million people (out of a total of about 24 million) were living in extreme poverty in 2020.[18] Humanitarian issues in the country have escalated through the

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[14] UNDP, 2020

[15] WFP, 2021a

[16] Risi et al., 2022

[17] WFP, 2022a

[18] World Bank, 2021b

COVID-19 pandemic; this includes destructive flooding in 2020 and intensifying conflict in the southern and western border regions.[19] From 2020 to 2021, WFP analysis showed that food insecurity more than doubled, leaving approximately 2.6 million people without reliable access to sufficient, nutritious food. Environmental shocks (i.e., floods and droughts) continue to threaten the Tillabéri, Tahoua, and Diffa regions, leading to recurrent food deficits and persistent food insecurity.[20] COVID-19 also heightened poverty in Niger, resulting in an increase of poverty (at the international poverty line) of 1.4 percentage points to a total of 41.8% of the country living in extreme poverty.[21]

16. Education in Niger is beset by many challenges including poor attendance and instructional quality, gender inequality, and keeping pace with rapid population growth. On average, children in Niger spend only 6.5 years in school.[22] Amongst those who attend school, over 60% of pupils do not have the knowledge and abilities required to read and understand text, and about 30% of pupils fail to reach the "sufficient" threshold in mathematics.[23] The net primary enrolment rate has declined in recent years, exacerbated by disruptions due to COVID-19 and outbreaks of conflict.[24] Moreover, these trends have seen gender inequity in school enrolment rise since 2017, indicating movement away from the SDG targets related to gender equality and education. Girls in Niger now receive only half the number of years of education that boys do, and the primary school completion rate for girls decreased from 65% in 2016 to 49% in 2020[25]. Meanwhile, decreasing girls' education rates correlate with increases in early marriage: currently, 75% of girls marry before the age of 18, and 28% marry before the age of 15. Niger has a fertility rate of seven children per woman, giving it the highest population growth rate in the world.[26]

17. Gender-based violence and inequality are entrenched and fundamental challenges in Niger. Official numbers are hard to come by, but UN Women estimates that the child marriage rate is 61%,[27] and there is still presence of female genital mutilation. COVID-19 may have possibly worsened these outcomes due to the added economic stress associated with lockdowns. Numerous NGOs, including CARE International and the International Committee of the Red Cross, are working in cooperation with local and national government actors to address this situation.[28]

18. Due to its numerous entrenched development challenges and strategic location as a migration hub between sub-Saharan Africa and Europe, Niger receives a large amount of official development assistance (ODA) in relation to its economy. In 2020, net ODA constituted 49.5 percent of the total amount of imports of goods, services, and primary income in Niger, which ranked as one of the highest rates in the world[29]. In total, this amounted to almost 2 billion US dollars.[30] The major funders of this aid were France, European Union institutions, Germany, the United States, and multilateral organizations such as UNDP.[31] The aid was broadly used to address the manifold pressing challenges facing Niger, including security concerns involving jihadist violence, humanitarian assistance for IDPs and refugees, healthcare initiatives, education programs, WASH projects, and agricultural development projects. The UN agencies involved in this project (WFP, UNICEF, and UNFPA) are highly active within the country, providing numerous services and programming aimed at addressing core developmental challenges including, but not limited to: nutrition assistance, school meals, education improvement, capacity building and logistics management, gender equality programming, immunizations, child marriage reduction sensitisation, emergency preparedness and response, support for smallholder farmers, healthcare services, and advocacy for human rights.

19. The Government of Niger and its UN partners have taken concrete steps to address the country's challenges related to poverty, food security, education, and gender inequality. For example, the Sustainable Development and Inclusive Growth Strategy (SDDCI) 2035 aims to strengthen democracy and develop the economy.[32] Other policy strategies include an Education and Training Sector Programme (PSEF) 2014–2024 and a National Strategy for the Acceleration of Education and Training of Girls and Women (SNAEFFF) 2020–2030, which are intended to guide work in the

[19] WFP, 2021a

[20] USAID, 2020

[21] World Bank, 2022b

[22] WFP, 2021a

[23] PASEC, 2020

[24] World Bank, 2021b

[25] World Bank, 2022a

[26] Razafimandimby & Swaroop, 2020

[27] World Bank, 2017

[28] Yihun, 2022

[29] World Bank, 2022c

[30] World Bank, 2022d

[31] OECD, 2020

[32] UNFPA, 2019

education sector, increase women and girls' access to education and training, and address key obstacles such as GBV and child marriage, with focus on highly vulnerable groups including children from insecure and conflict-affected areas.[33] Additionally, the 10-year Plan Sectoriel de l'Education et de la Formation 2014–2024 and its National Strategy for Girls' Education and Training aim to improve girls' education. Niger has also signed onto a number of international frameworks in the areas of gender, forced displacement, and education:

- 1951 Refugee Convention Relating to the Status of Refugees (1961)

- 1967 Protocol Relating to the Status of Refugees (1970)

- International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (2009)

- Convention on the Rights of the Child (1990)

- African Charter on the Rights and Welfare of the Child (1999)

- Convention on the Elimination of All forms of Discrimination against Women (1999)

20. The UN Country Team (UNCT) in Niger has worked closely with the Nigerien government to implement and support these initiatives and others. In 2021, an evaluation of UNCT-government collaboration on gender equality[34] found that UN actors in the country had collaborated with the Nigerien government on two joint initiatives and had substantially contributed to strengthening government efforts to implement gender-related SDGs. In addition, UNICEF, WFP, UNHCR, and the UNFPA have implemented a host of programmes to meet the humanitarian and development needs of populations in Niger and specifically in Tillabéri, Tahoua and Diffa regions. UNICEF and UNFPA are particularly active on the topic of child marriage, whereas the WFP has focused on implementing its school feeding programme in working toward SDG 2 (Zero Hunger). Other civil society organizations and international organizations including the African Development Bank, CARE, International Federation of Red Cross (IFRC), the UN Refugee Agency, the International Rescue Committee, and bilateral donors are also active in the spaces of gender equity, humanitarian relief, and food security. The BBGE programme, funded by Global Affairs Canada and implemented by the WFP, UNICEF, and the UNFPA, builds on these existing initiatives.

1.3. Subject of the Evaluation

21. In September 2019, three UN organizations - WFP, UNICEF, and UNFPA - were awarded $30 million CAD by Global Affairs Canada to implement a package of activities over two years in the Lac and Logone Orientale provinces of Chad and the Tillaberi, Tahoua, and Diffa regions of Niger. The BBGE programme aimed to increase girls' access to education in the emergency contexts of Chad and Niger by breaking barriers to girls' enrolment in school, and it allotted $11.3 million CAD for activities in Niger. Implementation was planned to begin in October 2019 but was delayed until mid-2020 due to COVID-19, administrative issues and school closures. The programme timeline was thus extended to December 2022.

Summary of BBGE in Niger	
Donor	Global Affairs Canada (GAC)
Budget	11,259,140 CAD
Start Date	October 2019
End Date	December 2022
Beneficiaries Reached by Key Activities	
School Meal	109,922 Boys and girls
Cash Grant	12,123 Adolescent girls
School Welcome Kit	17,590 Adolescent girls
Menstrual Hygiene Kit	10,034 Adolescent girls

22. The overall aim of the BBGE programme in Niger 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 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 Tillabéri, Tahoua, and Diffa regions of Niger.

23. Exhibit 2 provides the breakdown of specific programme objectives in Niger. 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 SRH and other gender equality issues; and increase government capacity to address these issues

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[33] UNICEF, 2020

[34] The study was produced to evaluate progress toward UN-SWAP indicators in Niger. This finding refers specifically to UN-SWAP indicator 3.1. See: UNCT Niger, 2021

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 to improve their overall well-being and resilience in crisis contexts.

Exhibit 2. BBGE Programme Objectives

Objective 1: Improved access to primary and secondary education
• 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
• Improved access to a healthier learning environment
• Increased intake of iron and folic acid
• Reduced prevalence of anaemia amongst adolescent girls
Objective 3: Awareness of SRHR and prevention of GBV amongst school-aged girls and boys
• 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
• Increased awareness on importance of girls' education
• Improved KAP on girls' nutrition and SRHR in communities
Objective 5: Strengthening government capacity and coordination at national and local levels
• Strengthened capacity of government institutions at central and local levels to reduce and remove barriers to girls' education and address their needs in national policies, plans, and budgets

24. 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 Niger to implement a combination of activities comprising the BBGE programme during 2019–2022. The Global Affairs Canada provided funding of over 11.3 million Canadian dollars. The target communities for BBGE programme implementation in the Tillabéri, Tahoua, and Diffa regions comprise of the most vulnerable populations including large populations of refugees, internally displaced persons (IDPs), and returnees so that survival is often a priority for families and their children.

25. 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 Niger 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 Niger, the primary recipients (students, households, schools, and communities), the leading agency (WFP, UNFPA, UNICEF) and implementing partner, and the period of implementation. Overall, the main activities in Niger 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; 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, Organised by Component

Activity Set	Proposed Activities
Component 1: Food security and poverty reduction for education	
Activity 1: Nutritious school meals **Activity 2:** Cash grants for adolescent girls **Activity 3:** Tailored support for adolescent girls returning to school	• Cash grants • Mentoring programme for beneficiaries • School meals • IGA training for women • Training of cooks and storekeepers
Component 2: School-based nutrition, WASH, and health services	

Activity Set	Proposed Activities
Activity 4: Iron and folic acid supplementation and WASH in schools	• Micronutrient supplementation • Sanitation and hygiene services to schools • Comprehensive school-based nutrition, hygiene and health education
Component 3: School-based sensitization and SBCC	
Activity 5: Comprehensive school-based education, including SRH and GBV	• Comprehensive sexuality education (CSE) • School health clubs and infirmaries • SRH kits in health facilities
Component 4: Community-based sensitization and SBCC	
Activity 6: Reaching beyond the school: community- based sensitization and GBV prevention	• Future husband clubs • Dialogue spaces • SBCC through community radios
Component 5: Capacity strengthening	
Activity 7: Capacity strengthening	• Formulation and strengthening of inclusive, gender- responsive legal and policy frameworks • Training on programme planning, implementation, and M&E • Establishment of a national multisectoral coordination mechanism for school health and nutrition

Note: GBV: Gender-Based Violence; IGA: Income-generating activities; M&E: Monitoring and Evaluation; SRH: Sexual and reproductive health; SBCC: Social and Behavioral Change Communication

26. 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.[35] Because of implementation delays, the programme timeline was extended to June 2022.

27. UNICEF, UNFPA, and WFP created a theory of change (ToC) for the BBGE programme, depicting hypothesised links between programme activities and a reduction in barriers to schooling (Annex 14). Once a household's immediate basic needs are met (i.e., shelter, food, water, clothing), the ToC suggests, families could begin supporting the human capital development of their children through investments in health, nutrition, and education. Because of the traditional importance placed on boys' education over girls' education in Niger, as well as the likelihood of increased safety concerns in conflict-affected areas, the implementers hypothesised that households would prioritise keeping girls, especially adolescent girls, in the home for caretaking duties, marrying off adolescent girls to start families whereby the responsibilities 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 Niger to reduce and remove barriers to girls' education, particularly adolescent girls, in crisis contexts (referred to by the research team as areas characterised by high rates of poverty, food insecurity, and shocks that lead to internal/external displacement).

28. The ToC indicates that the combination of activities within the BBGE programme should deliver increased access to nutritious foods, increased incentives for adolescent girls' school enrolment and attendance, increased knowledge about girls' rights to education, GBV prevention, SRHR, and increased government capacity to ultimately increase access to education, well-being, and a sense of stability for adolescent girls in crisis contexts. 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.

29. 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 realise improvements in girls' and adolescent girls' enrolment and attendance. Open and accessible relates not just to being physically open and in session, unlike the situation

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[35] The following activities, which were part of the original BBGE package, were not implemented in part due to challenges related to COVID-19, and conflict: training on income-generating activities (IGA) for women; training of cooks and storekeepers; mentoring programme for adolescent girls, social and behavioural change messaging via radio; formulation and strengthening of inclusive and gender-sensitive legal and policy frameworks; training in program planning, implementation, and M&E; establishment of national multisectoral coordination mechanism for school health and nutrition; and awareness-raising of gender-responsive education policies.

during the COVID-19 pandemic, but to existing in communities for children to attend. Further, schools being physically open is a necessary but not sufficient condition for improving girls' educational outcomes in Niger. 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.

30. 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 Nigerien education system is essential for improving outcomes for girls in this group.[36]

31. 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, Menstrual and Hygiene Management (MHM) kits, 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 Niger to implement the BBGE programme activities in schools and communities, to draft plans and allocate budgets to future programmes and activities, and to 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 examine the extent to which these pathways and assumptions are supported or refuted by the evidence in the field.

Evaluability Assessment

32. 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 13), and an activity mapping workshop. AIR reviewed over 150 documents, some of which are used as secondary evidence throughout this report. 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. There were, however, no individual-level baseline data files (i.e., before the start of the programme) for treatment and comparison groups, which would have been useful to assess whether changes in the outcomes could be unequivocally attributed to the BBGE programme. Furthermore, detailed financial information on programme costs and expenditures by year and activity were not available[37].

33. The evaluation team was granted access to the following data sets, which we use as additional sources to respond to the evaluation questions throughout this report:

    • 2021 and 2022 programme logframes constructed by the three agencies, which contain aggregate information by sex on targeted and actual transfers, where appropriate

    • 2021 WFP household survey on perceptions of BBGE beneficiaries about cash grants and school meals.

    • 2022 Phone-based survey with headmasters on perceptions about the impact of cash grants on attendance, dropout, and graduation rates

34. 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.

1.4. Evaluation Methodology, Limitations and Ethical Considerations

35. In this evaluation of the BBGE programme in Niger, 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 Niger, (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.

36. 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

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[36] Burde et al., 2022

[37] Inception Report, 2022

country, (c) efficiency of programme implementation, (d) effectiveness of the BBGE 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 and girls' experiences with the programme. For the evaluation in Niger, we designed a mixed-methods approach to answer all EQs, creating synergies in the process (Table 3). We summarise 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

Evaluation Criteria and Evaluation Questions
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?
1.1. To what extent did the programme identify the needs of girls and adolescent girls, and the relevant barriers to girls' education in 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 to their needs generally and with 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 were not in school?
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?
2.1. To what extent was the joint approach to the programme compatible with the strategies and objectives of the governments of Niger, WFP, UNICEF, and UNFPA?
3. **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?
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?
4. **Effectiveness**: To what extent did activities result in expected outputs and outcomes?
4.1. To what extent did the programme contributed to the achievement of intended results, particularly the following:
• Community attitudes about girls' education
• Intrahousehold dynamics such as household core allocation, livelihoods, and intrahousehold 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?
4.2. How did the joint approach to the programme impact effectiveness, overall and for girls versus boys?
4.3. How did programme delays and academic disruption impact programme implementation?
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?
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?

37. We employ a mixed-methods evaluation approach to answers the EQs.[38] In this study, a full impact evaluation was not feasible given (a) the lack of a counterfactual identified at baseline, (b) the lack of individual-level 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 certain 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).

38. 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 3). 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 provided by the agencies' country offices (see Evaluability Assessment), and primary qualitative data (see the Quantitative and Qualitative Evaluative Approach section in Annex 15 for a detailed methodology).

Exhibit 3. Ranking Activity Facilitation in Niger

Source. Dalberg Research

Inclusive, Gender-Responsive Approach

39. 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

40. 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 that limit the findings in this report include the following (Table 4).

Table 4.1 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 approach will answer questions about *perceived* impacts, but we cannot produce any causal claims using our quantitative analyses.
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

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[38] No amendments were made to the evaluation approach after the inception report of this evaluation. (WFP, 2022c)

Limitations	Implications and Mitigation Strategies
	were digitised. This limited our ability to reliably track changes in overall student and female enrolment in project schools.
Quantitative sample replacements	About half of the school communities randomly selected through the sampling approach (see Section on Quantitative Sampling) were replaced either because they were inaccesible due to seasonal floodings or were unsafe for the field team. Such replacements may compromise the representativity of the sample since highly insecure and inaccesible communities were left out. To mitigate this concern, AIR ensure that quantitative data were collected from primary and secondary schools across all three programme regions.
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 through phone calls and video calling platforms; namely, interviews with implementing agencies at the HQ and Regional levels and with several government officials. Although virtually-mediated data collection is sufficient to generate reliable and valid findings, limited our ability to learn through direct contact.
Flooding in Diffa region	Data collection teams spent extra time in the field, with delays in travel times to sampled communities because of the aftermath of floods in the Diffa region in October and November 2022. Teams kept track of school merges that resulted from internal displacement.
Insecurity threatened the safety of teams in Tillabéri	Teams spent extra time in the field, surveying only during daylight hours because of security concerns in the Tillabéri region. Some replacement communities were sampled in line with our sampling protocols because of this unforeseen difficulty.
Data collection in multiple local languages	AIR recruited enumerators and 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 layer of work created delays for the completion of the evaluation.
Monitoring documents	The monitoring data used for the desk review component of this evaluation did not always differentiate between the support from the BBGE programme and the support from the communities/national government. Therefore, some of the findings from these data must be used with caution in relation to impact and sustainability.

Ethical Considerations

41. This evaluation conforms to the 2020 United Nations Evaluation Group (UNEG) Ethical Guidelines. AIR has ensured safeguarding and ethics at all stages of the evaluation cycle. This included ensuring informed consent, protecting privacy, confidentiality and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation resulted in no harm to participants or their communities.

42. AIR takes very seriously the importance of ethics in human subject research, as well as the importance of safeguarding children, women, displaced persons, and other vulnerable populations. All AIR staff and consultants involved in the collection of data from human research participants adhered strictly to the requirements of the AIR Institutional Review Board (IRB) throughout the course of this evaluation. The AIR IRB follows the standards set forth by the American Evaluation Association Guidelines and the Joint Committee on Standards for Educational Evaluation. These standards can be distilled into three general principles: (1) Evaluators will conduct evaluations legally and ethically, taking into account the welfare of those involved in the evaluation, as well as the general public; (2) evaluators will conduct evaluations in a competent and efficient fashion that will lead to reliable and accurate results; and (3) evaluators will design evaluations and report the results in a manner that is useful to and appropriate for the intended audience. The principles were closely followed during the evaluation process. In addition, AIR, in consultation with the WFP, obtained an approval from the relevant ethical review committees in Niger.

43. Prior to conducting the evaluations, AIR trained all data collectors in research ethics and standards for the evaluations. All potential study participants were asked to provide active, informed consent for their participation in human subject research. AIR complied with the UNEG Pledge of Ethical Conduct, in cooperation with the ethics procedures set out by WFP. AIR followed the UNEG Code of Conduct, which requires both a conflict- and gender-sensitive approach to research; adherence to the do-no-harm principle; and transparency, confidentiality, accuracy, accountability, and reliability, among other key principles.[39] Specifically, with regard to the protection of vulnerable individuals and communities, AIR respected and adhered to the United Nations Universal Declaration of Human Rights, the United Nations Refugee Convention, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women, as well as other human rights conventions and national legal codes that respect local customs and cultural traditions, religious beliefs and practices, personal interaction, gender roles, disability, age, and ethnicity.[40]

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[39] UNEG, 2020.

[40] Ibid.

2. Evaluation Findings

2.1. Relevance

- **The programme correctly identified a number of needs relevant to adolescent girls in the target communities, including poverty and food insecurity, challenging community and parental attitudes related to gender and SRHR, and the lack of educational infrastructure and resources. Additional barriers not explicitly addressed by the project include conflict and girls' lack of guardianship.**
- **The comprehensive nature of BBGE was relevant to the interlinking nature of barriers to girls' education – especially as it relates to poverty, parental support, and SRHR outcomes.**
- **The Diffa, Tillaberi and Tahoua regions are among the most vulnerable in Niger, 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 girls and adolescent girls, particularly girls from marginalised groups, within the humanitarian context of the target zone?

44. 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 address them. Data also suggest that BBGE communities were amongst the most vulnerable in Niger, highlighting the way 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 faced overlapping vulnerabilities of distance from school, risk of conflict-related violence, displacement, and/or lack of guardianship. For such youth, the programme can consider offering tailored support to meet their multidimensional needs.

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

45. 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 Niger project proposal identified several "intertwined" barriers responsible for the educational gender disparity amongst adolescents in Niger. Table 5 displays the barriers identified by the project and the project's approach for addressing the barrier.

Table 52. Barriers to Girls' Education in BBGE Design

No.	Barrier	BBGE Approach
1	Food Security and Poverty barriers to education	"Support adolescent girls' enrolment, attendance, retention and completion by addressing food security and poverty barriers to education and providing incentives to households to send their children to school and to ensure adequate dietary intake for adolescents to learn and thrive."
2	School-based nutrition, WASH and health services gaps	"Reduce [anaemia] among schoolgirls and increase access to adequate school-based nutrition, health and sanitation services so that poor health and nutrition are not a barrier to education and school girls and boys can take full advantage of learning opportunities."
3	Lack of awareness and provision on SRHR and prevention of GBV in schools	"[Through] sensitization and SBCC … contribute to a comprehensive approach, where both school-going and out-of-school boys and girls, parents, teachers, community influencers and the broader community are reached through different channels to advance girls' education, nutrition and wellbeing."
	Lack of awareness of the importance of girls' education and health rights and lack of GBV prevention in communities	

4	Insufficient national and local capacities and coordination to address barriers to girls' education and meet national priorities	"Foster sustainability and lasting impacts … strengthen 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 including in emergency situations."

Source. WFP, 2019, p. 6

46. Community members and adolescents generally corroborate the barriers raised in the BBGE proposal while raising two additional barriers not identified in the proposal: conflict and insecurity, and the lack of guardians. 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

47. Quantitative and qualitative results confirm that poverty and food security barriers are relevant and interlinked in BBGE communities. For instance, household survey data confirms that households from target areas live in extreme poverty. Average monthly household expenditures for households in our sample was approximately 118,822 CFA, whereas average monthly per capita expenditure was 22,705 CFA (or about $36 per person per month) corresponding to about $1.20 per day per person, far below the current global poverty line.[41] Average household expenditures on food accounted for approximately 69% of total expenditures.

48. Further, food insecurity was prevalent with less than half of households having an acceptable Food Consumption Score (FCS).[42] Amongst surveyed households, 30% have a borderline and 22% have a poor FCS, with large regional differences (Exhibit 4). Households in Tillabéri struggle most with food insecurity, with as many as 35% of households having poor FCS, almost double the rate in the other two project regions.

49. Households frequently used severe strategies to cope with the lack of food, with most households engaging in stress (25%), crisis (17%), or emergency (19%) coping strategies (Exhibit 5).[43] Use of these coping strategies was most prevalent in the

Exhibit 4. Household Food Insecurity, by Region
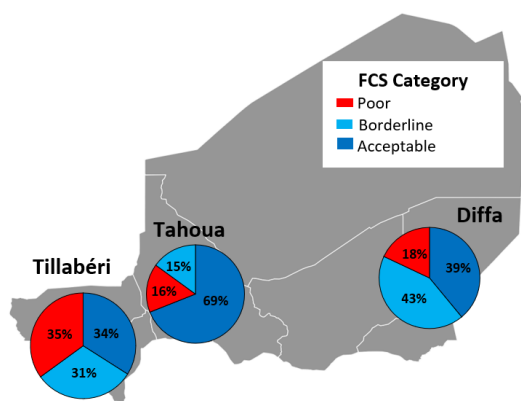
Source. Household Survey (N = 555)

Exhibit 5. Household Coping Strategies, by Region
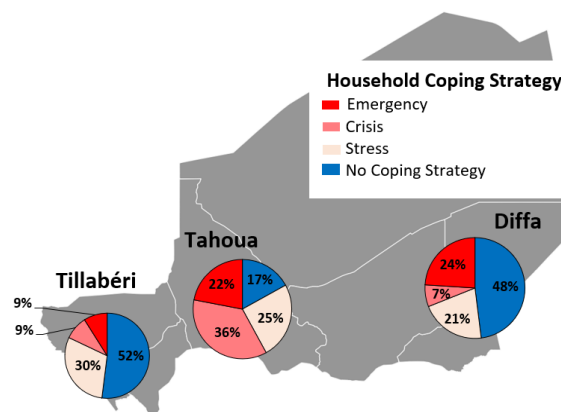
Source. Household Survey (N = 555)

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[41] As of September 2022, the World Bank set the global poverty line to $2.15 per day. https://www.worldbank.org/en/news/factsheet/2022/05/02/fact-sheet-an-adjustment-to-global-poverty-lines#1

[42] FCS aggregates household-level data on the diversity and frequency of food groups consumed over the previous seven 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://inddex.nutrition.tufts.edu/data4diets/indicator/food-consumption-score-fcs

[43] The WFP developed the livelihoods-based Coping Strategies Index for food security to understand how households react in response to a lack of food. This tool boasts three versions to be chosen according to study context; for this study, we used the rural version, which applies the following categorization of coping strategies:

Tahoua region (17% of households in Tahoua versus 48% in Diffa and 52% in Tillabéri did not adopt any coping strategy, p =0.000). Emergency coping strategies were most commonly used in Diffa and Tahoua. Despite having lower food security scores than households in other regions, households in Tillabéri were overall less likely to have engaged in any type of coping strategy.

50. In focus groups, parents and students described poverty and food insecurity as factors that undermined parental support and girls' ability to succeed in school. Regarding parental support, respondents explained that poverty could lead parents to see education as a burden on the household, encouraging them to consider early marriage for their daughters. Early marriage, they explained, both relieved the financial burden of education and offered a stable future to a girl. As a school director in Tillabéri summarised, "Giving her a marriage is a relief for the family." In focus groups, most adolescent girls ranked "early marriage" in the category of affecting "most" or "all" girls, indicating that educational expenses could become a burden to parents and lead them to encourage early marriage. Thus, this barrier acts at the level of parents to threaten girls' maintenance in school, primarily at the secondary level, when they become increasingly eligible for marriage.

51. Girl students further explained that food insecurity and poverty could sometimes limited their ability to succeed while enrolled in school. For instance, one adolescent girl in Tillabéri reported that hunger and household work could make girls fatigued at school: "As soon as you come to class, you're already so tired that you'll start to sleep. Even the multiplication table you won't be able to learn." They were more nuanced when reporting on the visible impacts of poverty: During the ranking activity, adolescent girls commonly said that the "lack of school materials" was a barrier for "few" or "no" girls, or that poverty did not seem to substantially impact girls' preparedness for school. This suggests that families prioritise educational expenses despite conditions of poverty.

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

52. Respondents also confirmed barriers related to school-based nutrition, WASH and health services gaps, albeit to a lesser extent than poverty and food security. Data from the school census provided quantifiable evidence of these barriers. Regarding WASH services and facilities, although most schools had latrines (82%), these were not always segregated by sex, which is important to protect girls from harassment and violence. Whereas in Tahoua, most schools with latrines had separate facilities for boys and girls (80%), only 23% of schools with latrines in Tillabéri had sex-segregated facilities. Regarding water access, just about 60% of BBGE schools had enough clean water for their students. This suggests that children in the remaining 40% of schools might be susceptible to dehydration and waterborne illnesses like cholera.

53. During focus groups, country-level staff at WFP, UNICEF and UNFPA also highlighted the insufficiency of school-based infrastructure including classrooms, latrines, water sources, and handwashing facilities throughout Niger. They further suggested the link between food insecurity with health outcomes and described how, in Niger, student attendance and maintenance in school could be impacted by health issues like anemia. Even so, health was of lesser importance to interviewed community members. Adolescents often ranked "illness" as a barrier that affected "some" or "few" girls, whereas parents and teachers made mention of such issues only as they related to menstrual health support. Indeed, on the topic of MHM, community-level stakeholders largely reported that the lack of resources (e.g., to buy sanitary products), infrastructure (e.g., sex-segregated latrines), and awareness (e.g., amongst teachers) could lead menstruating girls to be absent from school or miss large parts of a lecture.

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

54. In focus groups and interviews, community-level respondents confirmed that challenging attitudes amongst teachers and parents created a barrier to girls' education. For instance, adolescent girls consistently ranked GBV and early marriage as amongst the most prevalent and most impactful barriers they faced, and they implicated parents, teachers, and male students when describing the discouragement and bullying they sometimes dealt with. On the other hand, teachers and school directors suggested that parents lacked interest in education and "prefer[red] to marry off their daughter [rather] than bear their school load" (teacher, Diffa). According to the study's key informants, traditional beliefs urging a woman to take care of the home while a husband provided income were very prevalent in BBGE communities. Some school staff suggested that this trend stemmed from parents' own lack of experience with education, something that the quantitative results corroborated. In fact, most household heads in target areas had no education (see EQ 1.3).

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

55. Community-level respondents did not directly link institutional capacity to girls' access to education, but they did highlight how the lack of resources and poor infrastructure in the education system is a key barrier to education. We explore these reports as a proxy for education system capacity issues in the BBGE context. Student and parent respondents, for instance, often highlighted the lack of teachers and school rooms, and the low quality of teaching. Evidencing such anecdotes, project documents showed that UNFPA planned to set up school infirmaries during BBGE, but the activity was impeded by the fact that only one BBGE school had an available room that could be converted to an infirmary.

> *"We have the problem of the teachers. There are subjects that have not started until now, such as the English course."*
> —*Adolescent girl, Diffa, FGD*

Exhibit 6. Typical Classroom in BBGE Project Area

Source. Dalberg Research

56. Results of the school survey supported the accounts given by project staff and beneficiaries that schools lacked sufficient resources and infrastructure conditions were poor (Exhibit 6). In only about one third of BBGE schools, classrooms were in good structural condition[44], just 40% had a roof, and the vast majority did not have screens or windows. Only in Tahoua, most classrooms (88%) were protected from outside noise; in Diffa and Tillabéri, this figure was slightly less than 20%. We also found that 44% to 65% 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 a meaningful proportion of schools, students did not have adequate space to engage in learning activities.

57. Overall, the grounds of most schools targeted by the BBGE were not safe for children. Just over 40% of school grounds were well fenced and without hazards or hazardous materials. Moreover, in Tillabéri and Tahoua, most school grounds were free of litter and garbage, vermin, and feces; in Diffa, just 44% of school grounds were clean. In addition, in Diffa and Tahoua, more than half of school buildings and grounds had large areas with standing water, which could attract vermin and become a focus of diseases for children and teachers.

58. Ninety-six percent of youth walked to school, and only 2% used motorcycle taxis and 1% used bicycles. Most youth traveled 15 minutes or less to school (79%) regardless of sex or region. Although many students faced a short commute to school, the subset of students who faced a longer distance to school also faced a heightened risk of insecurity and violence. Or as one student stated, "When the distance is long and the path is long, one is afraid of being killed" (adolescent girl, Tillabéri). In fact, BBGE stakeholders including government representatives, NGO implementers, community members, and students all called on the project to consider alleviating distance-related barriers by investing in boarding schools:

59. "To have boarding schools [in] certain, very remote, and insecure areas … can solve many problems at the same time: remoteness, insecurity, food. We can build infirmaries, health clubs. We hadn't thought of it because of the large investments that it requires, but really, we must support the government in this logic." (UN agency staff).

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[44] Classroom floors 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.

60. Beyond those outlined in the BBGE proposal, respondents identified two additional barriers to girls' education not sufficiently addressed by BBGE activities. First, girls ranked conflict and insecurity as one of the most pressing barriers they faced. Such is evidenced by the fact that 900 Nigerien schools have closed because of armed attacks in regions such as Tillabéri, Tahoua, and Diffa.[45] Project staff accommodated the conflict situation by implementing school meals and cash grants in displaced schools, but parents and students highlighted that insecurity remains a critical threat to enrollment and attendance across BBGE schools. As one student testified, "Security is above all because as long as there is no security, there is no school" (Male adolescent, FGD, Tillabéri).

61. Insecurity and displacement are intertwined with a second, additional barrier highlighted by BBGE communities and WFP field staff: the lack of guardianship. While survey results indicated that most youth lived with their mother or father in the household, the subset of youth who do not live with a parent face compounding challenges to achieving education. Indeed, the household survey showed that most youth lived with a mother (87%) or a father (84%) at home. There was generally little variation across regions except in Tahoua, where a noticeably lower rate of households had a father living with them (78%) than in the other two regions (85% in Tillabéri and 89% in Diffa, p = 0.02). However, youth from communities with secondary schools were more likely than youth from communities with primary schools to live without their parents because, as qualitative data indicated, youth needed to move away from their family to pursue secondary-level education. In focus groups, students, parents and WFP field staff termed this as the 'guardian problem': If a student's parents lived far from the school, the student depended on a guardian nearer to the school with whom they could live. For instance, in cases where the school relocated because of insecurity—as did the sampled school CEG Innelou—students relied on guardianship in the school's new location: "Before the girls were a bit more, even more than 100 … now they don't reach 100. The worst thing is that there are students who are very bright and motivated who did not come here because of the displacement because of insecurity. This has caused some girls to drop out because of the change of site, and they can't come because they don't have a guardian." (Teacher, CEG Innelou).

62. Aside from displacement-related guardianship challenges, rural households sometimes sought guardians nearer to the school to reduce the likelihood of being attacked en route to school. Girls, in particular, struggled to secure guardianship, as it was considered more burdensome to supervise an adolescent girl as compared to a boy. Finally, even when girls did find a guardian to host them, respondents noted that guardians were less likely to be invested the student's educational success, so this was not an optimal solution for communities even if it permitted student attendance. One staff at an NGO implementer stated, "When a child leaves his family where she had all the privileges, it creates frustrations. She feels abandoned, and if the host family is not a good one, it increases the chances that the girl will leave." Respondents mentioned the prevalence of this barrier across all study regions, including in Diffa, which has a higher population of refugee and IDP households.

EQ 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 given contextual factors such as COVID-19 and security concerns?

63. BBGE beneficiaries broadly validated that the comprehensiveness of BBGE helped address complex barriers like poverty-related barriers, insufficient parental encouragement and suboptimal SRHR outcomes. COVID-19 did not come up as an important contextual factor, according to girls, boys, or parents. However, respondents anecdotally reported that the programme lacked relevance to the community as it pertained to scholarship distribution methods and the failure to include boys as beneficiaries of scholarship activities.

64. Respondents confirmed the comprehensiveness of BBGE activities, particularly in three self-reinforcing "clusters" of activities. First, school meals, cash grants, and menstrual kits provided comprehensive support to address the barrier of household poverty. Programme staff and community-level stakeholders highlighted the interlocking nature of these three activities in relieving financial burden on families as it relates to supporting the education of a girl. Second, stakeholders cited the complementary nature of providing attendance-based incentives (e.g., cash grants, school meals) alongside sensitization for parents. Teachers stated that the incentives rallied parents to send their children to school but that sensitization was key to changing attitudes beyond the project timeline. Third, for supporting SRHR of adolescent girls, the pairing of safe spaces and menstrual kits proved to be an important 'package' within the broader programme. Many parents and girls cited the importance of this menstrual kit, and they noted that additional support and training were crucial to making sure that girls had sufficient support during puberty. For some communities, safe spaces provided such a platform for reinforcing the contribution of the hygiene kits.

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[45] NRC, 2023

65. Although the package of activities was relevant to community needs in several ways, beneficiaries suggested areas where the activities were not always well adapted to their context. In particular, respondents suggested changing the scholarship distribution method and including boys as beneficiaries of the activity. Regarding distribution, parents emphasised that the scholarship should be provided in the week before the start of school. The disbursement schedule was not aligned with the start of the academic year, leading parents to sell livestock to pay for their children's school fees. In addition, respondents in Tahoua and Diffa noted that the scholarship sometimes arrived during the school holiday, when many girls were away from the community and unable to collect the money. Finally, the cash-based disbursement worried some parents due to security concerns: "The best thing is to find them each at home to give to her because there is too much risk for a woman to travel about 25 km to collect money…let alone a little girl" (parents, Diffa). Parents and teachers suggested that the scholarship disbursement, although a critical support to girls, could be better designed to provide funds in a timely and safe manner. In this way, the project did not exhibit strong relevance to beneficiaries' security concerns, despite its comprehensiveness. In addition, the evaluation team unanimously heard from BBGE stakeholders that boys should be included in the scholarship programme.

66. Respondents highlighted the fact that many boys in BBGE areas are vulnerable and at risk of dropout. Further, the programme's acceptability in communities is threatened by the failure to include boys in this flagship activity. As this school director suggests, the inclusion of boys in the scholarship could improve motivation and attendance amongst the entire student body, contributing to a whole-of-school approach to the advancement of education.

[Parents] are saying, murmuring why it is always for the girls that such and such a project has come. This one came for the girls. It is always for girls. And the young boys? That's what they're asking for··· for example if the project intends to select 20 girls in a school, out of the 20, we should take 15 girls and 5 boys. That will encourage the students, both boys and girls, to really attend school.
—School director, Tahoua

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?

67. While precise socioeconomic data by region is difficult to locate in Niger, a comparison of our survey findings to available national and regional statistics indicates that targeting in these regions successfully located some of the most vulnerable populations in the country. Extreme poverty, food insecurity, vulnerability to a harsh and changing climate, rigid social norms that lead to entrenched gender disparities, and minimal access to electricity and acceptable sanitary

Exhibit 7. Prevalence of Refugees and IDPs in Target Areas

*Source. Household Survey (*N = 555)

conditions are features of life in rural Niger across the entire country. The main disparities across these dimensions can be seen largely through an urban-rural lens. However, it is clear that vulnerability is exacerbated in the three project regions due to the large presence of IDPs and refugees and their proximity to internal and external conflicts. Secondary data confirms that these regions house the most forced IDPs and refugees in the country, especially in recent years due to increasing conflict. In Diffa, our sample indicates that IDPs and refugees were successfully targeted within the region. However the low amounts of both IDPs and refugees in the Tillabéri region sample, as well as the lack of refugees in the Tahoua region sample, indicate that more effort could have been undertaken to target these most vulnerable of populations.
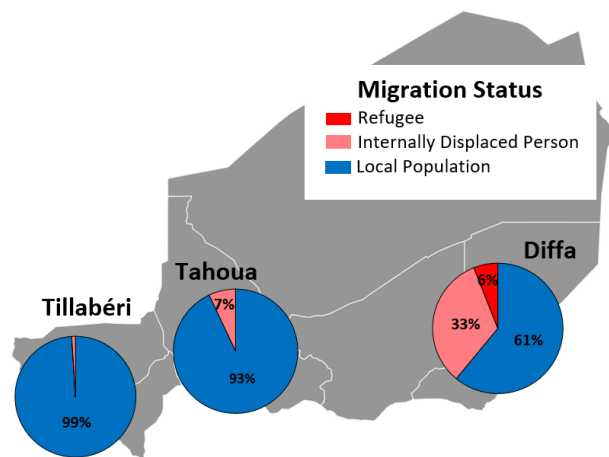
68. To address EQ 1.3, we present evidence from our review of the quantitative data from the school census and the household survey describing the populations targeted by the BBGE programme. Whenever possible, we provide qualitative data to contextualise the findings. We compare our findings with secondary data sources related to vulnerability in Niger to verify that the most vulnerable populations in the country were targeted.

69. The BBGE programme targeted poor and food-insecure populations and covered conflict-affected areas with significant proportions of IDPs and refugees. Overall, 14% of households in BBGE catchment areas were IDPs and 2%

were refugees. Diffa boasted the largest share of IDPs and refugees among BBGE communities, with 33% and 6% of households being IDPs and refugees, respectively (Exhibit 7). By contrast, external sources find that only about 2 percent of the Nigerien population are international migrants. The highest concentration of refugees and IDPs in Niger are in the three target regions due to proximity to increasing internal conflict, as well as conflict in neighbouring Burkina Faso, Mali, and Nigeria.[46, 47] As of August 2021, these three regions hosted over 500,000 IDPs and refugees, according to UNHCR. Combining numbers on IDPs and refuges by region with total population numbers by region, we estimated the regional proportions of IDPs and refugees and compared them with the corresponding proportions from our household survey in BBGE communities. We find similar proportions of IDPs and refugees in our data to overall regional proportions, confirming that geographic targeting of the project was successful in terms of concentrating activities in Nigerien regions and communities most impacted by internal and external migration.

70. To further assess the level of vulnerability in BBGE target communities, we relied on survey data to describe the households. Many lived in small, crowded mud dwellings without electricity (Exhibit 8). On average, households had six members with two youth aged 10 to 19 living in the household. Households in Tahoua were larger, on average, and contained slightly more youth members than the other two regions (p = 0.000). A minority of households had access to electricity (19%), which is just about equal to the national average[48], underscoring the widespread vulnerability of households throughout the country, but especially those in rural areas not connected to the power grid.

Exhibit 8. Typical Dwelling in BBGE Project Area

Source. Dalberg Research

71. Most households obtained drinking water from improved sources, but many people still used unimproved sources. Overall, the most common sources of drinking water were pipe-borne water (36%) and boreholes (34%) (Exhibit 9). These improved drinking water sources were most common in Diffa, with nearly all households obtaining drinking water from improved sources (60% boreholes and 38% piped water). Fewer, but still over half of households in Tillabéri obtained drinking water from these two main sources; however, it was also common in Tillabéri to obtain drinking water from uncovered wells (35%), an unimproved source. This is not vastly different than the overall situation in the country; about 47 percent of households have at least basic service, 22 percent have limited service, 27 percent use unimproved water sources, and 4 percent use surface water for drinking purposes[49], again highlighting the widespread vulnerability on this dimension throughout the entire country.

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[46] Integral Human Development, 2021

[47] UNHCR, 2021

[48] World Bank, 2021b

[49] WHO/UNICEF, 2020

Exhibit 9. Household Water Source, Overall and by Region

Stacked bar chart showing household water source by region.

Region	Pipe-Borne Water	Borehole	Covered Well	Uncovered Well	River, Lake, Pond, Spring
Overall	36%	34%	9%	17%	
Diffa	38%	60%			
Tahoua	41%	18%	16%	17%	
Tillaberi	30%	23%	11%	35%	

Legend: ■ Pipe-Borne Water ■ Borehole ☐ Covered Well ■ Uncovered Well ■ River, Lake, Pond, Spring
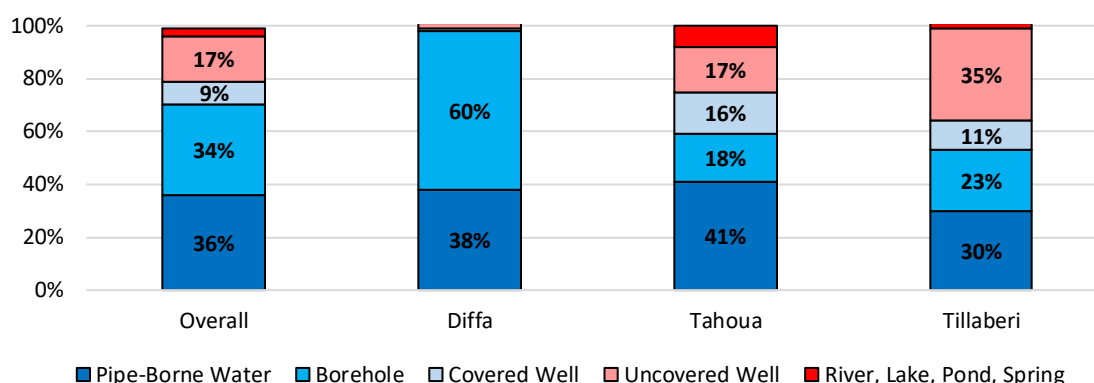
Source. Household Survey (N = 555)

72. A minority of households had access to acceptable toilet facilities. A high rate of respondents (32% of households) used the bush for human waste disposal, with higher rates in Tahoua (44%) than in other regions (Exhibit 10). Almost a fifth of respondents did not have a toilet in their household. Covered pit latrines were the most common type of toilet facility for households, at 28% overall, with a higher rate in Diffa than in other regions (36%).

Exhibit 10. Status of Toilet Facilities, by Region

Stacked bar chart showing status of toilet facilities by region.

Region	Covered Pit Latrine	Uncovered Pit Latrine	Bush, River	None
Overall	28%	19%	33%	19%
Diffa	36%	25%	20%	16%
Tahoua	29%	14%	46%	10%
Tillaberi	17%	19%	32%	30%

Legend: ■ Flush to septic tank or sewage ■ Covered Pit Latrine ■ Uncovered Pit Latrine ■ Bush, River ■ None ☐ Other
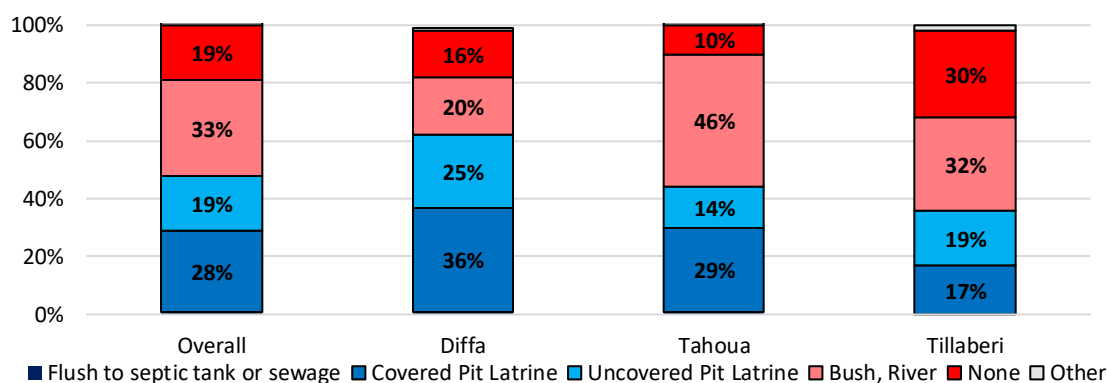
Source. Household Survey (N = 555)

73. Child marriage was largely uncommon in sampled households. Less than 10% of youth were married in all three regions. Girls were more likely than boys to be married in a monogamous (6% versus 4%, $p = 0.058$) or polygamous (1% versus 0%, $p = 0.017$) union, whereas boys were more likely to be in informal partnerships or cohabiting (5% versus 2%, $p = 0.001$). Youth living in primary school communities were more likely to be married that those living in secondary school communities (6% versus 3%, $p = 0.017$).

74. The BBGE programme targeted vulnerable beneficiaries through the school meals and scholarship activities. As a parent in Tahoua explained, BBGE investment in schools makes them a source of support to vulnerable households: "Because of these school meals, really many girls who are from a vulnerable family go to school … because at home it is very difficult to eat regularly." Through school meals, cash grants, menstrual kits, and other investments, the programme supports students, as well as the wider community and the most vulnerable in it. In addition, the scholarship targeted students of vulnerable backgrounds through its beneficiary criteria. The criteria were uniform across the three regions, with school directors citing that beneficiaries were chosen according to vulnerability, distance from school (>3km), the absence of a caregiver, and insecurity. By prioritizing such girls, the scholarship aligned well with community definitions of vulnerability, and it promoted the inclusion of the most vulnerable girls.

2.2. Coherence and Connectedness

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

- BBGE successfully aligned national governmental policies and priorities across education, health, food security and nutrition, and WASH sectors.
- The joint approach was compatible with the relevant strategies and objectives of the WFP, UNICEF, and UNFPA.

75. Findings suggest that the BBGE programme's objectives and activities to comprehensively address key barriers to girls' education successfully aligned the Government of Niger's relevant policies and priorities for the education; food security and nutrition; water, sanitation, and hygiene; and health sectors, as well as its country-wide sustainable development goals. BBGE was also aligned with two national programmes focused on improving nutrition, sexual and reproductive health, and enrolment and retention outcomes. The findings in this section were primarily drawn from secondary sources including an actor mapping exercise and government policy documents, as the qualitative data available were limited. Respondents from the Ministry of Education and the nutrition unit within the 3N Initiative High Commission perceived the programme to closely align with national policies and priorities, however.

76. In light of the country's challenges related to poverty, food security, education, and insecurity, Niger adopted a Sustainable Development and Inclusive Growth Strategy (SDDCI) 2035 to strengthen democracy and develop the economy.[50] Connected to these overarching development goals, an Education and Training Sector Programme (PSEF) 2014–2024 and a National Strategy for the Acceleration of Education and Training of Girls and Women (SNAEFFF) 2020–2030 were elaborated to guide work in the education sector, increase women and girls' access to education and training, and address key obstacles such as GBV and child marriage, with focus on highly vulnerable groups including children from insecure and conflict-affected areas.[51]

77. Priorities outlined in the national policies corresponded with the programme's overall imperative to improve access to education for girls, including beneficiaries from IDP and refugee populations, and subsequent BBGE activities under Components 1: food security and poverty reduction for education, 3: school-based sensitization and SBCC, and 4: community-based sensitization and SBCC. When asked if the programme aligned with national education goals, a key informant from the Ministry of Education confirmed that the department's priorities informed the programme's education-focused objectives and activities. A BBGE focal point from the UNFPA corroborated, stating that schooling and girls' education in particular is "at the heart of the current political mandate" in Niger, and the BBGE program's activities were connected to such government priorities and programs. Programme activities involving tailored support for adolescent girls returning to school, for example, was aligned with the pre-existing Niger Adolescent Girls ILLIMIN initiative, a Ministry for the Advancement of Women and Child Protection effort assisted by the UNFPA to empower girls through the development of life skills and knowledge about their sexual and reproductive health. ILLIMIN assisted BBGE in the identification of safe spaces, which were used to target unenrolled girls.

78. Improved access to primary and secondary education and nutritious foods objectives under Component 1 further aligned the National School Feeding Strategy (SNAS), adopted by the Government in 2015 to improve retention indicators.[52] A previous emergency school feeding intervention implemented by the WFP in Diffa from 2015 to 2019 aligned the needs of vulnerable youth, and employed SNAS school feeding strategies that were tailored to the targeted population but were not designed for emergency school feeding settings.[53] BBGE objectives and activities implemented under Component 1 similarly aligned SNAS priority interventions, such as school canteens and school meals. Programme activities reached most beneficiaries from IDP and refugee populations in Diffa (see EQ 1.3), likely building off of this previous WFP initiative. Nutrition priorities of the Government and the 3N Initiative, a multisectoral programme focused on reducing poverty and food insecurity since 2011, were also aligned through the programme's food security and nutrition-related objectives and activities. As a respondent from the nutrition unit of the 3N initiative and focal point for the BBGE programme stated, "the BBGE programme is a result of the national food security and nutrition policy action plan. It's really aligned with all the policy directions of the country" (FDG respondent, Initiative 3N).

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[50] UNFPA, 2019

[51] UNICEF, 2020

[52] Visser & Jean-Pierre, 2020

[53] Ibid

79. Niger's national WASH policy, PROSEHA 2016–2030, prioritizes equitable access to safe drinking water, sanitation and hygiene services, with a particular focus on women, girls and vulnerable populations; these priorities were addressed through the programme's provision of sanitation and hygiene services under Component 2 and comprehensive hygiene education under Component 3.[54] National priorities outlined in the Health Development Plan (PDS) from 2017 to 2021 included increased access to health care amongst women and children, aligned through BBGE's provision of school health clubs and infirmaries and comprehensive sexual and reproductive health (SRH) education, although the startup of school health clubs was widely delayed because of COVID-19 and infirmaries were largely unimplemented.[55]

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

80. Evidence indicates that the programme's joint approach was generally compatible with the aforementioned strategies and objectives of the Government of Niger, as outlined in the sector-specific policy documents. BBGE's joint approach also appeared compatible 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. Specific areas of intervention regarding food security, nutrition, WASH, and health, however, appear to have been most compatible with the strategies and objectives of the stakeholder responsible for their management and oversight, and relevant stakeholders from the Government. The programme's food security for education component and activities, for example, were most connected to the WFP's School Feeding Strategy 2020–2030 and Niger Country Strategic Plan 2020–2024, focused on increasing investment in school feeding and utilizing community-led nutrition approaches to strengthen local food production and promote girls' education.[56] Importantly, these strategies do include partnership objectives to improve school health and nutrition, and health and sanitation, clearly compatible with the joint nature of the initiative.[57]

81. The programme's school-based nutrition and WASH components and activities, on the other hand, were most compatible with the strategies and objectives outlined in UNICEF's Programme of Cooperation 2019–2021, geared towards ensuring children's access to water, sanitation and hygiene, and nutritious diets.[58] BBGE's planned health activities correlated with the UNFPA's Adolescent Strategy 2019–2030 and Niger Country Programme 2019–2021 strategy, centred around increasing adolescent and youth abilities to make informed decisions regarding their sexual and reproductive health and access related services.[59, 60]

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[54] Ministry of Hydraulics and Sanitation, 2016

[55] Republic of Niger, 2016

[56] WFP, 2020; WFP, 2022

[57] Ibid

[58] UNICEF, 2019

[59] UNFPA, August 2019; UNFPA, January 2019

[60] Although the joint initiative's capacity strengthening objectives and activities under Component 5 were compatible with cross-sectoral objectives and strategies of the government, WFP, UNICEF, and UNFPA, sustainability findings under EQ 5 suggest that government capacities were not necessarily improved. Similarly, the sustainability and ownership of Zero Hunger solutions objective highlighted in the WFP Niger Country Strategic Plan 2020–2024 did not appear compatible with community members' perspectives on the sustainability of school meals (see more under EQ 5.1).

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?

- **Project delays and gaps in planning adversely impacted the timely delivery of cash grants, safe spaces, and health clubs within the partnership.**
- **Field staff noted that challenges with joint coordination, monitoring, and funding flows hindered the programme's overall efficiency.**
- **More time at project start-up to establish funds and identify barriers to funding distribution, develop coordination processes, and identify local constraints can improve results in changing contexts such as the COVID-19 pandemic and instability.**

82. External factors such as COVID-19 and the security context broadly impacted the start-up of BBGE and its activities, delaying the delivery of folic acid and iron supplementation to schools and hygiene kits to health centres . Administrative delays also impacted the timely and economical delivery/establishment of cash grants, safe spaces, and health clubs. Conversely, the establishment of school canteens and provision of school meals were delivered in a timely and economical way.

83. Findings suggest that cash grants under Component 1 were delayed because of administrative challenges and gaps in planning. Delays in cash transfer distribution were widely noted amongst qualitative respondents including WFP, UNICEF, and UNFPA agencies, implementing NGOs, community members and school staff, and beneficiaries from all three regions. A respondent from UNICEF responsible for the oversight of WASH infrastructure attributed this to difficulty establishing funds, stating, "At our level, the programme experienced delays, especially at the start-up level for the establishment of funds: the preliminary meetings, the signing of agreements, etc., took time. The grant was really delayed in the first year. It was only in the third quarter that we started making payments. Even if we corrected it afterwards, it was still a delay" (FGD, NGO partners in Diffa). Respondents from the WFP and UNFPA headquarters stated that determining joint funding flows and transferring funds to UNICEF and UNFPA offices down to the country level was a confusing and complicated process and caused delays during inception, project onset, and implementation. Headquarters level staff across all three agencies identified the need for greater involvement by regional-level offices (e.g., WFP's Dakar-based Western Africa office) to facilitate efficient fund distribution and monitoring activities. The barriers to regional office engagement varied by agency but stemmed from factors like the short inception period, lapses in regional-level staffing, and insufficient communication. According to a field staff member from the WFP, there was also a gap between planning and implementation of the cash transfer distribution: "Procedures at the civil [community] level caused the girls to return to their villages before the distribution" (FGD, UN field staff). Implementing partners responsible for cash transfer distribution remained the same throughout the programme cycle.

84. The identification and start-up of safe spaces to support adolescent girls in returning to school under Component 1 and school health clubs and infirmaries under Component 3 were also delayed. Data from the second quarterly meeting during project implementation shows that the next cycle of the ILLIMIN initiative, which was led by the Ministry for the Advancement of Women and Child Protection and UNFPA and responsible for identifying BBGE's safe spaces, did not begin in 2020, as originally planned. ILLIMIN's sixth cycle started in June of 2021, when mentors supporting BBGE safe spaces were first recruited and trained according to the project's final logframe. Subsequently, no adolescents had been assisted in returning to school through safe spaces by June of 2021, despite the project's end target of supporting 1,200 girls. Data from the final logframe (Annex 10) also shows that the establishment of health clubs and the provision of SRH services were still being set up across fifteen schools but no health clubs had been formally established, and only 47% of the health facilities had received SRH kits. An inventory carried out across these fifteen schools found that only one of them had room for the establishment of an actual infirmary because of infrastructure constraints that were not originally accounted for (FGD, UN Country Office staff). Mobile clinics were directed to visit schools accordingly (FDG, UN Country Office staff). A respondent from the WFP Headquarters level concurred that as of 2022, many of the project's health-related activities were still being concluded (FGD, UN Headquarters-level staff).

85. Schedule delays are one of the most common inhibitors to project success, often based on gaps between overzealous expectations and the realities of project execution[61]. While delays in the startup and implementation of the aforementioned BBGE activities are not outside the scope of typical project delays influenced by complex

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[61] Park, J. E., 2021

administration processes and planning gaps, they do hold implications for future planning to improve results (see more under EQ 3.2 below).

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

86. Qualitative data suggest that perceptions of the joint approach's impact on programme efficiency varied amongst stakeholders and implementing partners. The WFP and UN agencies at the headquarters level generally perceived the joint approach to programme implementation to be successful and efficient while addressing a multifactorial issue (i.e., barriers to girls education) in a way a single organization would could not. They did note challenges determining flows of funding amongst the various stakeholders that took some time to unpack, however, and a respondent from the WFP commented on frustration amongst some partners regarding joint funding and coordination. According to another respondent from the UNFPA, the release of funding wasn't synchronized, and the other agencies were aligned with WFP targeting but the WFP began program activities before UNICEF and UNFPA; results may have been stronger if activities began at the same time with a concurrent targeting approach across agencies.

87. Field field staff from specific agencies and the implementing partner NGOs both perceived their coordination and collaboration with one another to be efficient and successful, but field staff and respondents from the Ministry of Education and I3N Initiative felt that limited interaction and coordination amongst the UN agencies and government hindered the efficiency of some of the programme's interventions. As one field office staff member noted, "During the last monitoring mission, we realised that UNICEF had carried out activities in a school that did not have a canteen. So, the coordination was not well done at this level." A respondent from the Ministry of Education found implementation of the project's various activities to be disparate; the agencies did not conduct joint missions, and from this respondent's perspective, this resulted in lack of cohesion.

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?

88. Qualitative findings suggest that barriers to fund distribution within the joint approach, limited coordination and communication of the field staff at WFP and UN agencies with the Ministry of Education, and limited infrastructure in schools that had not been previously identified adversely impacted the timely and economical implementation of certain activities. Certain measures can be taken to improve results and make room for unforeseen context challenges, such as the COVID-19 pandemic and instability.

89. Because of the complex nature of this multisectoral initiative, more time should be allotted to coordinated site targeting, development of communication processes, and establishment of funds (including identification of barriers to distribution) amongst stakeholders before the onset of implementation, so that the activities being implemented by the different agencies are still synthesized and can be better adapted to changing external circumstances. Furthermore, WFP, UNFPA and UNICEF should begin program activities at the same time and use a common targeting approach to maximize the likelihood of converging on the same set of beneficiaries. To the extent possible, the UN agencies and their implementing partners should also identify infrastructure limitations within schools earlier on to inform the feasibility of planned activities, such as the establishment of school infirmaries. Identifying limitations before project onset will afford stakeholders more time to find viable solutions to achieve their objectives.

2.4. Effectiveness

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

- 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, cash incentives, trainings, nutritional supplements/deworming, latrine construction, and distribution of sanitary napkins), the average school received 3 of them
- Parental attitudes about girls' education improved
- Cash transfers have eased the burden on households of sending girls' to school. Schools meals have encouraged families to send their primary-aged children to school.
- Teachers believe girls are enrolling in school at higher rates due ot 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

90. We follow the programme's theory of change to assess the extent to which the BBGE activities resulted in expected outputs and outcomes. We start by determining whether the required inputs were available, whether the planned activities took place, and if the activities were convergently delivered to the target beneficiaries. Following the causal pathway, we then assess whether the implementation of the BBGE activities may have resulted in the expected output and outcomes.

91. The BBGE programme in Niger comprised 13 main activities directly targeting students and communities: meals for primary schools; establishment of school canteens; trainings for school cooks and storekeepers on food management and storage; nutritional supplementation and deworming; construction of sex-segregated latrines, and handwashing stations; menstrual and hygiene management kits, including provisions of sanitary napkins; cash grants; multitopic trainings for students; safe spaces; additional support (courses) returning to school; training on income-generating activities for adolescent girls; community-level social and behavioural change communication campaigns on SRHR, girls' education, nutrition, health, among other topics; establishment of health clubs in schools.

Of these 13 activities, two were not implemented (trainings for cooks and storekeepers, trainings on income-generating activities for female adolescents), and the remaining 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 (Annex 16). 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 menstrual sanitary napkins) and found that on average 3 activity categories (out of six) were implemented in the average school targeted by the BBGE programme, without differences across primary and secondary schools (Table A17, Annex 9). We find statistical differences across regions, with schools in Tahoua benefiting from a slightly greater number of activities, on average—about 4—compared with students in Diffa and Tillabéri (Table A18, Annex 9). We now present detailed findings on the output of each activity (see Annex 16 for data triangulation):

- School meals were provided to the majority of primary schools (94%) across the two programme regions, as indicated by the school survey data. About ninety percent of BBGE primary schools in Diffa and Tahoua, and all (100%) of schools in Tillabéri received food for their students during the last academic year. Meals were distributed an average 5.1 days/week (Table A18). Consistent with the school census data, the programme logframes show that the number of primary students benefiting from the meals well surpassed the yearly target of 73,410 in 2022, and was moderately below it in 2021.

- Cash incentives were distributed to female adolescents in most secondary schools (66%) according to the school census data. According to logframe information, 14,732 and 12,123 adolescents benefitted from financial incentives in 2021 and 2022, respectively.

- Logframe data shows that iron and folic acid was administered to nearly 20,000 individuals in 2021. Vitamin A supplements and deworming tablets were distributed through other initiatives including government programmes. About 50% of youth report receiving any kind of supplementation in 2022, with deworming tablets (48%) and Vitamin A (28%) being the most common.

- GBV and SRH trainings for students were implemented in 36% and 20% of BBGE schools, respectively, according to data from the school census. Despite being initially planned, logframe information shows that there were no trainings on WASH, nutrition, and health, although trainings on these topics were provided by other interventions as suggested by the youth and school census surveys. On average, students received about two different trainings last year (Tables A17 and A18, Annex 9).

- According to the logframes, since 2019 235 latrines and 687 hand washing stations have been constructed or repaired by BBGE. Latrines have been built in around 60% of schools, without statistical differences between primary and secondary establishments or across regions. On average, about five latrines per school were built since the start of the BBGE programme. According to the school census data, as of 2022, 82% of schools have sex-segregate latrines and 42% have handwashing stations.

- Sanitary napkins were distributed to 65% of schools in Tahoua, 50% in Diffa, and 30% in Tillabéri, without statistical differences across primary and secondary schools. 10,034 MHM kits were distributed.

- BBGE was successful in establishing the targeted number of safe spaces and mentors, though little is known about how mentors were trained and eventually supported girls returning to school.

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 among students, parents, educators, and professionals? What internal and external factors affected the programme's achievement of intended results?

92. Having seen that implementation of the programme was not in line with what was initially planned, we now turn to examine the levels of 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 cash grants and the ways receipt of these funds potentially affected cohesion in the household and girls' participation in school. Next, we examine health and nutrition behaviours of boys and girls followed by SRHR knowledge.

Community Attitudes About Girls' Education

- **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.**

93. The BBGE programme aimed to increase community awareness about the importance of education, particularly for girls, through multi-topic trainings, including trainings on life skills and leadership, and SBCC campaigns. 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.

94. Overall, we find that current aspirations regarding youth schooling of both the youth themselves and their parents are well above the country's average years of schooling (6.5 years[62]). Most BBGE parents wished for their children to reach either secondary or tertiary education, with variation across regions and sex of the child (Exhibit 11). When asked to name the highest level of school they would like a given youth in the household to complete, half of adults responded that their children should complete at least some tertiary education and about a third of parents said their children should complete at least some secondary education (30%). On the other hand, just 16% of adults believed that the youth should complete no education. Adults often hoped for both boys and girls to complete some tertiary education, but the results show nuance: 56% of boys' parents desired that they complete tertiary-level education, compared with 45% of girls' parents (p = 0.000).

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[62] WFP, 2021a

Exhibit 11. Parental Aspirations for Youth Highest Education Level
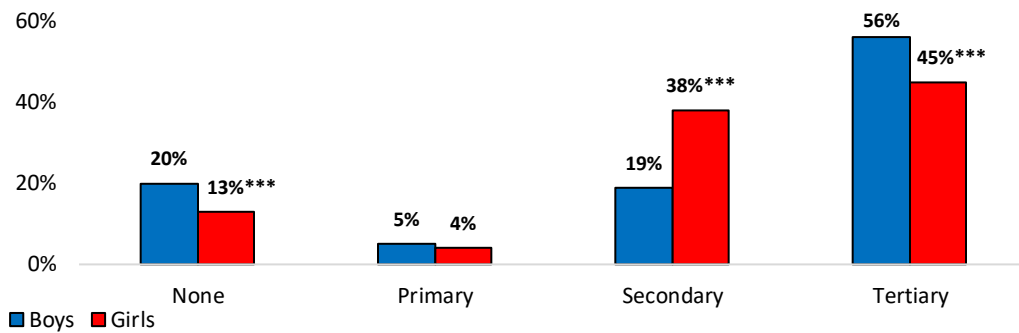
*Source. Household Survey (N = 1,270), *p < 0.10; ** p < 0.05; *** p < 0.01.*

95. Youth aspirations were similar to those of their parents. Half of youth surveyed aspired to tertiary education or higher (50%). When asked to imagine a scenario in which they were able to study as long as they wanted, youth mostly aspired to completing secondary school (29%) and postgraduate education (34%). Forty percent of boys aspired to postgraduate education, whereas most girls (87%) aspired to secondary education or higher (Exhibit 12).

Exhibit 12. Youth Aspirations for Their Own Highest Education Level, by Gender
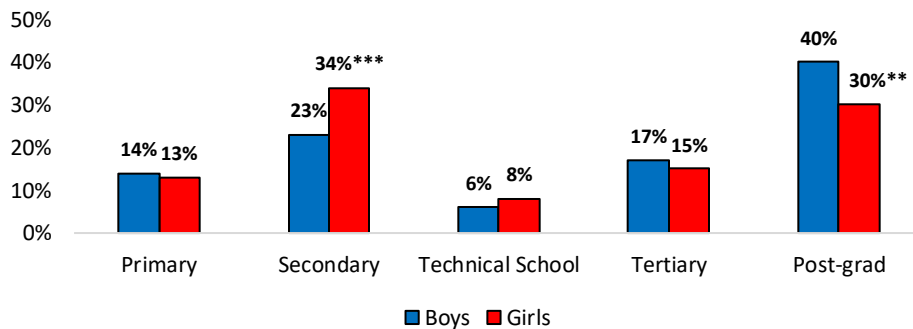
*Source. Youth Survey (N = 557), *p < 0.10; ** p < 0.05; *** p < 0.01.*

96. Youth educational aspirations also varied by region, with aspirations generally being lowest in Diffa and highest in Tillabéri (Exhibit 13). While 67% of youth in Diffa aspire to complete no more than secondary education, in Tillabéri 61% hoped to complete postgraduate education.

Exhibit 13. Youth Aspirations for Their Own Highest Education Level, by Region
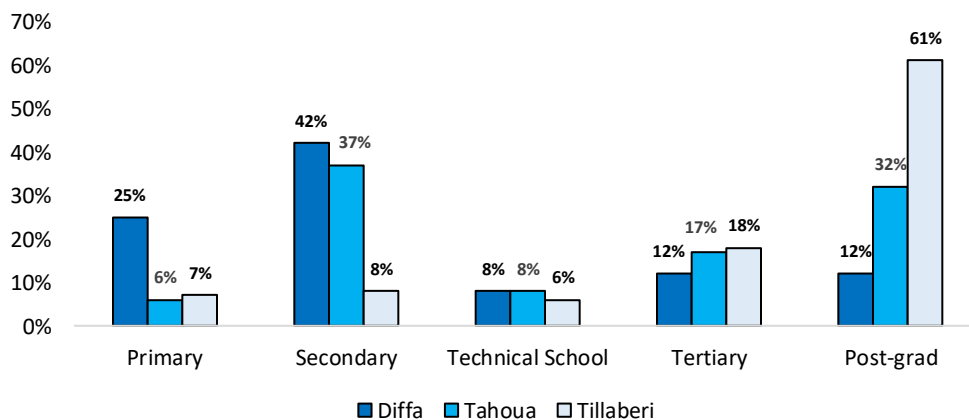
Source. Youth Survey (N = 557)

97. Relatedly, youth generally still aspire to marry and have children, but at later ages. The average preferred age of marriage for youth surveyed was 24 years. Although there was a statistically significant difference in the preferred age by sex, both aspired to get married in their 20s (boys at age 26 versus girls at age 22, $p = 0.000$). This result can be juxtaposed to the average age of marriage for youth in our sample at 15 years (although very few youth respondents reported being married). Twelve percent of youth reported never wanting to marry. Further, youth wanted six children, on average (boys wanted seven, whereas girls wanted five; $p = 0.000$). We find no evidence of significant differences by region or school level. These preferences for delayed marriage align with youths' desire to achieve higher levels of education.

98. School survey data on the implementation of the multi-topic trainings shows that these activities were not delivered in a convergent and intense way (Tables A17 and A18, Annex 9) as initially planned. Of the 9 multitopic trainings originally conceived, the average secondary student received just 3. Conversely, information from the log frame shows that two SBCC campaigns were conducted in the BBGE communities, reaching over 28,000 individuals. 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.

99. 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.[63] Without public dialogue, sustained normative changes are unlikely.[64]

100. 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.[65] 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 Niger, it is an important consideration for any programme attempting to raise educational (and other) aspirations.

Intrahousehold Dynamics

- **It appears that the cash transfer activity has eased the financial strain of girls attending school, and has also provided extra funds to households.**

101. Data about changes in intrahousehold dynamics stems from discussions of the BBGE scholarship activity. As we previously highlighted, parents, teachers, and girls all reported during interviews and focus groups that the scholarship was a "relief" or that it lessened the financial burden of education. With the scholarship money, girls stated that they bought clothes, shoes, medicine, beauty products, food for the family (e.g., rice), a telephone, or livestock (e.g., a goat). In fewer cases, girls reported that they simply gave the money to their parents. Most parents explained that they viewed the money as belonging to the girl. One NGO implementer explained: "For girls at the secondary level who leave their families, it is difficult for the parents to take care of them. But with the scholarship, [girls] buy goats and chickens so that they can take care of themselves. I think that it is a double advantage for the parents: to have support and to keep the girl in school." Such anecdotes suggest that communities perceive cash grants as a support to family/household income and to adolescents' economic independence.

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[63] Cislaghi, Denny, Cisse, et al., 2019

[64] Cislaghi and Heise, 2018

[65] Serneels & Dercon, 2014; Ray & Genicot, 2019; Carlana et al., 2022

- **Teachers and school directors report an increase in girls' school enrolment due to the financial incentives distributed by the programme.**
- **Girls still enrolled at lower rates in primary school compared to boys.**
- **Eighty-one percent of youth survey respondents reported they were currently enrolled in school.**
- **In terms of attendance, more than 85% of enrolled students were present at the school on the day of the survey, without statistical differences between females and males.**

102. 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.

103. First, we examined enrolment data from school surveys to check whether there was evidence of significant changes overtime (Table 6). Average primary school enrolment is statistically higher for the current school year (i.e., 2022–2023), compared to 2020-2021 and 2019-2020. Similarly, the current average enrolment in secondary schools is higher than in previous academic years, although the difference is not statistically significant. These results suggest enrolment rates are now higher than in prior academic years. Improvements in enrolment may be due to the BBGE programme and/or to a rebound effect post Covid-19.

104. School survey data suggests that despite the increase in overall and female enrolment, females still enroll less than boys in primary school. During the 2022-2023 academic year, for every 100 students enrolled in primary, about 43 were girls, whereas 57 were boys. 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 level.

Table 6. Enrolment Rates Over Time in BBGE-Sampled Schools

Variable	2019–20	2020–21	2021–22	2022–23	Diff 5–4	Diff 5–3	Diff 5–2	N
1	2	3	4	5	6	7	8	9
Primary								
Total enrolment	88.5	134.8	188.8	218.9	30.156	84.137 *	130.438 **	32
Total female enrolment	41.0	67.5	84.9	97.5	12.594	30.000	56.500 *	32
Proportion female enrolment	0.464	0.491	0.449	0.431	-0.018	-0.060 *	-0.033	32
Secondary								
Total enrolment	502.8	382.7	500.6	521.3	20.722	138.667	18.533	18
Total female enrolment	256.8	188.0	254.8	265.7	10.889	77.667	8.867	18
Proportion female enrolment	0.495	0.509	0.513	0.532	0.019	0.023	0.036	18
All								
Total enrolment	276.8	252.2	301.04	327.8	26.760	75.589	50.982	50
Total female enrolment	139.1	124.6	146.0	158.0	11.980	33.461	18.949	50
Proportion female enrolment	0.478	0.5	0.472	0.468	-0.005	-0.032	-0.011	50

*Note. Columns 2, 3, 4, and 5 present the mean of the outcome listed in Column 1 for the academic years 2019-2020, 2020-2021, 2021–2022, and 2022–2023, respectively. Columns 6, 7, and 8 show difference between Column 5 and Columns 2, 3, and 4, respectively. Enrolment data are complete for the academic years 2022–2023 and 2022–2021. Enrolment data for the school year 2021–2020 are missing for 22 primary schools (69%) and 9 secondary schools (50%). Enrolment data for the school years 2020–2019 are missing for 26 primary schools (81%) and 13 secondary schools (72%). *p < 0.10; ** p < 0.05; *** p < 0.01.*

105. Consistent with an increase in primary enrolment, school survey data also shows that more students are taking the Certificat d'Études Primaire (CEP) examination at the end of the primary school cycle (Table 7). Moreover, the proportion of girls taking the CEP has almost doubled in the last years from 20% in 2019 to 36% in 2022. This finding is also in line with an increase in the educational aspirations of the youth since it suggests that families in BBGE schools are making efforts to increase the number of years of education of their children, particularly for girls.

Table 7. Certificat d'Études Primaires – Trends over time

Variable	2019	2020	2021	2022	Diff 5–4	Diff 5–3	Diff 5–2	N
1	2	3	4	5	6	7	8	9
Took CEP exam	12.5	13.4	19.6	20.7	1.095	7.286 **	8.238 **	21
Female took CEP exam	6.7	7.0	10.0	10.5	0.476	3.524 **	3.810 **	21
Proportion female	0.202	0.253	0.38	0.364	-0.016	0.111 *	0.162 **	21

Note. Columns 2, 3, 4, and 5 present the mean of the outcome listed in Column 1 for the years 2019, 2020, 2021, and 2022, respectively. Columns 6, 7, and 8 show difference between Column 5 and Columns 4, 3, and 2 respectively. CEP data is available for 21 of the 32 primary schools in the study sample. Data is complete for all years. *p < 0.10; ** p < 0.05; *** p < 0.0

106. Findings from the household survey indicate that most youth were enrolled in school at the time of the survey, especially girls. At the time of the survey, 86% of the youth living in BBGE target areas were enrolled in school during the 2022–2023 academic year. Slightly more girls than boys were enrolled (88% versus 84%, p = 0.08, Exhibit 15). In addition, according to data from the youth survey, secondary-school aged girls were also more likely to be enrolled in school than boys. We find evidence that girls ages 15 and older were enrolled in school during the 2021–2022 academic year at higher rates than boys (Exhibit 14).

Exhibit 14. Enrolment Rates at the time of the survey (2021-2022), by Age and Gender
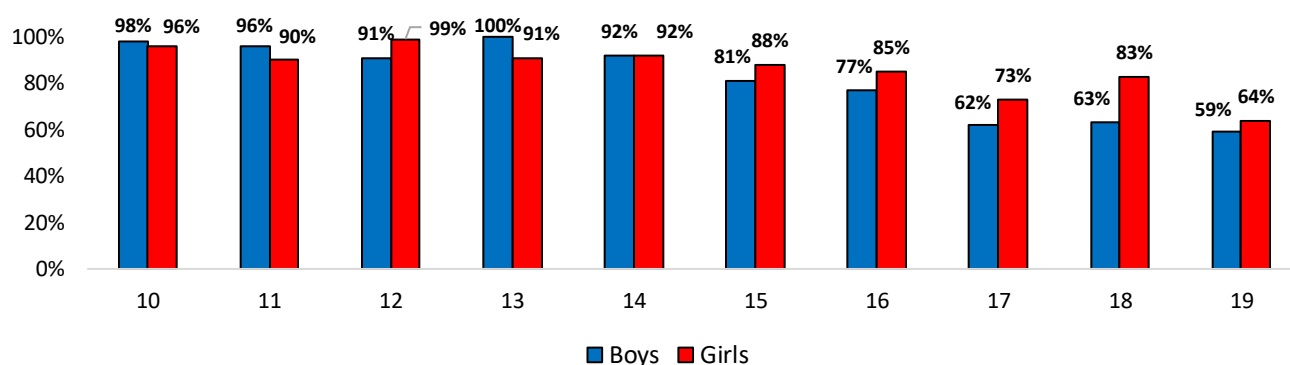
Source. Youth Survey (N = 557)

Exhibit 15. Youth Enrolment Status in 2022–2023, by Gender
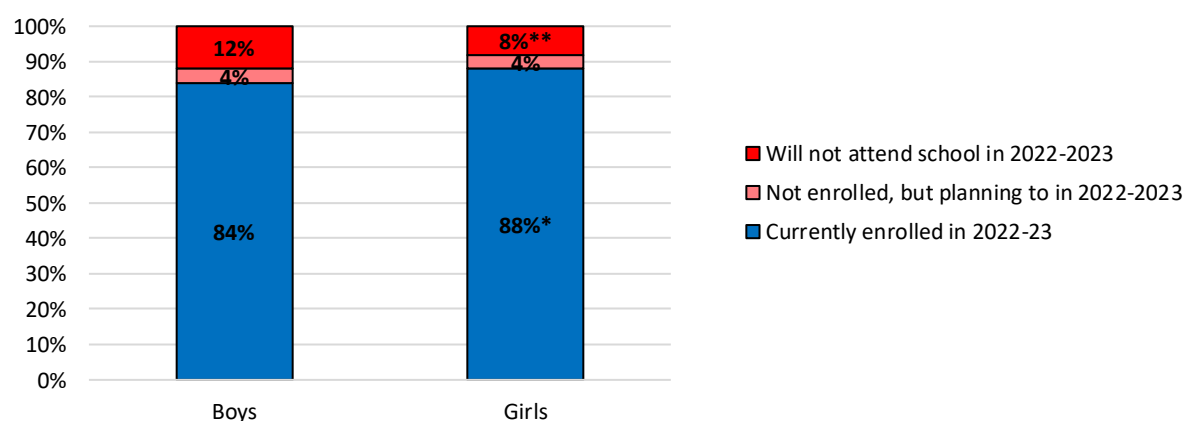
*Source. Household Survey (*N = 1,066), *p < 0.10; ** p < 0.05; *** p < 0.0.*

Exhibit 16. Education Completion Rates, by Region
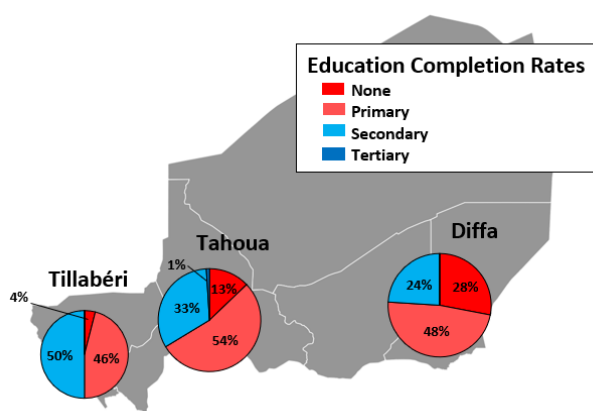
*Source. Youth Survey (*N = 557)

107.   In terms of completion rates, youth survey data shows that, overall, half of the youth had completed at least some primary school, and a third had completed at least some secondary school, with no differences between girls and boys. Although primary school completion rates were similar in all three regions, a significantly higher proportion of youth had completed at least some secondary school in Tillabéri than in the other two regions (50% versus 33% in Tahoua and 24% in Diffa, p = 0.000) (Exhibit 16). Relatedly, implementer-collected data on attendance, abandonment, and passage rates in BBGE schools offer evidence of strengthened educational participation and maintenance in BBGE schools (see Annex 16).

108.   According to adults (household survey), girls were doing better in school than boys in terms of reading and writing in French. Trends for being able to read and write in French closely mirrored those of ever having attended school. Girls significantly outperformed in French (84% versus 76%, p = 0.000), whereas boys outperformed in Arabic (12% versus 9%, p = 0.059). Across regions, most youth in Tillabéri could read and write in French (93%), more than 20 percentage points higher than youth in Diffa. In contrast, youth in Diffa were more likely to read and write in Arabic in Diffa (17%) than in other regions, where rates were below 10%.

109. Withdrawing temporarily from school was generally rare and most often because of illness for the youth in the household sample. Only 5% of the total eligible youth had temporarily withdrawn from school in the previous year, with slightly more boys (7%) having withdrawn than girls (4%, p = 0.06). This was overwhelmingly because of illness or disability (58%). The rate of temporarily withdrawal was slightly higher in Tahoua (9%) than the other two regions (3% in Diffa and 2% in Tillabéri, p = 0.000).

110. In terms of attendance, data from the school survey indicates that little over 88% 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 on its own given the gender gaps in primary school enrolment present in the school census data.

111. Complementing the quantitative evidence, teachers and school directors who participated in FGDs report an increase in girls' school enrollment as a result of the BBGE programme. Although all components of the BBGE programme ultimately aimed to increase girls' enrolment and attendance in primary and secondary school, most teachers and school directors attributed the change primarily to the scholarship activity: "[BBGE has] really provided significant support because we see the payment of school fees, especially among the beneficiaries … Before this program, there was not this regularity of the young girl in class. At the end of the year, we found that there is a big improvement in the success rate of the young girl compared to the years when there was not this program." Findings from WFP's phone-based survey to headmasters in BBGE schools are consistent with these qualitative claims. The school attendance rate for scholarship recipients was over 90% while that of non-recipients is 72%. In addition, the dropout rate of scholarship recipients was 7% while that of non-recipients is 18%.

112. Furthermore, data from WFP's 2021 household survey confirms teachers perceptions. 77% of parents of secondary-school girls indicated that the scholarship was the main motivation for sending their daughters to school, and 70% stated it was the primary reason to keep them enrolled. The attendance requirement for recipients of attendance-based grants motivated both students and their parents to make sure girls did not miss class.

113. Cash incentives were indeed among the better implemented BBGE activities. According to the school census data, over 66% (or about 2/3) of secondary schools distributing financial incentives to their students (see Annex 16). Findings from the youth survey indicate that, on average, 44% of secondary school girls and 41% of primary school females benefitted from either scholarships or cash grants during the academic year 2021-2022. Consistently, data from the programme logframe shows that the number of adolescent girls benefiting from this activity surpassed the yearly target in 2021 and was slightly below it in 2022.

114. In addition to cash incentives, results from WFP's 2021 household survey highlight the importance of school meals for encouraging enrollment and attendance among primary school children. 82% of parents of primary school children stated that school meals encouraged them to send their children to school, and 70% agreed meals alleviate the children's immediate hunger. The school feeding component was particularly well implemented as school meals were provided to almost all primary schools (94%), without differences across the three regions. On average, meals were distributed five days a week in Diffa and Tillabéri and about six days a week in Tahoua, where schools are open from Monday to Saturday. Secondary schools did not benefit from meals in any of the programme regions. Data from the youth survey and programme logframes are consistent with findings from the school census. The programme logframes show that the number of primary students benefiting from the meals surpassed the yearly target of 73,410 in 2022. In addition, school canteens were successfully established in 100% of primary schools, as indicated by the school survey. Information from the 2021 and 2022 logframes consistently shows that the programme successfully surpassed the target for this activity.

Health and Nutrition Behaviours

- **About two-thirds of youth in school know to use latrines and have benefited from the project's investment in building latrines at schools.**
- **Handwashing knowledge amongst youth remains relatively low, and behaviours were mixed.**

115. BBGE targeted health and nutrition outcomes through school meals, micronutrient supplementation (including iron, and folic acid), school latrine rehabilitation, installing handwashing devices, distributing menstrual hygiene kits, 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.

116. Youth in our sample self-reported high levels of health.[66] Seventy percent (70%) of surveyed youth reported they were in good or very good health. Although we found no significant differences in self-reported health by sex or school level, we found some differences by region. Youth in Diffa reported lower levels of good health than youth in Tahoua or Tillabéri (63% in Diffa, 71% in Tillabéri, and 76% in Tahoua, p = 0.008). Few youth reported being sick in the two weeks prior to survey administration (15%), and for those who were sick, only 10% noted they missed class because of their illness.

117. Despite high levels of self-perceived health by youth, the correlation between self-reporting good or very good health and receiving micronutrient supplementation (including deworming tablets) is nearly zero, suggesting this activity had no meaningful influence on students' morbidity. In addition, we also find evidence documenting a 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 iron, vitamin A, and deworming tablets; only folic acid was ultimately distributed through the programme. Nonetheless, other initiatives, including public interventions, seem to have distributed these nutritional supplements in BBGE areas, as documented by the youth and school survey data (Annex 16).

118. Of the surveyed youth, only 49% reported receiving any type of supplement at school (either through BBGE or another initiative), with girls reporting slightly more supplementation than boys (57% versus 38%, p = 0.000). Youth in primary schools were also more likely to receive supplements than youth in secondary schools (66% versus 37%, p = 0.000). Supplementation was also not distributed evenly across regions with 59% of youth in Tillabéri and 51% of youth in Tahoua receiving supplements compared to only 39% in Diffa (p = 0.004).[67]

119. Additionally, 48% of youth reported receiving deworming treatment at school during the 2021–2022 school year. Table 7 shows the distribution of micronutrients and deworming medication by type for youth sex, school level, and region as reported by youth survey respondents.

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[66] BBGE did not have an explicit focus on disabled youth, and in line with this approach, few 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. On the basis of these questions, 5% of youth in our sample reported any disability (8% boys versus 4% girls, p = 0.032). Reported disability did differ significantly by region, with 12% of youth in Tahoua reporting a disability (most notably concentrating and communicating) compared with 3% in Diffa and 1% in Tillabéri (p = 0.000)

[67] According to the school census data for Tillabéri, schools in the region did not directly distribute micronutrients and deworming tablets. It is likely that students received these supplements directly from the government or an entity.

Table 8. Receipt of Micronutrients and Deworming Medication

Overall and Subgroup (*N* = 557)	Deworming Treatment	Iron Supplements	Folic Acid Supplements	Vitamin C Supplement	Vitamin A Supplements
Overall	48%	13%	7%	15%	22%
Male	37%	4%	7%	9%	12%
Female	55%	19%	7%	19%	28%
Primary school communities	66%	15%	9%	18%	25%
Secondary school communities	35%	12%	6%	13%	19%
Diffa	37%	15%	4%	19%	18%
Tahoua	51%	2%	4%	5%	15%
Tillabéri	57%	23%	15%	21%	33%

Source. Youth Survey

120. Although the BBGE programme planned to install a nurse's station in schools to meet students with relevant health services, the lack of rooms in all but one school inhibited this activity. Rather, implementers worked with health centres to encourage greater engagement at the school level, and student reports suggest that school-based health visits are increasing albeit slowly: most medical exams received at school took place within the last year (21%), but 15% took place more than a year ago. Despite this, 46% of youth reported they never received a medical exam at school. There was no significant difference in the likelihood of receiving a medical exam based on youth sex or region. However, primary school students were more likely to receive a medical exam than secondary school students (58% versus 37%, p = 0.000).

121. 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 235 latrines and 687 handwashing stations have been constructed. According to the school census data, as of 2022, 82% of schools have sex-segregated latrines, and 42% have handwashing stations.

122. More than two-thirds of youth knew how to properly use the bathroom (67%), whereas slightly fewer reported using the bathroom at school (65%). Most of the youth were using latrines at school when they needed to use the bathroom. For those who did not use the bathroom at school, 63% mentioned using the bush. School bathroom usage did not differ by sex or school level, but it did vary by region. Students in Tahoua were less likely to use the bathroom at school than peers in Diffa or Tillabéri (53% versus 72%, p = 0.008). Further, students in Tillabéri were more likely to use the bush in place of a latrine than students in Tahoua (85% versus 53%, p = 0.001). Students in Diffa were more likely to go home to use the bathroom (51% versus 33%, p = 0.000).

123. Knowledge of proper latrine usage also differed by region, with youth in Tahoua being the least knowledgeable and youth in Tillabéri being the most knowledgeable (57% in Tahoua, 66% in Diffa, versus 78% in Tillabéri, p = 0.0007 Although the project built latrine blocs in 122 schools, project documents indicate that only 15 school had health clubs, meant to support health-related behaviour change. Thus, the latrines were an important first step in supporting school-based hygiene, but investment is also needed to sensitise students, especially in Tahoua and Diffa.

124. Handwashing knowledge amongst youth was relatively low, and behaviours were mixed. Only 36% of youth were able to describe how to properly wash hands. This knowledge differed by region, with 28% of youth in Tahoua, 38% in Diffa, and 42% in Tillabéri being able to properly describe the handwashing process (p = 0.000). Relatedly, handwashing stations at school were only used by 44% of youth; girls were more likely than boys to use handwashing stations at school (49% versus 37%, p = 0.005).

125. Youth were also asked about their perceptions related to the handwashing behaviour of their friends and classmates. About 50% of youth believed that most or all of their friends and classmates washed their hands after using the bathroom and before eating a meal (53% for both). Exhibit 17 shows the proportion of students reporting their peers wash their hands by scenario and region.

126. 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 behavior. Indeed, very few youths reported receiving training on WASH – just 41 students – suggesting that knowledge and practices were not influenced directly by the BBGE programme. Moreover, log frame data confirms that BBGE did not deliver any WASH training in schools, although the school census indicates that little over 25% of BBGE schools did conduct a WASH training, likely through another project (see Annex 16).

Exhibit 17. Handwashing Behaviour as Reported by Youth, by Region
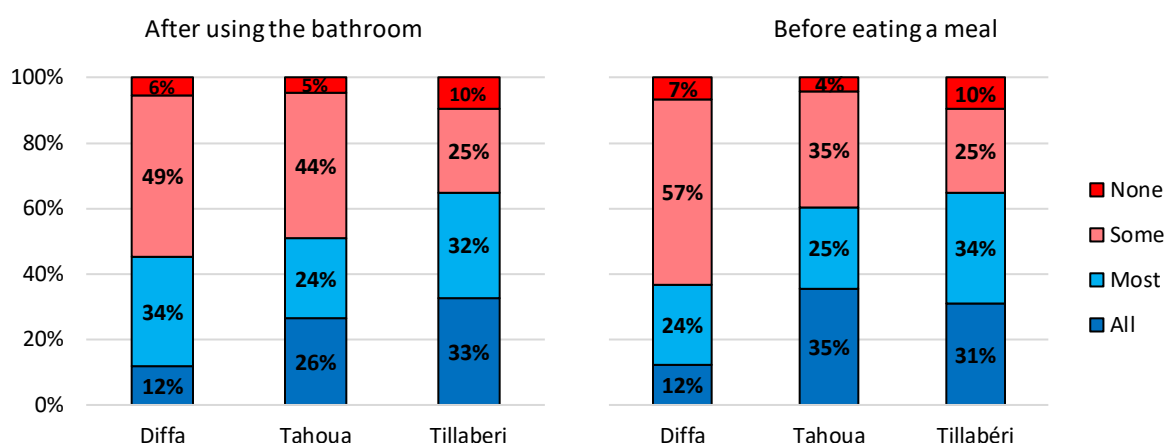
*Source. Youth Survey (*N = 557*)*

Sexual and Reproductive Health and Rights

- **Of the female youth respondents, one third had begun menses (34%). Few youth in our sample reported that they currently had a partner and few reported sexual debut.**
- **Adolescent respondents emphasized that the distribution of menstrual hygiene kit (including reusable sanitary napkins) was a useful activity. Nonetheless, just 15% of menstruating girls use sanitary products.**
- **Adolescent respondents cited the kit as a useful activity. However, they also suggested that they need further training in how to use the kit, an adaptation which could improve the kit's long-term effectiveness.**
- **There is room to improve SRH knowledge among youth.**

127. Another key component of the BBGE programme was to improve knowledge of and encourage safe and healthy behaviours related to SRHR. The project targeted SRHR through a multifaceted approach involving community sensitization, school-based trainings, equipping health centres with Sexual and Reproductive Health (SRH) resources, and providing menstrual health support to adolescent girls. Some of these activities were also meant to happen through school health clubs and infirmaries. 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, both sexes' family-planning knowledge and behaviours, and general knowledge of key sexually transmitted infections, specifically HIV. Lastly, we discuss respondents' self-reported experience with GBV.

128. It is important to note that the response rate to questions in these modules was low for youth, with over half refusing to provide responses despite enumerator efforts to establish safe, trusting environments in which youth could feel comfortable providing this information. Although low response rates 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 is required when interpreting the results in this section.

129. First, few youth in our sample reported that they currently had a partner and few reported sexual debut. Fifteen percent of surveyed youth reported having a current partner, and only 4% reported debuting sexually. In both instances females were more likely to respond affirmatively (20% of females had a partner versus 8% of males, p = 0.000; 5% of females debuted versus 2% of males, p = 0.036). We find no differences in the proportion of youth reporting sexual debut by school level, but we find a significant difference by region, with only one youth in Diffa and one in Tillabéri reporting debut, compared with 20 youth in Tahoua (p = 0.000). On average, youth debuted at age 15, although we find no difference in age of debut by any other characteristics. Of those youth who reported they had sexually debuted, 37% had overlapping relationships in the past year, only 5% reportedly used condoms during their last sexual experience, and 32% had engaged in a transactional sexual relationship.

130. Of the female youth respondents, one third had begun menses (34%). On average, girls reported that they started menstruating at age 14. Only 21% of those who started menstruating had ever missed school because of their cycle, and 15% stated they were currently using sanitary products such as sanitary napkins or tampons. Girls that mentioned they did not use sanitary products responded that the main reason for not doing so was the unavailability of the

products (85%). Girls who used sanitary products most often purchased them on their own (70%), but almost one third reported receiving them at school (32%). Girls residing in secondary school catchment areas were more likely to report currently using sanitary products than those living in primary school catchment areas (28% versus 8%, p = 0.000), possibly because of the greater availability and lower poverty levels in secondary catchment areas. This data highlights the importance of the BBGE-distributed hygiene kit, which supplied more than 10,000 girls with soap and locally produced, reusable menstrual pads. Because the pads were reusable, the kit offered a durable, low-cost solution for a significant number of adolescent girls in BBGE zones. Confirming this, adolescent respondents cited the kit as a useful activity. However, they also suggested that they need further training in how to use the kit, an adaptation which could improve the kit's long-term effectiveness.

131. Few girls in our sample had ever been pregnant, although one third of those who had ever been pregnant became pregnant during the BBGE programme. Only 6% of girls who had begun menses reported ever being pregnant (7 girls in our sample). These girls were, on average, 17 years old when they got pregnant, and two of these girls became pregnant during the BBGE programme.

132. Even though there were low numbers of reported pregnancies, youth could not easily identify family-planning methods. Of the youth surveyed, 87% said they were not aware of any family-planning methods. Eight percent of youth were aware of the pill and 7% were aware of the male condom. More males than females were aware of the male condom (12% versus 3%, p = 0.000), otherwise there were no differences by youth sex or region. Youth in secondary school were more aware of all family-planning methods than youth in primary school (p = 0.000). Subsequently, only 7% of youth reported that they or their partners currently use any type of family-planning method. Lastly, 42% of youth knew that unprotected sex could lead to a female's getting pregnant, and this knowledge differed by school level and catchment area (28% primary school versus 52% secondary school, p = 0.000; 32% primary catchment versus 59% secondary catchment, p = 0.000). The data support the need for stronger links between the health centre and schools, something that respondents cited was not sufficiently achieved in the first two years of the project.

133. When asked about their awareness of and knowledge around HIV, only 41% of youth surveyed said they had heard of HIV. Youth in secondary school, residing in secondary school catchment areas and youth from Tillabéri were more likely to be aware of HIV (54% in secondary school versus 22% in primary, p = 0.000; 61% in secondary catchment versus 29% in primary catchment, p = 0.000; 56% in Tillabéri versus 36% in Diffa and 31% in Tahoua, p = 0.013). Youth that 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 22% of those youth answered correctly. Youth were asked some additional knowledge-based questions about HIV. These responses differed by region (Table 9). Overall, 61% of youth know that condoms could reduce the spread of HIV, but 90% believed that sleeping with a virgin could cure a man of HIV and 70% believed there was a cure for HIV. Knowledge of this latter point differed significantly by sex, with 84% of male youth believing there was a cure, whereas 61% of females believed that was the case (p = 0.000).

Table 9. Youth HIV Knowledge, by Region

Percent Correct of Eligible Youth	Overall	Diffa	Tahoua	Tillabéri
Knew correct HIV infection pathways	22%	20%	15%	32%
Believed in incorrect HIV infection pathways	16%	15%	13%	19%
Believed that …				
… person with healthy appearance can have HIV	44%	29%	41%	57%
… condoms can reduce the spread of HIV	61%	74%	50%	60%
… sleeping with a virgin can cure HIV	10%	16%	17%	1%
… there is a cure for HIV	30%	59%	15%	17%

Source. Youth Survey (N = 557)

134. 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 5% of surveyed youth had been tested, and we find no significant differences by youth sex, school level, or region. Youth were more aware, particularly females, about where one could go to get testing (42% overall; 52% females versus 27% males, p = 0.000).

135. 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. Eight percent of youth, overall, reported having experienced some form of violence with their current or most recent partners. Eight percent of youth reported having experienced psychological intimate partner violence (IPV), whereas 1% reported having experienced physical IPV. Psychological IPV was more likely experienced by youth in secondary school catchment areas than primary catchment areas (12% versus 5%, p = 0.000) and more likely reported by youth in Tahoua and Diffa than youth in Tillabéri (12% Tahoua, 7% Diffa, and 3% Tillabéri, p = 0.007). Overall, however, it is important to note these findings are based on a low number of youth responding to questions in this module.

136. Overall, findings in this section suggests that more can be done to improve knowledge about SRH. According to the school census data, multitopic trainings related to GBV and SRH for students were implemented in primary (63%) and secondary (78%) schools. However, only a few training sessions were administered. On average, students in primary schools received just one training session, whereas secondary school students benefited from three. In addition, the regional averages show that almost all schools in Tahoua (94%) delivered training sessions for students, which is significantly higher than the corresponding percentage for schools in Diffa and Tillabéri—50% and 59%, respectively (Tables A17 and A18). Logframe data shows that only GBV and SRH trainings were administered to students.

Internal and External Moderators

137. Although EQ1 speaks to the strength of the programme's design, a key factor in its effectiveness, this section considers internal and external moderators of the programme's effectiveness. Internal factors affecting the programme's effectiveness include the lack of engagement of local actors and the limited project scope (i.e., time frame). Stakeholders within the Government of Nigeria, implementing NGOs, and beneficiary communities criticised the project's lack of communication and engagement at the local level. Parents in Diffa conveyed their dismay, saying "We are unable to give you details because we are not involved in the programme … normally, everything that is done for our children, we should be informed," and a school director in the region similarly stated, "Recently, an NGO tried to recruit students from their villages when we were not informed. So, you have to involve and work with the administration." Staff at the implementing UN agencies suggested that the programme lacked proper local engagement and contextualization because of its short inception period, and they advised holding more community-level meetings if the project continued to another phase.

138. In addition, the project's time frame limited its effectiveness. Although intended to run for two full academic years, BBGE implementation was delayed and slowed by various factors (see EQ 4.3). Yet even two years of support appeared meagre to beneficiaries, who asked that the project consistently intervene over a longer time frame. As a teacher in Diffa suggested, investing in education should be considered a longer-term undertaking: "It is better to spread it over 5 years. Even the real result of what is being done now will only be seen after years." Beneficiary communities also worried about the potential lapse in support as the implementers prepare to relaunch its next phase.

139. On the other hand, external moderators of BBGE effectiveness included COVID-19, conflict, the lack of existing infrastructure, and natural disaster events. Conflict events posed a security threat to UN and NGO implementers, making it difficult to carry out activities, disburse cash grants, and monitor the programme. Meanwhile, conflict also forced the closure of many schools and deterred students from continuing their education, limiting the ability of BBGE to support adolescent girls. Droughts and floods closed school and/or kept students from going to school. In affected communities, the 2022 droughts also forced some parents relocate their families, impeding the work of BBGE.

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

140. The joint approach facilitated BBGE effectiveness by enabling its unique, multisectoral design. However, the execution of this design was inhibited by the joint approach, as coordination and communication between implementing NGOs was inhibited by the lack of field-level coordination structures.

141. At the design level, the joint approach of WFP, UNICEF and UNFPA enabled project effectiveness by making possible the comprehensive package of activities unique to the BBGE approach. The programme's multisectoral approach relied on the specialised expertise of each agency. 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. 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." Moreover, Government of Niger stakeholders appreciated the collaboration of agencies and the ability to work within a single project to address the interlinking barriers to girls' education.

142. However, the joint approach posed an obstacle to BBGE effectiveness by complicating coordination and leading to the appearance of siloed implementation. Because of security and capacity concerns, each agency contracted NGO(s) to implement BBGE; in total, nine NGOs were involved in BBGE service delivery in Niger. The multitude of actors involved in implementation made it difficult to ensure convergence on key communities. As a WFP staff member explained, "During the joint missions … I understood that UNFPA has safe spaces, but it is not obvious that they are the same girls in the schools where WFP intervenes. It is like their usual interventions, really it is not so much at the level of schools where WFP and UNICEF intervene." Anecdotes like this were common amongst NGOs and government partners, who found little "consistency" or "similarity" in programme implementation, as each NGO worked vertically with its UN partner than horizontally with other NGOs on the ground. The failure to target common schools is also evidenced in the finding (reported above) that on average 3 activity categories (out of six) were implemented in the average school targeted by the BBGE programme.

> *It's really a very multisectoral approach, so you must have a neutral actor that takes all of these aspects into account. I think that we should anchor this project at the Prime Minister's or President's level.*
> *—WFP Country Office staff*

143. Although the project tried to mitigate against the complexity of joint implementation by engaging the Government of Niger's HCi3N to undertake strategic coordination of BBGE, interviewed HCi3N stakeholders indicated that they were not involved in coordinating field implementation. For this reason, various stakeholders suggest that the project adopt a more centralised mechanism – perhaps by enlarging the role of HCi3N – for coordinating implementation amongst the three agencies and their subcontractors.

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

144. 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 procurement and fund transfer. These factors delayed the implementation of activities like safe spaces, school meals, micronutrient supplementation, and government capacity building.

145. COVID-19 restrictions led to the closure of Nigerien schools in March 2020, delaying BBGE implementation to the 2020–2021 school year. However, the pandemic's effects continued to affect the programme throughout its first year, as implementers dealt with teleworking arrangements and limited mobility within Niger. Project reporting also indicates that conflict and security delayed activity implementation, leading the UN agencies to empower NGOs to conduct and monitor activities.

146. On the *internal* side, fund transfers and procurement processes caused further delays for BBGE. Early in the project, headquarters-level stakeholders described the challenges of disbursing funds to the relevant agency: "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."

147. Aside from fund management, the process of establishing formal partnership between NGOs and UN agencies—a process that involved the UN's Programme Cooperation Agreement (PCA)—took longer than expected and ultimately delayed the implementation of some activities. Further, the backup of global supply chains led to a delay in procuring iron and folic acid, a BBGE activity only implemented in late 2022. In beneficiary communities, some respondents noted these delays and said that they particularly affected scholarship delivery and latrine construction. Many others could not explain delays, saying things like, "They didn't give us dates, so we can't know if there's a delay or not. If they had given us a time, it is now that we could see if there is a delay or not" (Traditional leader, Tahoua).

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

148. The challenges faced by BBGE while operating in Niger's humanitarian and crisis zones suggest the necessity of accounting for student mobility and implementer security risks to reach target populations and enable service delivery. The BBGE model partially addressed these challenges, but the implementers anecdotally suggested the need to go further in accompanying displaced girls and their families. In particular, they recommended a centralised coordination structure for NGO implementers and a procedure for monitoring beneficiary movements. We expand on these two suggestions below:

149. At the implementer level, insecurity and ongoing conflict-inhibited access to beneficiary communities. In turn, this made it difficult for UN staff to monitor targeting, coordination, and service delivery. Although one possible solution lies in empowering local NGOs (the approach of the project), the agencies may better support these local actors by

providing a central structure for coordination and monitoring and evaluation. Further, one NGO stakeholder suggested building in synergies by targeting 'clustered' – or geographically proximate – communities in insecure areas in order to minimize travel in high security risk areas.

150. Another challenge connected with such a context is the greater likelihood of parent and student mobility. During BBGE, this impeded project effectiveness (see EQ 4.1) and led to unforeseen challenges related to guardianship (see EQ 1.1). One option considered during BBGE that should be developed in future iterations of the project is to monitor beneficiary movement more rigorously. The project can consider reaching beneficiary girls with activities (e.g., cash grants) and trainings (e.g., remote learning support) even if they move away from the targeted community. This would ensure continuity of programming and would guard against the possibility of enticing students and families to stay in an insecure area just to benefit from the programme.

2.5. Sustainability

- **There is a strong sense of dependency on external support and no evidence that BBGE activities requiring funding will continue without additional financial support**
- **The initial implementation period of less than two years was viewed by many as a pilot phase during which sustainability was not a focus**
- **Sensitisation on the importance of girls' education appears likely to continue, but more resource-intensive activities (like cash grants) will not**

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

151. Although there is some evidence that selected BBGE activities and policies have been institutionalised at both the national and community levels, there was a strong sense of dependency on external support and a limited sense of ownership of the programme at all levels. It is worth acknowledging that the initial implementation period of less than 2 years was viewed by many as a "proof of concept" or "pilot" phase and that next steps were often seen as contingent upon evaluation findings. For these reasons, sustainability may not have been a top priority during the initial programme period.

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?

152. Although some community members expressed the opinion that they could continue sensitizations on the importance of girls' education after the initial implementation period, most parents and teachers agreed it would not be possible to sustain cash grants, school meals, or any other BBGE activities that cost money. There was a pronounced sense of dependency on external support and a feeling of helplessness and despair over BBGE support's ending. For this reason, one mother from Tamaya said, "If the project stops, we can't continue anything because we don't have the means to take charge of anything," whereas a father from Tillabéri stated, "If the project withdraws, we cannot continue anything because we do not have the means to take charge of anything, but we can continue to sensitise people." Many other respondents made similar comments, expressing their belief that they were too poor to continue anything without outside support. There were also concerns about girls being able to continue with their education in the absence of BBGE's help.

153. Respondents from implementing partners were more optimistic than community members about sustaining activities. For example, one respondent from Niamey said, "For the scholarship [not being sustainable], we must give them that, but the local committees that have been set up to monitor the girls' attendance can be maintained. They existed before and now we have reinforced them so they can continue this aspect." Field staff members also spoke to the sustainability of certain community-level structures: "These facilitators are teachers in the schools. This is already an asset for these schools. Here in Tahoua, the communities have started to contribute in-kind for school meals, but it is really in very few schools." Despite those examples, other implementing partners, especially at the headquarters level, spoke candidly about the need to continue supporting local partners. For example, one staff member from headquarters shared, "They have also been looking at us like 'what's next?' because they obviously do not have the funds to sustain these approaches. And you know we are implementing several of these interventions through implementing partner, so these implementing partners also need to be to be supported in a financial way." So, there appears to be a shared recognition that external resources would be required to sustain many aspects of BBGE programming.

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

154. The main factors that impede the sustainability of BBGE activities and results are the perceived dependence on external support and the lack of ownership on the part of government ministry partners. As we explained in the previous section, resource-intensive interventions such as cash grants will not continue without external funding and there was a sense of helplessness in some BBGE communities about the ability to carry activities forward. Additionally, some government respondents conveyed a lack of ownership through comments like, "Normally, it is up to the project to provide for its continuity. I think it's all about the results that come from the implementation of the project." Although some government respondents expressed more optimism about and ownership of BBGE's future and some community members reported being able to continue less costly interventions such as sensitization regarding the importance of girls' education, the widespread perception of dependency on external support and the lack of explicit government ownership present real risks to sustainability.

155. The same external factors that appeared to hinder the effectiveness of the BBGE programme in Niger—most notably the lack of existing infrastructure and incredibly limited government resources—may have also compromised the sustainability of programme activities. Respondents spoke bluntly about the government's lack of resources to continue programme activities.

156. There was perhaps a missed opportunity to learn from the sustainability challenges revealed by the evaluation of the Malawi JPGE, which also lacked an exit strategy and included activities (such as school meals) that were dependent on external funds.

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

157. Despite the challenges mentioned above, there are two main factors that will potentially enhance the sustainability of BBGE activities and results. First, strong relationships and a spirit of collaboration were formed amongst partners in Niger. One headquarters-level respondent shared: "In Niger, I believe the agencies are joining forces to submit proposals together to see if they can sustain the approach in the meantime while we wait to hear back from Global Affairs Canada on a potential second phase. I think the agencies have understood on the ground that they need to join forces, and they need to join hands to submit if they want these types of approaches to be to be sustained. And they also need to join hands when it comes to fundraising and not go their separate ways. So, I think that that has kick started but that's really it from the bigger perspective."

158. This collaboration—particularly in the context of fundraising—was perceived to increase the likelihood that BBGE activities will be sustained over time. Secondly, some respondents reported that certain aspects of BBGE were institutionalised in government planning. For example, one respondent in Niamey stated, "I think we're really trying to integrate the programme activities into the country's planning documents to ensure some sustainability," whereas another said the MOE had "institutionalised" school health clubs and made a formal policy allowing girls to return to school following pregnancy. Collectively, enhanced collaboration and the institutionalization of certain BBGE activities and policies may enhance the sustainability of the programme despite resource-related constraints.

2.6. Perceived Impact

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

159. 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. Instead, the descriptive findings intended to support the suggestive results emerging from the qualitative analysis with respect to the changes in key outcomes 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?

160. Qualitative evidence suggested that BBGE activities successfully removed both financial and non-financial barriers to education and increased familial support for girls to enroll and attend school. Scholarship money was perceived to be a key motivator for girls to attend school. As one female student from the Simiri school in Tillabéri said: "Now that the project is here, people are studying a lot more than before because there is help coming all the time. When you have a friend who doesn't go to school, the money she sees being distributed motivates her to want to go to school. This has resulted in many girls' enrolling in school because of this project."

161. This perception was echoed by many others, and some respondents reported that even girls who had stopped attending school to get married returned because of BBGE. Relatedly, monitoring reports cited that the project led 6,036 adolescent girls in BBGE zones to refuse a marriage request. Focus group respondents reported that the programme also reduced menstruation-related absences and that the provision of school meals encouraged children not only to attend school but to show up on time.

162. Findings from WFP's 2021 household survey are consistent with reports from focus-groups. 82% of parents of primary school children stated that school meals encouraged them to send their children to school, and 70% agreed meals alleviate the children's immediate hunger. Furthermore, 77% of parents of secondary-school girls indicated that the scholarship was the main motivation for sending their daughters to school, and 70% stated it was the primary reason to keep them enrolled.

163. Few girls became pregnant during the BBGE programme. Only 6% of girls in the youth survey reported ever being pregnant, and one third of those girls reported becoming pregnant since the start of the BBGE programme. Girls who became pregnant were, on average, 17 years old at the onset of the pregnancy. There were no significant differences in rates of pregnancy by region.

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

164. The BBGE programme was perceived to enhance collaboration amongst different government ministries. Respondents attributed the improved collaboration in part to the formation of the steering committee and in part to the programme working across sectors towards a shared objective. At the household level, respondents indicated that BBGE (particularly the school meals and scholarship components) provided much-needed financial relief for families. At the individual level, respondents (both teachers and caregivers) perceived that BBGE led to marriages' being delayed and had caused girls to appreciate and enjoy school more than previously. As one mother from Tamaya said, "[The programme] made the girls love school so much. For example, if tomorrow is a school day and the girl couldn't get soap to do the laundry, she will cry because she doesn't want to miss school."

165. The most apparent negative unintended consequence was the feeling of exclusion on the part of boys who were not eligible for BBGE activities. As one school principal from Dargol put it, "The parents who have boys would have liked to have the magic of transforming the sex of their boy into a girl [laughter] because every time there is help, it is in favor of the girls." Some respondents felt that parents began to value girls' education over boys' because of interventions like the cash grants. To this end one teacher from the Simiri school in Tillabéri said, "When [parents] see that the girl has a scholarship and many advantages while the boy doesn't, they tend to want more education for the girl."

166. Therefore, families prioritizing daughters' education over sons' was potentially an unintended consequence of BBGE. Secondly, the perceived improvements in student retention because of cash grants may have inadvertently led to girls living separately from their families. As one respondent put it, "It is rare to see a girl who receives a scholarship drop out of school even if her parents leave the area," suggesting that BBGE may had unintentionally led to cases of family separation.

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

167. 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 Niger 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.

168. On the other hand, the biggest internal factor affecting the programme's ability to achieve its goals was the lack of fidelity of implementation. Aside from the activities that were not implemented on the whole, our evaluation identified many other 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.

169. Households from target areas had heard about the BBGE programme, but their participation was low (Exhibit 18). Most households (85%) reported that they had heard of the BBGE programme, and there were no differences across regions. However, only 41% reported that they had received training or attended events in their community with large regional differences (58% in Tahoua versus 38% in Tillabéri and 25% in Diffa, p = 0.000). BBGE was meant to provide parents with information on the importance of school and consequences of child marriage. Importantly, female respondents were more likely to have participated in programmeactivities than male respondents (43% versus 31%, p = 0.006). Three of four adult respondents were able to name the BBGE programme as the provider of the community trainings or events that took place at their community. Overall, most respondents listed girls' education (96%), importance of school (93%), and child marriage (81%) as the covered topics in line with planned activities, with some regional differences.

Exhibit 18. Training Topics Attended, by Region
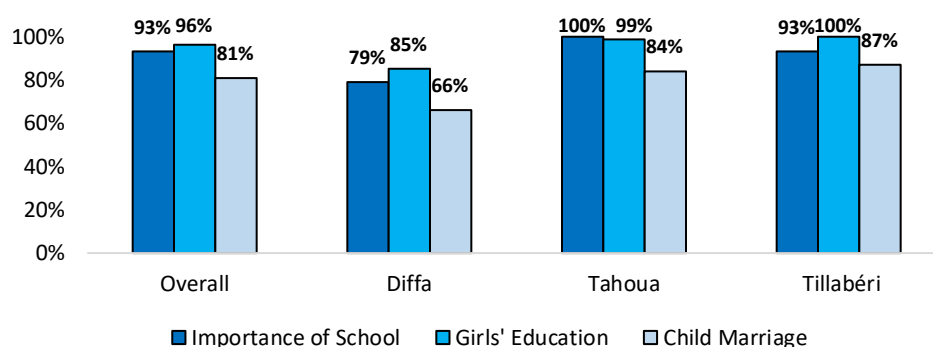
*Source. Household Survey (*N *= 225)*

170. Most youth were also aware of the BBGE programme, but participation in the BBGE programme activities was mixed and varied greatly by sex and region. Seventy-six percent of surveyed youth were aware of the BBGE programme. Female youth were significantly more likely than male youth to state they knew the programme (82% versus 66%, p = 0.000). Similarly, youth from Tillabéri were more likely to know about the programme than youth from Diffa or Tahoua (89% versus 62% and 78%, respectively; p = 0.017). Youth enrolled in primary school were more likely to be aware of the BBGE programme than youth enrolled in secondary school (80% versus 73%, p = 0.036).

171. School meals and financial assistance for school were the most widely reported BBGE activities in which youth took part. Although many youth in our sample were aware of the BBGE programme, fewer participated in the programme's various activities. Receiving school meals and financial assistance for schooling were the two activities received by the most youth. In Niger, primary school students were targeted with porridge for breakfast and a millet or rice dish for either lunch or dinner. Forty-nine percent of surveyed youth reported receiving school meals, with the majority receiving lunch (95%). Fifty-one percent also reported receiving breakfast at school, whereas only 20% said they received dinner. While school meals were intended only for primary school students under BBGE, some secondary school students reported receiving meals as well (82% primary versus 26% secondary; p = 0.000). BBGE planned to provide financial assistance through cash grants to girls in later primary grades and secondary school. These cash grants were meant to be conditional on attendance with an 80% attendance rate qualifying girls to receive from 12,000 – 54,000 CFA per year depending on grade level. Although financial assistance for schooling was one of the more implemented activities, only 43% of surveyed youth reported receiving it. However, 85% of those youth reported that the assistance came from BBGE, in particular. In line with programme activities, more females than males reported receiving assistance (57% versus 22%, p = 0.000), though some males did report receiving this assistance. Although receipt of financial support varied by region, youth in Diffa were much less likely to report receiving financial assistance for schooling than peers in Tahoua or Tillabéri (20% in Diffa, 52% in Tahoua, and 59% in Tillabéri, p = 0.000). On average, students reported receiving about 30,000 CFA per school year (roughly equivalent to about $50 USD), with secondary school students receiving more, on average, than primary school students (35,250 CFA versus 23,300 CFA, p = 0.000), though both reportedly receiving more than the intended amount of the scholarship.

172. Hygiene kits and MHM kits were intended to be distributed to programme schools, but only to 10,000 girls in BBGE catchment areas. Only 29% of girls in the youth sample noted they had received hygiene kits at school, whereas only 8% mentioned they had received MHM kits. A few girls reported receiving menstrual pads but no kit (14%). Girls in primary school were more likely than girls in secondary school to receive either kit (25% of primary girls and 12% of secondary girls had received hygiene kits, p = 0.000; 7% of primary girls and 3% of secondary girls had received MHM kits, p = 0.013) even though secondary school–aged girls might be more in need of the MHM kits. Distribution of hygiene kits seemed to be skewed across the regions with 27% of girls in Tillabéri and 21% of girls in Tahoua reporting they received kits, but only 6% of girls in Diffa reporting the same (p = 0.006).

173. Trainings for youth were intended to target all youth aged 10-19 in BBGE schools. However, very few youth reported attending community trainings, and training participation varied by youth sex and region. Only 19% of youth (79 students) reported attending any community trainings. Girls were more likely than boys to attend these trainings (26% versus 8%, p = 0.000) except for trainings on HIV, which boys were marginally more likely to attend (21% versus 9%, p = 0.074). A larger proportion of youth in secondary school than youth in primary school attended community trainings (23% versus 15%, p = 0.038), and youth living in secondary school catchment areas were more likely to attend trainings than those living in primary school catchment areas (28% versus 14%, p = 0.001). Of the limited number of youth who attended trainings, most attended trainings on the importance of girls' education (78%; 86% girls versus 43% boys, p = 0.000), child marriage (58%; 65% girls versus 29% boys, p = 0.013), and WASH (52%, 55% girls versus 36% boys, p = 0.186). Fewer than half of youth attending trainings attended sessions on nutrition (32%), gender-based

violence (41%), HIV (11%), leadership skills (10%), or relationships (3%). We further find large variation in the proportion of youth attending the various community training sessions by region (Exhibit 19).

Exhibit 19. BBGE Training Participation as Reported by Youth
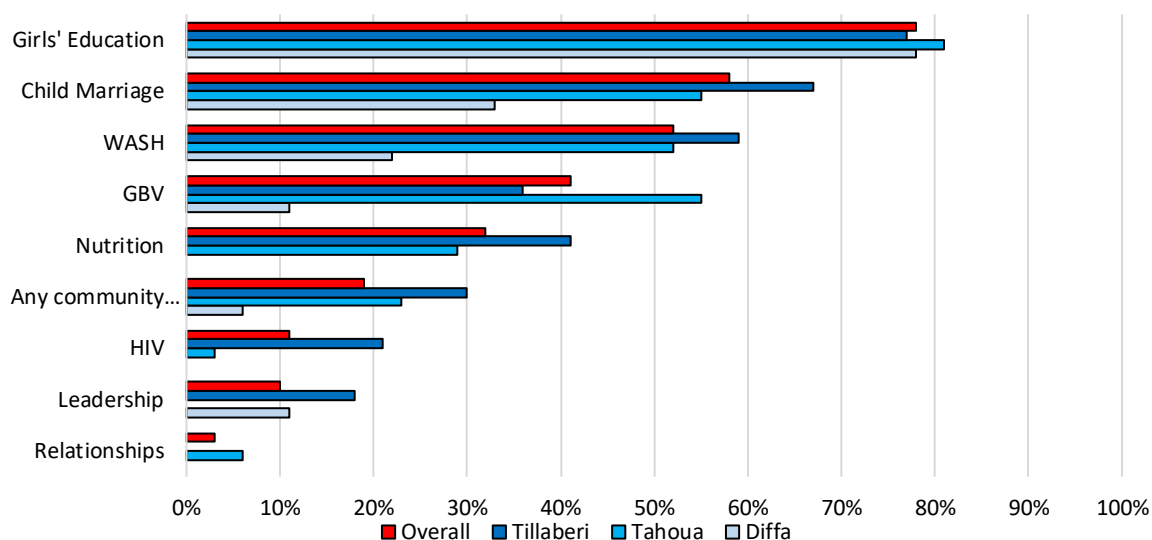
Source. Youth Survey (Youth attending any training; N = 79)

174. Youth respondents in our sample were unlikely to have received any sexual or reproductive health information even though one of the key activities of BBGE was to provide comprehensive sexuality education including SRH topics. Fifteen percent of youth respondents stated they had received any sexual or reproductive health information, and this information had most often been provided by teachers (84%). Youth were more likely to receive sexual and reproductive health information if they were enrolled in secondary school (19% versus 10% for primary, p = 0.008). Students in Tillabéri and Tahoua were more likely to receive this information than students in Diffa (24% in Tillabéri, 18% in Tahoua, and 4% in Diffa, p = 0.000).

175. Safe spaces were not established in all schools; the project funded school feeding in 678 schools and established only 179 safe spaces. Further, data suggested that not all regions benefitted equally from SRHR investments; the rate of receiving puberty training was especially low in Diffa (19%) as compared with the other two regions (55% in Tahoua and 45% in Tillabéri, p = 0.000).

176. Future husband clubs and health clubs were not widely known by youth. The BBGE programme intended to implement future husband clubs and health clubs for youth in target communities. However, almost 80% of youth said they had never heard of future husband clubs, and only 3% said their schools had health clubs. Further, only 2% of youth respondents said they had participated in a future husband club, and participation was similarly low for both boys and girls. Male youth who were aware of the clubs believed their intention was to provide youth an opportunity to make friends and to provide information on how to be a good husband, whereas female youth thought these clubs were to provide information on child marriage. Lastly, as part of the school health package, the BBGE programme meant to install nurses in schools, but only 15% of youth in our survey said their schools had one. Youth in Tillabéri were more likely to report having a school nurse (27%) than their counterparts in Tahoua (14%, p = 0.023) or Diffa (7%, p = 0.000).

3. Conclusions and Recommendations

3.1. Conclusions

Joint Approach

177. Quantitative findings show that not all intended programme activities were implemented, and some were delayed or partially executed (i.e., targets were not achieved). Although there appears to have been collaboration amongst the UN agencies and considerable excitement over the joint approach, coordination challenges and inefficiencies related to funding flows appear to be the central weaknesses of the joint approach, and a notable disadvantage to this partnership model. There were coordination issues at the ground level and some concerns over funding flows, which were at times delayed because of bureaucracy. Moreover, there we also vertical coordination challenges within agencies. For instance, the regional office was noticeably less involved in programme design and oversight, and, in one case, a delay in receiving disbursements from headquarters resulted in BBGE's being delayed by more than 6 months in delivering cash grants. Similar challenges with coordination and funding flows were uncovered in the evaluation of the Malawi JPGE, suggesting a potential missed opportunity to learn from previous evaluations of similar programmes. This same problem was identified in the Chad BBGE evaluation, where 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 in Niger (if the programme were to be continued) and also for any future scale-up efforts**.

Program Delivery and Convergence

178. The BBGE programme had an ambitious set of activities planned for Niger, but only a small subset of these activities were consistently implemented. The programme's central performance shortcoming was its failure to consistently implement planned activities which was compounded by an abbreviated implementation period of less than two years. At the beginning of our data collection (November 2022), only six of the 13 planned activities had been implemented. Our survey data showed that girls received on average only three of the six school-based interventions that were ultimately delivered. Although school meals were delivered widely (to 94% of primary schools), other programme components were less consistently implemented. For example, only 19% of youth reported having participated in a training within the previous year; only 29% of girls had received hygiene kits, and only 8% had received MHM kits. Slightly more than half (60%) of schools had latrines built and slightly less than half (49%) of targeted boys and girls received nutritional supplements. Further, the delivery of interventions was not consistent across regions. **Because BBGE intended to eliminate multiple barriers to girls' education, the delivery of only a small subset of planned interventions created major challenges. Previous evaluations (such as that of the Malawi JPGE) have shown the importance of an integrated approach, further confirming the significance of BBGE's failure to address multiple barriers through different programme components in Niger. It is important for porgrammes, especially those operating in fragile and crisis contexts, to focus on the fidelity of implementation even in instances of reduced implementation periods.**

Effectiveness and Perceived Impact

179. Because of the lack of baseline values for key outcomes, as well as 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 because of 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.**

180. Overall, we found that enrolment rates were relatively high, with 81% of youth reportedly enrolled in school at the time of the survey and clear increases in enrolment for youth at both primary and secondary levels over the past three school years according to school records. On average, girls were more likely than boys to be enrolled in school and seemed to stay in school longer than boys in programme areas. Further, 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. These results aligned with the high educational aspirations of both caregivers and youth, and suggest that BBGE activities were well designed to promote girls' enrollment and retention in school. **Further, cash grants and school meals were perceived to help most in overcoming barriers to educational attainment for youth and were the two most widely received BBGE activities. Future programming should prioritize these two activities.**

181. On the other hand, considering the overall performance of the BBGE programme, we find poor fidelity of implementation of most other BBGE activities. Although knowledge of the BBGE programme was high amongst caregivers, as well as youth (85% and 76%, respectively), less than half of caregivers received community trainings and

youth participation in other complementary activities such as trainings, kit disbursement, micronutrient distribution, and SRHR education varied. Accordingly, youth knowledge of behaviours related to health, WASH, SRH, and HIV were mixed, with no clear, observable trends in either. Further complicating our ability to assess programme effectiveness was the low response rate by youth on SRHR and GBV survey questions. Of the responses obtained, few youth reported sexual debut or menses, and this limited our ability to distil information related to levels of knowledge and participation in safe sexual behaviours.

182. External moderators of BBGE effectiveness included COVID-19, conflict, the lack of existing infrastructure, and natural disaster events. Conflict events posed a security threat to UN and NGO implementers, making it difficult to carry out activities, disburse scholarships, and monitor the programme. Meanwhile, conflict also forced the closure of many schools and deterred students from continuing their education, limiting the ability of BBGE to support adolescent girls. Droughts and floods closed school and/or kept students from going to school, which in turn may have limited their exposure to programme activities. In affected communities, the 2022 droughts also forced some parents relocate their families, impeding the work of BBGE.

Gender and Equity Considerations

183. The BBGE programme and its implementers prioritised gender and overall equity. Even so, we found evidence of areas in which more consideration was necessary to ensure equity across all dimensions. Most prevalently, we learned that many community members and caregivers were concerned with the perceived fairness of cash grants only going to girls. These stakeholders felt boys were being unnecessarily excluded from programme activities when they were also vulnerable and in need of financial assistance to continue with schooling. In some cases, stakeholders mentioned that families were given perverse incentives to prioritise girl children over boy children when it came to education because of the support received for the former only. Additionally, some respondents noted the potential disproportionate burden placed on girls receiving cash grants, as families rarely withdrew girls from school if they were recipients even if the parents were leaving the area. In other words, receipt of cash grants sometimes posed unintentional challenges for girls through family separation, leaving girls potentially more vulnerable than before. **Although improper targeting was more prevalent in Chad than in Niger, this targeting 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 in Chad than in Niger. 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.**

184. Moreover, the targeting of some other BBGE activities was also found to be somewhat inequitable. In particular, the school meals and distribution of MHM kits were mainly aimed at primary school students, whereas the provision of school meals through secondary school could have improved motivation and attendance amongst students in these later years. Further, although few of the female youth in our sample reported menses, it was more likely for secondary school–aged girls to menstruate and, thus, benefit more from MHM kit distributions. **Therefore, the targeting and distribution of these two BBGE activities could be improved to more equitably benefit those most in need of the respective services.**

Sustainability

185. 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. Although some activities such as the sensitizations on the importance of girls' education showed some possibility of continuation in the absence of external support, there was a strong sense of dependency on the part of community members interviewed during the evaluation. Parents and other community stakeholders expressed a sense of helplessness and an inability to continue with activities (especially those requiring financial resources) in the absence of external support. **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 activites of the BBGE programme, such as cash grants and school meals, will not continue without the support of the three agencies or other funding sources.**

3.2. Lessons Learned

186. While this report focuses on the evaluation of the BBGE activities in Niger, the programme was simultaneously implemented in Chad. 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:

187. **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.

188. Across both countries, school meals and cash grants were deemed most effective for reducing barriers to girls (and boys) education. **In both Niger and Chad, school meals and cash grants 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.**

189. **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.

190. **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. Cash grants were delayed in both Niger and Chad 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 schoolyear 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.

191. **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 Niger and Chad 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 Joint Programme for Girls Education (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.

3.3. Recommendations

#	Recommendation	Recommendation Grouping, by Theme	Recommendation type: Strategic/Operational	Responsibility (One Lead Office/Entity)	Other Contributing Entities (if Applicable)	Priority: High/ Medium	By When
1	Recommendation 1: Expand the provision of school meals to secondary schools (not just primary).	Effectiveness, impact, equity	Strategic	WFP Niger Country Office	WFP Headquarters	High	When budgeting for a next phase of BBGE, WFP should include school meals for all students in Niger, not only primary schools.
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. If including boys in relevant activities is infeasible, carefully sensitize communities as to why boys are only included in certain activities.	Equity, effectiveness	Strategic	WFP Headquarters	UNFPA and UNICEF Headquarters	High	When budgeting and designing the next phase of BBGE, WFP should consider either including boys in some activities or doing targeted sensitization to explain why boys are not included.
3	Recommendation 3: Consider targeting a smaller number of schools to ensure that all activities and inputs are delivered so that girls benefit from multiple BBGE interventions.	Effectiveness, impact, coherence & connectedness	Strategic	WFP Niger Country Office	UNFPA and UNICEF Niger Country Offices	High	When considering resource allocation for the next phase of BBGE, WFP and its partners should consider targeting a smaller number of schools so they can be sure that *all* interventions reach targeted beneficiaries.
4	Recommendation 4: The UN agencies should establish a clear sustainability plan for all programme activities with identified assignments for	Sustainability	Strategic	WFP Niger Country Office	UNFPA and UNICEF Niger Country Offices WFP, UNFPA, and UNICEF Headquarters	High	When designing activities for the next phase of BBGE, WFP and its partners should include a clear sustainability plan with

	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.						assignments for stakeholders at all levels, from the government/ministry level to the community level.
5	Recommendation 5: Clarify the roles of the three UN agencies at the headquarters and local levels. Ensure distinct roles and responsibiltiies which are clearly communicated to better leverage support from the regional bureaus of the three UN agencies.	Efficiency, sustainability	Strategic	WFP Headquarters	UNFPA and UNICEF Headquarters	Medium	Should there be a second phase of BBGE, WFP and its partners should engage with and get buy-in from regional bureaus prior to the next implementation period.
6	Recommendation 6: Explore ways to streamline funding flows to reduce delays and avoid confusion about the status of funds disbursement. Determine bottlenecks in flows, and set realistic expectations about disbursement timing to reduce delays.	Efficiency	Operational	WFP Headquarters	UNFPA and UNICEF Headquarters	High	Prior to a next phase of BBGE, UN agencies should examine the delays and bottlenecks with fund distribution during the first implementation period and work to address them.
7	Recommendation 7: Enhance communication around training opportunities to ensure better participation. In areas in which knowledge is particularly low, consider follow-up trainings on specific topics.	Effectiveness, impact	Operational	WFP Niger Country Office	UNFPA and UNICEF Niger Country Offices	High	When designing activities and trainings for the next phase of BBGE, WFP and its partners should be clearer about who is being targeted for each training to facilitate higher attendance. Follow-up trainings on key topics should also be conducted.
8	Recommendation 8: Improve the timeliness of the provision of scholarships. Ensure that scholarships and cash grants for	Effectiveness, impact	Operational	UNICEF Niger Country Office	UNFPA and WFP Niger Country Offices	High	Prior to the next phase of BBGE, UNICEF and its partners should ensure scholarship disbursements

	girls are delivered at the start of the school year to encourage proper and timely use of funds for girls' educational needs.					are ready for distribution prior to or right at the start of the school year so the money can be used to pay school and school-related fees as intended.
9	Recommendation 9: 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	Operational	WFP headquarters	UNFPA and UNICEF headquarters	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 and joint monitoring of the suite of activities.

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

192. **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, focussing 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 stakeholders[68] about the evaluations, guide the evaluation team (ET), and specify expectations during the various evaluation phases.

INTRODUCTION

193. **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.

194. The implementation of activities to address barriers to education for school-aged 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.

195. 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 Orientale 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

196. **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

197. 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 Orientale province 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.[69] 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.[70]

198. **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.[71] Before the pandemic, net

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[68] 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
[69] WFP. 2021. WFP Chad Country Brief.
[70] Global Hunger Index. 2021. Chad
[71] World Bank. 2021. Chad

school enrolment had fallen from its peak in 2015 to 73.85%, far below the Agenda 2030 target.[72] The ratio of female to male average years of education also stagnated at 34.21% in 2019.[73] 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.[74] 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.

199. **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) emphasises 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.[75] In 2019, the MoPH developed a national strategy for the development of adolescents and young people with the support of UNFPA.

Niger

200. **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.[76] 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.[77] 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.[78] [79] 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.[80]

201. **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.[81] 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

[72] . Sustainable Development Report. 2021. Chad Indicators.
[73] Ibid
[74] UNDP. 2020. Gender Inequality Index.
[75] UNFPA. 2021. UNFPA Chad.
[76] UNDP. 2020. Human Development Index (HDI) Ranking [11] Sustainable Development Report. 2021. Niger Indicators.
[77] Ibid.
[78] World Bank. 2021. Niger
[79] WFP. 2021. Niger Country Brief
[80] UNDP. 2020. Gender Inequality Index.
[81] 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

implementation, there was further migration to these regions and instances of violence, which caused school closures and impacted programme monitoring due to security concerns.

202. **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 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

203. 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.

204. 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

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

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

207. **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.

208. **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

209. **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 decentralised 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

210. **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)

211. **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 marginalised 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

212. **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 Orientale 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

213. **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.[82]

214. **In Chad, the national government has prioritised 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 operationalise the national school feeding policy, limited funding for education and school feeding, and weak oversight due to low monitoring capacity.[83]

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

[83] WFP. 2019. Breaking Barriers to Girls' Education – Chad.

Description of objectives and activities

215. **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.

- 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

216. **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.

217. **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[84], FAO, IFAD, UNICEF, NGOs (Niger)	• 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.	• 33000 boys and girls provided one meal for 150 days annually (Chad) • 73410 boys and girls provided two meals for 180 days annually (Niger)	• 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,	• Incentives to households for girls' attendance. Distribution of welcome kits, and scholarship programme ($20 per girl per trimester in Niger	• 11037 adolescent girls (Chad) • 8,000 upper- • primary girls, 4500 lower-secondary girls, and 190 upper	• Increased adolescent girls' enrolment, attendance, retention, and completion.

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[84] Ministry of Primary and Secondary Education

Actors	Intervention	Beneficiaries Targeted	Intended Outcomes
UNICEF, NGOs, AME[85] (Niger)	and $35 per girl per trimester in Chad) • Remedial after school support and support obtaining birth certificates. Entrepreneurial skills development for girls and mothers (Chad only).	secondary girls (Niger)	
Lead: UNFPA **Partners:** NGOs	• Tailored support for adolescent girls returning to school and remedial after-school support	• 3000 girls	• Re-enrolment of girls, regular attendance and retention of girls at risk for dropping out of school, and child marriage and pregnancy prevention.

218. **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).

219. **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 cash grants 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	• Vitamin A, iron supplements, deworming, and folic acid	• 36000 primary school children (Chad) • 17,000 girls • (Niger)	• Reduced prevalence of anaemia and parasitic infections
Leads: UNICEF and UNFPA **Partners:** MoE, NGOs	• WASH activities in 60 primary and secondary schools • Teachers, girl leaders, and GOGES/CGDES and AME members are trained on MHM[86] • Locally make reusable sanitary pads • Comprehensive school-based nutrition, MHM, hygiene and health education.	• 16,500 students (including 5,500 adolescent girls) • 5,000 women and adolescent girls	• Promotion of healthier learning environments, improved health, reduced absenteeism due to poor MHM, increased cognition, increased attendance, improved school • retention

220. **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).

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[85] School Mothers Association
[86] Menstrual hygiene management

221. **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-aged girls and boys

Table A3. Objective 3 Activities

Actors	Activity	Beneficiaries Targeted	Intended Outcomes
Lead: UNFPA **Partners:** MoE, UNICEF, WFP, NGOs	• 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	• 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.	• 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

222. **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).

223. **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	• Educate broader community about GBV, SRHR, and the importance of girls' education • Establish Future Husbands Clubs (Niger) • Establishment of 15 safe spaces (Chad) • Establishment of 16 preschool classrooms for children of adolescent mothers	• 550 adolescent boys (Niger) • 300 community members (Chad and Niger)	• Increased awareness of the importance of girls education, improved SRH behaviours, knowledge, and attitudes, reduced exposure of girls to HIV and STIs, reduced child marriage, reduced child pregnancy

224. **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.

225. **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

226. **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 wellbeing.

227. **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).

228. **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.

229. Gender Equality and Women's Empowerment and additional equity dimensions

230. **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 marginalised populations, including populations with disability, refugees, and internally displaced persons.

231. **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

232. **The evaluation will cover activities implemented** from October 2019[87]-June 2022. In line with the OECD – DAC[88] 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

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[87] Programme implementation did not begin until 2020 due to delays.

[88] The Organisation for Economic Co-operation and Development - Development Assistance Committee's criteria for evaluations are relevance, coherence, efficiency, effectiveness, sustainability, and impact.

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.

233. **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 organisation'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

234. **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?	
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?	

Evaluation Questions – Chad and Niger		Criteria
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	• 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?	

235. **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

236. **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:

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 im 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,	

237. 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.

238. **The methodology finalised 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.).

239. **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 marginalised 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-SWAP[89] 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.

240. **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.

241. **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 the inception 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.

242. **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

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[89] United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women

Potential Risk		Underlying Causes	Effects	Mitigating Actions
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 collector and respondent and security concerns	Limited ability to observe programme activities, difficulty including perspectives of individuals without internet or phone access, and delayed data collection	Data should be collected virtually where necessary. When data is 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

243. **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;

Data Source	Gender-Specific Information	Type of Information	Limitations and Gaps
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

244. 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 2021[90], SMART 2020 and 2021[91], 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.

245. **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.

246. **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.

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[90] 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)

[91] SMART is a national nutrition indicator survey conducted by the Niger INS

ETHICAL CONSIDERATIONS

247. **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.

248. **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.

249. **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

250. **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.

251. **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.

252. **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.

253. **To enhance the quality and credibility of decentralised 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.

254. **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.

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

256. **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.

257. **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.

258. **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

259. **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	- 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	- Conduct team orientation (EM, ET) - Undertake desk review (ET) - Hold inception meetings with stakeholders (EM, ET, CD, ERG) - Write, quality assure, and circulate inception report (EM, DEQS, ERG, JSC)	Evaluation Team/Team Lead (ET), EM, CD, DEQS, ERG, JSC
3. **Data collection**	Jun-Jul 2022	- 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	Write, quality assure, and approve Evaluation Report	ET, EM, DEQS, ERG, JSC
5. **Dissemination and follow-up**	Oct 2022	- Management response - Dissemination of the evaluation report	JSC/Evaluation Manager

EVALUATION TEAM COMPOSITION

260. **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.

261. **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

262. **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.

263. **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).

264. **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

265. **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.

266. 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.

267. **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.

268. **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.

269. **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.

270. 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.

271. 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.

272. 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.

273. 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 decentralised 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.

274. 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

275. 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.

276. 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

277. 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.

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

279. 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.

280. 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

281. The evaluation will be financed from Global Affairs Canada.

282. 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.

283. **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.

284. **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.

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

Annex 2. Timeline

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	**November–December 2022**
Organization of the evaluation mission: Finalization of the planning of the field visits	
Field data collection	November 9-22
Debriefing	December 13, 2022
Checklist / PowerPoint presentation of the first results	
Phase 4: Reporting	**January–March 2023**
Preparation of the first draft of the evaluation report	
Submission of the first draft of the evaluation report	March 7, 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	**April–May 2022**

	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 Niger?	• Perceived relevance of BBGE supports to girls • Extent to which adolescent girls felt BBGE helped them overcome barriers to education	• KIIs • FGDs • Document review • Secondary sources	• 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?	• Extent to which package of interventions met needs of girls, boys, and parents from marginalised groups	• FGDs • Document review • Secondary sources	• 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?	• 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	• Household Survey • KIIs	• Summary statistics • Transcripts coded and analysed in NVivo • Examine differences amongst groups • Triangulation of quantitative 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 Niger, WFP, UNICEF, and UNFPA?	• 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	• KIIs • Actor mapping • Document review	• Transcripts coded and analysed in NVivo • Synthesis • Triangulation of quantitative and qualitative findings

Evaluation Question	Criteria		
Subquestions	Indicators	Data Source / Data Collection Methods	Data Analysis Methods/ Triangulation
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?	• Perceived efficiency of joint implementation approach • Perceived success of integrated approach • Extent of integrated programme delivery and convergence on beneficiaries	• KIIs • Actor mapping • Desk Review	• 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?	• Suggested improvements to BBGE interventions and delivery model	• KIIs • FGDs • Desk Review • School Census	• 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?			
4.1 To what extent did the programme contributed to the achievement of intended results, particularly the following: • Community attitudes about girls' education • Intrahousehold dynamics such as household core allocation, livelihoods, and intrahousehold 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?	• Proportion of schools open for full school year • Average number of days attended school in past week, by sex • 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 • Perceived internal and external factors affecting achievement of intended results • 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	• Household survey • Desk/document review • FGDs • KIIs • School Census • Secondary Sources	• Transcripts coded and analysed in NVivo • Summary statistics • Examine differences amongst groups • Synthesis • Triangulation of quantitative and qualitative findings
4.2 How did the joint approach to the programme impact effectiveness, overall and for girls versus boys?	• Perceived strengths and weaknesses of integrated approach • Extent of integrated programme delivery and convergence on beneficiaries	• KIIs • Actor mapping	• Transcripts coded and analysed in NVivo

Evaluation Question	Criteria		
Subquestions	**Indicators**	**Data Source / Data Collection Methods**	**Data Analysis Methods/ Triangulation**
4.3 How did programme delays and academic disruption impact programme implementation?	• Extent of programme delays and academic disruptions • Extent to which delays/disruptions impeded coordination, integrated programme delivery, and convergence on BBGE beneficiaries	• KIIs • School Census	• Transcripts coded and analysed in NVivo • Summary statistics • Triangulation of quantitative and qualitative findings
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?	• Lessons learned from integrated programme delivery in fragile contexts	• KIIs • FGDs	• Transcripts coded and 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?	• Extent of community participation, ownership, and support for BBGE • Existence of concrete plans to continue programme activities beyond implementation period	• KIIs • FGDs • Actor mapping • Household survey	• 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?	• Anticipated challenges or obstacles to continuing BBGE activities or sustaining results	• KIIs • FGDs	• 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?	• 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	• KIIs • FGDs	• 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?	• Proportion of assumptions in theory of change that held • Proportion of impact pathways in theory of change the held	• Household survey • School census • Extant data • Desk review • KIIs	• 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?	• Perceived/experienced unintended consequences (from beneficiaries and stakeholders) • Incidence of GBV • Incidence of child marriage • Proportion of children reporting teenage pregnancy • Household time use, by sex • Attendance rates, by sex • Retention rates, by sex • Proportion of children reporting safe sex KAP, by sex • Proportion of children reporting proper sanitation and hygiene KAP, by sex	• Household survey • School census • Extant data • FGDs • Desk review	• 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?	• 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.	• Household survey • School census • Extant data • KIIs • Desk review • FGDs	• Transcripts coded and analysed in NVivo • Summary statistics • Examine differences amongst groups • 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 NIGER 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.

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 <u>entire</u> school grounds and all its buildings. It is important to observe things <u>directly</u>. 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 *Select all that apply*	o French o Arabic o Other, Specify		**Grade levels in School**	o Primary o Middle School o High School	
Classes in school **(Primary School)**	o *CI* o *CP* o *CE1* o *CE2*				

Select all that apply	○ *CM1* ○ *CM2*
Classes in school **(Middle School and High School)** *Select all that apply*	*6ème* *5ème* *4ème* *3ème* *2nd* *1ère* *Terminale*
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.

Cleans 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/packaged 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/packaged 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 82utria82a 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?	
A <u>functioning latrine</u> has 3 basic characteristics: 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. If the latrines are locked and there is no key available, then the latrines are not functioning as the latrine cannot be used.	
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.

	No
Yes	

12. There are separate, private functioning latrines for girls and boys.

There are clearly 84utria84a 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 84utria84a 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:** _____	**Number of Private, Mixed Latrines:** _____

14. **In 2019,** how many functioning latrines for children were there in this school?

If there are clearly 84utria84a 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:** _____	**Number of Private, Mixed Latrines:** _____

15. There are separate, private functioning latrines for male and female teachers.

There are clearly 84utria84a 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 84utria84a 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:** _____	**Number of Private, Mixed Latrines:** _____

16b. **In 2019**, how many private functioning latrines for teachers were in this school?		
If there are clearly 85utria85a 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:** _____	**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.		
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 *does not* have latrines, observe handwashing stations in general (without taking proximity to latrines into account).		
Yes	**No**	
20. Are handwashing stations accessible to the smallest students.		
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.		
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

Let me now ask you some questions about 89utria89at and attendance for this academic year (2022-2023).

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.

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

	2nd				*2nd*		
	1ère				*1ère*		
	Terminale				*Terminale*		

Now I will ask you questions about the school composition during the last school year (2021-2022).							
		Female	Male			**Female**	**Male**
E3. **Number of Teachers at the School by Grade Level (2021-2022)**	**CI**			**E4.** **Number of Full-time (or Certified) Teachers at the School by Grade Level (2021-2022)**	**CI**		
	CP				**CP**		
	CE1				**CE1**		
	CE2				**CE2**		
	CM1				**CM1**		
	CM2				**CM2**		
	6ème				*6ème*		
	5ème				*5ème*		
	4ème				*4ème*		

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

		Female	Male			Female	Male
	4ème				*4ème*		
	3ème				*3ème*		
	2nd				*2nd*		
	1ère				*1ère*		
	Terminale				*Terminale*		
		Female	**Male**			**Female**	**Male**
E7. **Number of students who progressed to the next grade (2021-2022)**	**CI**			**E8.** **Number of students who repeated grade (2021-2022)**	**CI**		
	CP				**CP**		
	CE1				**CE1**		
	CE2				**CE2**		
	CM1				**CM1**		
	CM2				**CM2**		

E9	Do you have 92utria92at records for 2020-2021?	0= No >> E11, 1=Yes

		Female	Male
E10. **Number of students enrolled 2 years ago** **(2020-2021)**	**CI**		
	CP		
	CE1		
	CE2		
	CM1		
	CM2		
	6ème		
	5ème		
	4ème		
	3ème		
	2nd		
	1ère		

	Termina le		

E11	Do you have 94utria94at records for 2019-2020?	0= No >> Module F, 1=Yes

		Female	Male
E12. **Number of students enrolled three years ago** **(2019-2020)**	**CI**		
	CP		
	CE1		
	CE2		
	CM1		
	CM2		
	6ème		
	5ème		
	4ème		

	3ème		
	2nd		
	1ère		
	Terminale		

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

		Took the CEP exams:		Passed the CEP exam:	
E14. **Number of students who:**		**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)? *Only ask for primary schools*	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)? *Only ask for primary schools*	1. Breakfast 2. Lunch 3. Morning Snack 4. Afternoon Snack Select all that apply
F2	Who provided the free food to the school?	1. WFP/ UNICEF/ UNFPA 2. NGO, please specify

	Only ask for primary schools	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
F3	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)? *Ask only for Secondary Schools*	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	Did the school offer scholarships for girls during the last academic year (2021-2022)? *Ask only in Chad* *Ask only for Primary Schools*	0.No >> F8 1.Yes
F7b	How many girls received scholarships during the last academic year (2021-2022)? *Ask only in Chad* *Ask only for Primary Schools*	Number of girl recipients
F8	Were cash grants based on attendance offered to girls in this school during the last academic year (2021-2022)?	0. No >> F9 1. Yes
F8b	How many attendance cash grants were distributed last academic year (2021-2022)?	Number of cash grants
F9	Was remedial after-school support offered to students in this school during the last academic year (2021-2022)? *Ask only in Chad*	0.No >> F10 1.Yes, for girls only 2. Yes, for boys only 3. Yes, for boys and girls

F9b	How often was after-school support provided? *Ask only in Chad*	Number of days per week (1-5)
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							
	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**
ID CODE	**NAME:** 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.** [CONFIRM/FILL IN Q2-4 FOR Household head and all children ages 10-19]	**SEX:** MALE...1 FEMALE...2	**RELATIONSHIP TO MAIN RESPONDENT/HOUSEHOLD HEAD:** HOUSEHOLD HEAD.....1 WIFE/HUSBAND.......2 CHILD/ADOPTED CHILD .. 3 GRANDCHILD . . . . 4 NIECE/NEPHEW . . . . . . 5 FATHER/MOTHER . . . . . 6 SISTER/BROTHER . . . . . . 7 SON/DAUGHTER-IN-LAW... 8 BROTHER/SISTER-IN-LAW... 9 GRANDFATHER/MOTHER... 10 FATHER/MOTHER-IN-LAW.. 11 OTHER RELATIVE. . . . . 12 SERVANT OR SERVANT'S	**How old is [NAME]?** WRITE AGE IN COMPLETED YEARS . **AGE IN YEARS**	**Where was [NAME] born?** 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	**What religion, if any, does [NAME] practice?'** NONE.........1 TRADITIONAL. .2 CHRISTIANITY. 3 ISLAM........4 OTHER RELIGION.....5	**What is [NAME]'s ethnicity?** [Provide list of options]	**What is [NAME]'s current marital status?**

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?	**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?**	**Is the biological father of [NAME] alive, and if so, does he live in the household?**	**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?**	**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?**
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**	YES.….1 NO. ….2 DON'T KNOW…7	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**	YES. …..…1 NO. ……..2 DON'T KNOW. .7 All responses >>**Q20**			

MODULE 2: EDUCATION

ASK FOR CHILDREN AGES 10-19 AND HOUSEHOLD HEAD.

ID CODE	1		2	3	4	5	6	7
	Is [NAME] able to read and write in the following languages?		Has [NAME] ever attended school?	What was the reason [NAME] never attended school? 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 INTERESTED . . . .5 PARENTS DID NOT ALLOW. . .6 HAD TO WORK OR HELP AT HOME.7 SCHOOL TOO FAR FROM HOME . .8 CARING FOR OTHERS ....9 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] completed?	Did [NAME] attend school in the last academic year (from 2021-2022)? YES...1 NO....2 >> Q7	What class was [NAME] in during the 2021-2022 academic year?	Why did [NAME] not continue their education? (List up to two most important 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 ABSENT . . . . .11 SCHOOL TOO DANGEROUS FOR GIRLS..12 SCHOOL TOO FAR FROM HOME. . . .13 LEFT TO CARE FOR OTHERS 14
	YES...1 NO....2		YES...1 >> Q4 NO....2					
	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)?	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 PRIMARY GOVERNMENT.....11 PRIVATE NON-RELIGIOUS .12 CHURCH/MISSION SCHOOL .13 ISLAMIC SCHOOL.....14 OTHER PRIMARY .....15 SECONDARY GOVERNMENT (CONVENTIONAL)....21 CHURCH/MISSION SCHOOL .22 ISLAMIC SCHOOL.....23 NIGHT SCHOOL......24 OTHER SECONDARY ....25 PRIVATE NON-RELIGIOUS...26 TERTIARY 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 <u>temporarily withdraw from school</u>, so that [NAME] missed more than two consecutive weeks of instruction?	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 ABSENT .....11 SCHOOL TOO DANGEROUS FOR GIRLS..12 SCHOOL TOO FAR FROM HOME. . . .13 LEFT TO CARE FOR OTHERS .....14 FAILED PROMOTION EXAM . . . . .15 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?
1. Currently enrolled 2. Not enrolled, but planning to be enrolled. 3. Will not attend.							MINUTE...1 HOUR.......2	YES..1 NO...2>> Q18		YES...1 NO....2
		YEARS		**DAYS**		**TIME** **AMOUNT**	**UNIT**			

19												

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, <u>ENTER '0' (ZERO) IN COLUMNS A-I</u>, 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**
During the past 2 weeks has [NAME] suffered from an illness or injury? YES..1 NO…2**>>Q6**	**What was the most recent illness or injury?** FEVER/ MALARIA . .1 COUGH/COLD/CHEST INFECTION . . . . 2 TUBERCULOSIS (TB)….3 ASTHMA . . . . . . 4 HEART PROBLEM/ CHEST PAIN . . . .5 DIARRHEA/ VOMITTING/ABDONIMAL PAIN… .6 SKIN PROBLEM . …7 DENTAL PROBLEM …8 EYE PROBLEM. . ….9 EAR/NOSE/THROAT…10 BACKACHE . . . ..11 DIABETES . . ….12 MENTAL DISORDER…13 SEXUALLY TRANSMITTED DISEASE . . . ….14 HIV/AIDS . . ……15	**What action did [NAME] take to find relief for the illness or injury?** **[IF TOOK MORE THEN ONE ACTION, ASK FOR FIRST ACTION.]** DID NOTHING . ………….1 USED MEDICINE HAD IN STOCK…2 SOUGHT TREATMENT AT PUBLIC FACILITY . . . . . 3 SOUGHT TREATMENT AT PRIVATE/ CHURCH/MISSION FACILITY . 4 WENT TO LOCAL PHARMACY . . 5 SOUGHT TREATMENT WITH TRADITIONAL HEALER. . . .6 OTHER ………. 7	**During the past 2 weeks, for how many days did [NAME] have to stop their normal activities because of this illness or injury?** **DAYS**	**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]?** IF NONE, RECORD ZERO, AND >>Q6 **DAYS**	**How would you rate [NAME]'s health in general?** POOR……1 FAIR……2 GOOD……3 VERY GOOD…4 EXCELENT….5	**Compared with one year ago, would you say that [NAME]'s health is:** BETTER…..1 ABOUT THE SAME…….2 WORSE……3 [IF UNDER ONE YEAR OLD >>PERSON/ SECTION	**Does [NAME] have any disability that limits his/her full participation in life activities: such as seeing, hearing, walking, remembering, self-care or communicating?** YES..1 NO…2	**What type of disability does [NAME] have?** 1=Blind 2=Deaf/Mute 3=Mental Deficiency 4=Paralyzed 5=Stunted or amputated arm 6=Stunted or amputated leg 7=Other, specify

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		1=Pipe born water

	What is the main source of drinking water for members of your household throughout the year?	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:** *Rely on less preferred and less expensive food* because you did not have enough food or money to buy food?	
Q2 **In the past 7 days, how many days has your household had to:** *Borrow food or rely on help from a relative or friend* because you did not have enough food or money to buy food?	
Q3 **In the past 7 days, how many days has your household had to:** *Limit portion size of meals* because you did not have enough food or money to buy food?	
Q4 **In the past 7 days, how many days has your household had to:** *Restrict consumption by adults in order for small children to eat* because you did not have enough food or money to buy food?	
Q5 **In the past 7 days, how many days has your household had to:** *Reduce the number of meals eaten per day* because you did not have enough food or money to buy food?	

		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: NUMBER OF DAYS (0-7)	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	
		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)
			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)		|__|	|__|	|__|	|__|	|__|	|__|

#	Item							
11	**Spices/Condiments** (Salt; Spices; Ginder; Garlic; Tumeric; 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 (Tuitions 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	*(Country office to attribute the relevant severity, the following is just an example)*
	3= Yes	
	4= Not applicable (don't have children/ these assets)	
1.1 Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, etc.) *due to lack of food*	| __ |	Stress
1.2 Sold more animals (non-productive) than usual *due to lack of food*	| __ |	Stress
1.3 Spent savings *due to lack of food*	| __ |	Stress
1.4 Sent household members to eat elsewhere *due to lack of food*	| __ |	Stress
1.5 Harvested immature crops (e.g., green maize) *due to lack of food*	| __ |	Crisis
1.6 Consumed seed stocks that were to be saved for the next season *due to lack of food*	| __ |	Crisis
1.7 Decreased expenditures on fertilizer, pesticide, fodder, animal feed, veterinary care, etc. *due to lack of food*	| __ |	Crisis

1.8 Mortgaged/Sold house or land *due to lack of food*	| __ |	Emergency
1.9 Begged and/or scavenged (asked strangers for money/food) *due to lack of food*	| __ |	Emergency
1.10 Sold last female animals *due to lack of food*	| __ |	Emergency
1.11 Purchased food/non-food on credit (incur debts) *due to lack of food*	| __ |	Stress
1.12 Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car, etc.) *due to lack of food*	| __ |	Crisis
1.13 Reduced expenses on health (including drugs) or education *due to lack of food*	| __ |	Crisis
1.14 Withdrew children from school *due to lack of food*	| __ |	Crisis
1.10 Engaged in illegal income activities (theft, prostitution) *due to lack of food*	| __ |	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?		117utria, both 2=Yes, picture boxes 3=Yes, nutri-card games 4=No
11	Have you heard of grant117utria100,000 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 9.A.: 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'participat'?

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**
	Has [NAME] received training in puberty and menstrual management? **ASK FOR GIRLS 10-19**	**Has [NAME] used family planning services? (See description below)** **ASK ONLY FOR MARRIED GIRLS 10-19**	**Has [NAME] ever been pregnant?** YES..1 NO. .2 **>>NEXT FEMALE/ MODULE** UNSURE.7 **>>NEXT FEMALE/ MODULE**	**At what age did [NAME] first get pregnant?**	**Is [NAME] pregnant now?** YES..1 NO. .2 **>>Q7** UNSURE..7 **>>Q7**	**How many months pregnant is [NAME]?** ENTER TOTAL NUMBER OF COMPLETED MONTHS. IF LESS THAN A MONTH, RECORD '00' NO LONGER PREGNANT....88 DON'T KNOW...97	**Has [NAME] sought/did [NAME] seek any antenatal care for this pregnancy?** If so from whom did [NAME] seek care? DOCTOR. . . . . . .1 NURSE. . . . . . . 2 MIDWIFE. . . . . . 3 CLINICAL OFFICER. .4 TRADITIONL BIRTH ATTENDANT 5	**Has [NAME] ever given birth to a liv' childIf yes, how many?** [PROBE: Was there any baby who cried or showed signs of life at birth, whether or not it survived?]

				AGE IN YEARS			a	b	c	d	**NUMBER**
		These include social and medical services that help families decide on the quantity and spacing of the children they have									

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 famili's 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 mov' on to the next one. We will not share you' 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 f'om 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 famili's 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 mov' on to the next one. We will not share you' 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 f'om your answers in a private and secure location.

The questions may take up to XX hours of your time. We will leav' 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]	

Oui = 1 Non = 2 >> Q5	Primary=1 Secondary=2	[See codes]	"9"] 0 or 9 >> Q4	[See codes]	Strongly disagree=1 Disa"ree=2 Neutral=3 Agree"4 Strongly agree=5 >>Q9		
						MONTH	YEAR

286.

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 Disa"ree=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}l 14=Uni 1 15=Uni 2 16=Uni 3 17=Uni 4 18=Uni 5 [training school] 19=EF 1 20=EF 2 21=EF3 22=EF4 99=Aucun

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
Did you miss any days of school due to illness? Yes=1 No=2 >>Q8 Not currently attending = 3 >> Q19	How many days of school did you miss the last time you were sick? [Enter a number from 1 to 14]	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? Yes=1 No=2 >> Q11	How often did you have trouble concentrating at school? 1=Rarely 2=Sometimes 3=Most of the time 4=All the time	Why did you have trouble concentrating in school? [Select all that apply] 1=hungry 2=Sick 3=Fatigued 4=Other, please specify
11	12	13	14	15

When was the last time you had a medical exam at school? 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 physica'). 1=Last week 2=Last month 3=Previous year 4=More than a year ago 5= Never	How often do you have medical checkups at school? 1=Every month 2=A few months 3=Every year 4=Less than once a year 5=Never	Did you receive deworming tablets at school last year (2021-2022)? 1=Yes 2=No 99=Don't know	Did you receive a vitamin or micronutrient'pill or tablet at school last school year (2021-2022)? 1=Yes 2=No 99=Don't know	If yes, what supplements did you receive? '[Select all that apply] 1=Iron 2=Folic acid 3=Vitamin C 4=Vitamin A 5=Other, specify
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
Who provides the meals you eat at school? 1=School 2=Guardian/parent 3=Yourself 4=Other, please specify	Do you have difficulty hearing? 1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform any activity at all	Do you have difficulty walking or climbing stairs? 1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform the activity at all	Do you have trouble remembering or concentrating? 1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform the activity at all	Do you have difficulty communicating (verbally)? 1=No difficulty 2=Yes, some difficulty 3=Yes, a lot of difficulty 4=Unable to perform the activity at all

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

			1 - Contains germs
5	Why is it important to dispose of human feces (and not leave them outside)?	Select all that apply. Do not read response options.	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
	Drinking water		
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.	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?		1 - None 2 - Some 3 - Most 4 - All

18	What portion of your classmates wash hands before meals?		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.	0 - No 1 - Yes 2 - There are no handwashing stations at school >> *Skip to next module*
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

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
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). 1=Yes 2=No >> Q17 99=Refused '>Q17	How old were you when you had your very first sexual intercourse? [Enter age in years] 99=Refused	In total, how many different people have you had sex with in the past 12 months? [Enter a number] 99=Refused	Have you had any relationships that overlapped over the last 12 months (i.e. have you had more than one relationship at a time)? 1=Yes 2=No 99=Refused	Did you or your partner use a condom the last time you had sex? 1=Yes 2=No 99=Refused
12	13	14	15	16

Have you ever received or given money, gifts, or favors in exchange for sex with this person? 1=Yes, received 2=Yes, given 3=Both 4=No 99=Refused	In the past 12 months, has anyone pressured, tricked, or forced you to have sex against your will? 1=Pressured 2=Cheated 3=Forced 4=No 99=Refused	In your life, how many different people have you had sex with in total? [Enter a number] 99=Refused	In your life, have you ever received or given money, gifts or favors in exchange for sex? 1=Yes, received 2=Yes, given 3=Both 4=No 99=Refused	In your life, has anyone pushed, tricked, or forced you to have sex against your will? 1=Pressured 2=Cheated 3=Forced 4=No 99=Refused	
17	18	19	20	21	
When a woman reaches a certain age, she begins to have monthly bleeding (menstrual cycle). Have you started your menstrual bleeding? 1=Yes 2=No >> Q35 99=Refused >>Q35	At what age did you first start your monthly bleeding? [Enter age in years] 99=Refused	Have you ever missed school because of your menstrual cycle? 1=Yes 2=No 3=Don't remember 99=Refused	Do you currently use or hav' you ever used sanitary products such as sanitary napkins or tampons? 1=Yes, currently 2=Yes, previously 3=No >>Q23 99=Refused >>Q23	Where did you get the sanitary products? 1=I buy them at the store 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	

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? [Indicate number and unit] 1=Years 2=Months 99=Refused	Have you ever been pregnant when you didn't want to be? 1=Yes 2=No >> Q35 99=Refused >>Q35'Why didn't you want to be pregnant at that time? [Select 'll that apply]. 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	Do you know of any family planning methods? If so, which ones? [Select all that apply]. 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		Do you or your partner currently use any family planning methods? 1=Yes 2=No >>Q38 99=Refused >>Q38
37	38	39	40	41

What family planning method have you or your partner used most recently? 1=pill 2=IUD 3=Injectables 4=Implant 5=Male condom 6=Female condom 7=Traditional method 8=Other : Specify 99=Refused	Have you heard of HIV? 1=Yes 2=No >>Q50 99=Refused>>Q50	Can a person become infected with HIV through mosquito bites? 1=Yes 2=No 3= DK 99=Refused	Can a person become infected with HIV by sharing a meal with an infected person? 1=Yes 2=No 3= DK 99=Refused	Can the risk of HIV transmission be reduced by having sex with only one faithful uninfected partner? 1=Yes 2=No 3= DK 99=Refused
42	43	44	45	46

Can a person with a healthy appearance have HIV? 1=Yes 2=No 3= DK 99=Refused	Does condom use reduce the risk of HIV transmission? 1=Yes 2=No 3= DK 99=Refused	Can the risk of HIV transmission be reduced by not having sex? 1=Yes 2=No 3= DK 99=Refused	Can a child become infected with HIV through breastfeeding if the mother is HIV positive? 1=Yes 2=No 3= DK 99=Refused	Can an infected man be cured of HIV if he has sex with a virgin? 1=Yes 2=No 3= DK 99=Refused
47	48	49	50	51

Is there a cure for HIV/AIDS? 1=Yes 2=No 3= DK 99=Refused	I don't want to know the results, but have you ever bee' tested for HIV? 1=Yes 2=No 99=Refused	Do you know of a place where people can go to get tested for HIV? 1=Yes 2=No 99=Refused	Do you think that unprotected sex can lead a woman to become pregnant? 1=Yes 2=No 99=Refused	Do you think cleaning the vagina/penis after sex can prevent the risk of STIs? 1=Yes 2=No 99=Refused

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How can a person become infected with HIV?

ENUMERATOR: DO NOT READ ANSWER OPTIONS ALOUD

[Select all that apply]

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

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 qu'stions 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 Icts 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	

	2=No	
Q9b. Has this 'being injured) happened in the last 12 months?	-88= Don't know	
	-87=Refused to answer	

Many women expe'ience 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 som' of these situations.		

	1=Yes	Q11. If so, who did this to you? [Select all that apply]
	2=No à 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
Q10. Has anyone ever beaten or physically abused you in any way? (For women with a current partner, other than your partner/husband)		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 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
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 y'u? [Select all that apply]
	2=No	1=Father
	88=Don't know	2 =Father in law
		3=Grandfather
		4=Mo'her
		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 'xperienced of the different things we've talk'd about, in the last 12 months, have you 'ver 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	
	Neighbors G	
	Pol'ce H	
	Doctor/health agent I	
	Priest/religious chief J	
	Advisor K	
	NGO/women's organization L	
	Local leader M	
	Other, sp'cify X	

MODULE 6: BBGE PROGRAMME

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

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

13	14	15	16	18	17
Do you have a birth certificate? 1=Yes 2=No 8=DK	Have you received micronutrient supplementation at school since 2019? 1=Yes 2=No >> Q16	If yes, what supplements did you receive? [Select all that apply] 1=Iron 2=Folic acid 3=Vitamin C 4=Vitamin A 5=Other, specify	Have you received deworming treatment at school since 2019? 1=Yes 2=No	Please tell us what topics were covered in these trainings and events. Check all that apply. 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	Have you received/participated in any trainings or events in the community focused on health, education or girls since 2019? 1=Yes 2=No>>Q19 8=DK>>Q19
19	19		20		21

Please tell us what topics were covered in these trainings and events. Check all that apply. 1=WASH 2=Nutrition 3=Girls' education 4=GBV or FGM 5=HRH 6=Child marriage 7='IV 8=Other, specify	Have you received a hygiene kit or MHM kit at school since 2019? 1=Yes, both 2=Yes, a hygiene kit 3=Yes, MHM kit 4=No >> Q21	Please list all items that were in your kit. Check all items that apply. 1=A bucket 2=Underwear 3=Personal hygiene pads 4=Soap 5=Perfume 6=Storage bag 7=Towel 8=Other, please specify	Did you receive sanitary napkins at school that were not part of a kit? 1=Yes 2=No

22	23	24	25	26
Did you receive information about health services, particularly Sexual and Reproductive Health services, available in your community while in school? 1=Yes 2=No >> Q24	Who provided this information? 1=Community health workers 2=Teachers 3=Directors/administrators 4=NGOS 5=Other, specify	Have you heard about the safe spaces available in your community? If so, have you participated? 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	If you know about safe spaces, can you tell me what they offer? Check all that apply. 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	Have you heard messages about girls' education on the radio in your community? 1=Yes'2=No

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27	28	29	30	31
Have you heard of the Husband-to-be Club? If so, did you participate? 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	If you know about the Future Husbands Club, can you tell me what it offers? Check all that apply. 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	Does your school have a school health club? If yes, have you ever participated? 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	If you participated in the health club, please tell us what topics you discussed at these meetings. Check all that apply. 1=Handwashing 2=Nutrition 3=MHM 4=SRH 5=GBV or FGM 6=HIV 7=Other, please specify	Does your school have a person attending minor health issues? For instance, someone who provides medicines from a pharmacy box when children feel sick. 1=Yes 2=No 3=DK

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

Qualitative Tools

288.
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 y'ur 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. *S*chool 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.

   a. First, can someone please tell me what is meant by the term "gender-based violence"?

   b. 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.

    c.   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?**

    d.   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?**

    e.   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. *S*chool 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. La pandémie COVID-19 (fermeture des écoles)

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.

(Note à l'enumérateur : Soyez sûr que les participants comprennent sur uel programme vous allez discuter. Expliquez-leur que vous appellerez ce programme selon son titre formel : BBGE.)

    a. Have you received any training as part f 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.

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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

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.*

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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 delivethe past year? Describe how.
   E.   ii. What worked well about the school meals?
   iii. What were the biggest challenges of school

E.   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 usedtudents 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 encouter 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 quesions. 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 encunter 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

291. AIR developed a detailed data collection schedule together with our local partners and the WFP evaluation manager. Data collection activities took place in Niger between November 9 and November 22. Beginning October 3, three teams of five enumerators and two field supervisors deployed in the areas of Tillaberi, Tahoua, and Diffa in Niger to collect quantitative data. Qualitative data collection (i.e., KII's and FGDs) was conducted in parallel to quantitative data collection.

Table A12. Fieldwork Agenda

Days/dates	Team member	Locations/sites	Stakeholders
October 26 - Novermber 2 Enumerator Training	• Cody Bock • John Downes • Dalberg	• Niger	• Dalberg enumerators, representatives from WFP
October 1-9 Organizational FGDs	• Hannah Ring • Cody Bock • Dalberg	• Virtual	• HQ, Regional Bureau, and Country Office representatives from UNICEF, UNFPA, and WFP • Implementing NGOs in Niger
November 9-22 Quantitative Data Collection	• Dalberg	• Niger: Tillaberi, Tahoua, Diffa	• School principals; Households; Teachers; Students; PTAs; KIIs; FGDs
November 9-22 Qualitative Data Collection	• Dalberg	• Niger: Tillaberi, Tahoua, Diffa	• 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

Recommendation	Conclusions	Findings
Recommendation 1: Explore ways to streamline funding flows to reduce delays and avoid confusion about the status of funds disbursement.	Conclusion 1 (Joint Approach)	EQ 3.1: How did the joint approach to programme implementation enhance or hinder efficiency?
Recommendation 2: Consider how to better leverage support from the regional office.	Conclusion 1 (Joint Approach)	EQ 3.1: How did the joint approach to programme implementation enhance or hinder efficiency?
		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?
Recommendation 3: Expand provision of school meals to secondary schools (not just primary).	Conclusion 3 (Effectiveness and Perceived Impact)	EQ 6.3: What internal and external factors affected the programme's ability to achieve its intended impact on girls and adolescent girls' education?
	Conclusion 4 (Gender and Equity Considerations)	EQ 6.2: What unintended outcomes, both positive and negative, did the programme generate?
Recommendation 4: Consider either including boys in project activities or, if that is infeasible, carefully sensitizing communities as to why boys are not included.	Conclusion 4 (Gender and Equity Considerations)	EQ 6.2: What unintended outcomes, both positive and negative, did the programme generate?
Recommendation 5: Consider targeting a smaller number of schools to ensure that all activities and inputs are delivered so that girls benefit from multiple BBGE interventions.	Conclusion 2 (Programme Delivery and Convergence)	EQ 4: To what extent did activities result in expected outputs and outcomes?
Recommendation 6: Establish a clear sustainability plan with assignments.	Conclusion 5 (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?
Recommendation 7: Enhance targeting and communication around training opportunities to ensure better participation. In areas in which knowledge is particularly low, consider follow-up trainings on specific topics.	Conclusion 2 (Programme Delivery and Convergence)	EQ 4: To what extent did activities result in expected outputs and outcomes?

Recommendation 8: Align scholarship disbursements with the school calendar to ensure money can be used as intended.	Conclusion 3 (Effectiveness and Perceived Impact)	EQ 6.3: What internal and external factors affected the programme's ability to achieve its intended impact on girls and adolescent girls' education?
Recommendation 9: Set up a centralized mechanism for coordination between the three agencies and their subcontractors to improve the joint implementation approach.	Conclusion 1 (Joint Approach)	EQ 3.1: How did the joint approach to programme implementation enhance or hinder efficiency?

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
Niger CO Stakeholder Meeting		
Habila Tsahirou	UNFPA	Humanitarian Coordination
Anna Law	WFP	M&E
Amina Sourage	WFP	Education
Achiatou Laoual	WFP	Education
Hannatou Mamadou Badjé	WFP	Education
Harouna Ibrahim Moussa	UNICEF	M&E
Alzouma Mahamadou	UNFPA	M&E

Respondents	Activity Type	No. of Participants	Location
Organizational Informants			
HQ Representatives of UNICEF, UNFPA and WFP	FGD	6	Virtual
West Africa Regional Office Representative	KII	1	Virtual
Country Office Representatives of UNICEF, UNFPA and WFP	FGD	7	Virtual
Field Office Representatives of WFP	FGD	3	Virtual
Implementing NGO Staff	FGD	4	Tahoua
Implementing NGO Staff	FGD	6	Diffa
Representative of the Ministry of Primary and Secondary Education	KII	1	Niamey
Representatives of the HCi3N	FGD	4	Virtual
Community-Level Key Informants			
Teacher	KII	• Tahoua (2) • Diffa (2) • Tillaberi (2)	
School Director	KII	• Tahoua (2) • Diffa (2) • Tillaberi (2)	
Health Centre Representative	KII	• Tahoua (1) • Diffa (1) • Tillaberi (1)	
Community/Traditional Leader	KII	• Tahoua (1) • Diffa (1) • Tillaberi (1)	
Parents' Association Representative	KII	• Tahoua (1) • Diffa (1) • Tillaberi (1)	
Community-level Focus Groups			
Adolescent Girls	FGD	• Tahoua (4) • Diffa (4) • Tillaberi (4)	
Adolescent Boys	FGD	• Tahoua (2) • Diffa (2) • Tillaberi (2)	
Parents (gender segregated)	FGD	• Tahoua (2) • Diffa (2) • Tillaberi (2)	

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Annex 9. Additional Tables

Table A16. School infrastructure and WASH services, by Region

Variable	Mean				Difference			Number of Observations		
	All	Diffa	Tillabéri	Tahoua	Col 3-4	Col 3-5	Col 4-5	Diffa	Tillabéri	Tahoua
1	2	3	4	5	6	7	8	9	9	9
Clean school grounds	0.72	0.438	0.765	0.941	-0.327 *	-0.504 ***	-0.176	16	17	17
Safe school grounds	0.42	0.438	0.412	0.412	0.026	0.026	0.000	16	17	17
No standing water in buildings	0.6	0.438	0.882	0.471	-0.445 ***	-0.033	0.412 ***	16	17	17
Functioning canteen	0.7	0.688	0.647	0.765	0.040	-0.077	-0.118	16	17	17
Access to enough water	0.58	0.688	0.471	0.588	0.217	0.099	-0.118	16	17	17
Water accessible to smallest	0.58	0.688	0.529	0.529	0.158	0.158	0.000	16	17	17
School has latrines	0.82	0.813	0.765	0.882	0.048	-0.070	-0.118	16	17	17
Latrines within short walk	1	1	1	1	0.000	0.000	0.000	13	13	15
Latrines can be used by smallest	0.927	0.846	1	0.933	-0.154	-0.087	0.067	13	13	15
Latrines disability-friendly	0.902	0.923	1	0.8	-0.077	0.123	0.200 *	13	13	15
Latrines clean	0.732	0.692	0.692	0.8	0.000	-0.108	-0.108	13	13	15
Separate latrines boys/girls	0.537	0.538	0.231	0.8	0.308	-0.262	-0.569 ***	13	13	15
Private latrines teachers	0.341	0.615	0.231	0.2	0.385 **	0.415 **	0.031	13	13	15
Clean water near latrines	0.542	0.75	0.8	0.4	-0.050	0.350	0.400	4	5	15
Number of classrooms	6.88	8.438	7.471	4.824	0.967	3.614 *	2.647 *	16	17	17
Classrooms in good condition	0.34	0.25	0.294	0.471	-0.044	-0.221	-0.176	16	17	17
Classrooms protected from elements	0.4	0.313	0.294	0.588	0.018	-0.276	-0.294 *	16	17	17
Classrooms protected from insects	0.16	0	0.118	0.353	-0.118	-0.353 ***	-0.235	16	17	17
Classrooms have enough light	0.60	0.5	0.529	0.765	-0.029	-0.265	-0.235	16	17	17
Adequate space for learning activities	0.52	0.438	0.471	0.647	-0.033	-0.210	-0.176	16	17	17
Classroom are protected from outside noise	0.42	0.188	0.176	0.882	0.011	-0.695 ***	-0.706 ***	16	17	17

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)	0.938	0.938	0	0.938***	32	18
School Meals: days/week	5.25	5.25	0	5.250 ***	32	18
Girls Cash Grants (proportion)	0.667	0	0.667	-0.667 ***	32	18
Cash Grants / female enrolment (proportion)	0.437	0	0.437	-0.437 ***	32	18
Student Trainings (prop)	0.68	0.625	0.778	-0.153	32	18
Num. of Trainings	1.92	1.281	3.056	-1.774 ***	32	18
Nutritional supplementation (prop)	0.28	0.344	0.167	0.177	32	18
Latrines built since 2019 (prop)	0.58	0.625	0.5	0.125	32	18
Num. of Latrines built since 2019	4.759	4.2	6	-1.800	20	9
Sanitary Napkins (prop)	0.48	0.438	0.556	-0.118	32	18
Num. of Activities (out of 6)	2.86	2.969	2.667	0.302	32	18

*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 Diffa	Mean Tillabéri	Mean Tahoua	Diff 3–4	Diff 3–5	Diff 4–5	N Diffa	N Tillabéri	N Tahoua
1	2	3	4	5	6	7	8	9	10	11
School Meals (proportion) primary school only	0.938	0.9	1	0.917	-0.100	-0.017	0.083	10	10	12
School Meals: days/week Primary schools only	5.25	5.1	5	5.583	0.100	-0.483	-0.583	10	10	12
Girls Cash Grants (proportion)	0.667	0.5	0.714	0.8	-0.214	-0.300	-0.086	6	7	5
Cash Grants / female enrolment (proportion)	0.437	0.408	0.497	0.388	-0.088	0.020	0.109	6	7	5
Student Trainings (prop)	0.68	0.5	0.588	0.941	-0.088	-0.441 ***	-0.353 **	16	17	17

Variable	Mean (All)	Mean Diffa	Mean Tillabéri	Mean Tahoua	Diff 3–4	Diff 3–5	Diff 4–5	N Diffa	N Tillabéri	N Tahoua
1	2	3	4	5	6	7	8	9	10	11
Num. of Trainings	1.92	2.125	1.412	2.235	0.713	-0.110	-0.824	16	17	17
Nutritional supplementation (prop)	0.28	0.25	0	0.588	0.250 **	-0.338 **	-0.588 ***	16	17	17
Latrines built since 2019 (prop)	0.58	0.563	0.529	0.647	0.033	-0.085	-0.118	16	17	17
Num. of Latrines built since 2019	4.759	5	4.889	4.455	0.111	0.545	0.434	9	9	11
Sanitary Napkins (prop)	0.48	0.5	0.294	0.647	0.206	-0.147	-0.353 **	16	17	17
Num. of Activities (out of 6)	2.86	2.563	2.294	3.706	0.268	-1.143 ***	-1.412 ***	16	17	17

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

Additional descriptive findings from survey data describing target communities

293. Further, BBGE programme catchment areas included ethnically and linguistically diverse populations. Only 1% of interviews were conducted in French, the official language of Niger, whereas the remaining 99% were conducted in various local languages and dialects.

294. Household heads were mainly married middle-aged men who grew up close to their villages. Overall, only 9% of household heads in the sample were female, with a few regional differences (13% in Tahoua, 9% in Diffa, and 4% in Tillabéri). Household heads were on average about 50 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 (71%) or within the same commune but in another village (20%). As expected, fewer household heads came from the same village in Diffa (49%) compared with those in the other two regions (73% in Tahoua and 91% in Tillabéri), likely because of the higher proportion of refugees and IDPs. Most household heads were either monogamously married (72%) or polygamously married (19%). It was more likely for residents in a primary school community to be monogamously married than those in a secondary school community (76% versus 65%, respectively p = 0.01), but the opposite was the case for polygamous marriages (25% versus 16%, p = 0.02), perhaps reflecting the higher wealth it requires to support multiple wives. Differences across the regions were relatively muted.

295. Household heads in target areas had completed low levels education (Exhibit 1). Only 25% of household heads had ever attended school, and less than 30% could read or write in French or Arabic. Residents of secondary school communities were far more likely to have attended school than primary school communities (44% versus 15%, p = 0.000). Rates of attending school and reading/writing in French were highest in Tillabéri. The most common highest level of schooling for household heads was at least some primary (13%), followed by at least some secondary (9%) and only 3% of household heads had completed at least some tertiary education. The most common reasons for never attending school were that the respondent was not interested (30%) or that parents did not allow for it (27%). In 2021, the overall adult literacy rate in Niger was 37.4 percent, according to the World Bank. However, a large disparity exists between adult male and female literacy rates, which amounted to 46 and 29 percent, respectively. As the vast majority of household heads in our sample were male, a comparison of the literacy rate of our sample (30%) compared to the adult male national average (46%) indicates that literacy amongst the project populations lags behind the national average, underscoring the overlapping vulnerabilities in these regions.

Exhibit 1. Education Levels of Household Head, Overall and by School Community

■ Overall ■ Primary School Community ■ Secondary School Community
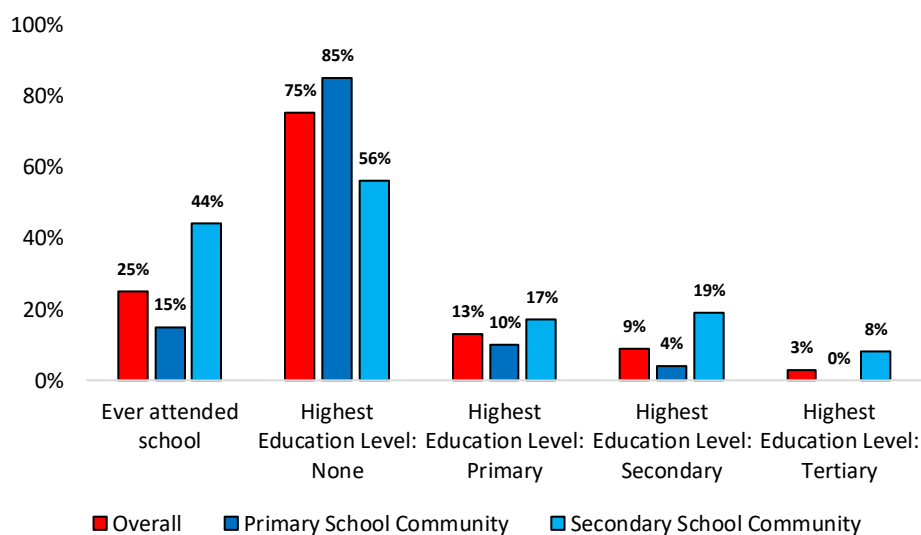
Source. Household Survey (N = 509)

296. Household survey data showed that household heads were in generally good shape. Disability was reported for only 3% of household heads. Only 1% of household heads described themselves as being in poor health, but only 10% described their health as being in "excellent" shape and 13% described their health as "very good." Almost all household heads reported that their health was better or the same as it was one year ago. About a fifth of household heads had suffered an illness or injury in the past two weeks (17%), the most common of which were fever/malaria or cough/cold/chest infection. The most common response to an illness was to seek treatment at a public facility, use medicine in stock at the house, or go to a local pharmacy. A significant number of respondents sought treatment from traditional healers (12%); although not an inherently harmful practice, traditional medicine can be counterproductive because of the potential use of scientifically unverified treatments.

Annex 10. BBGE Logical Framework

Niger Cadre logique - Outcome Results						
Chaine de résultats	**Indicateurs de performance**					
	(Liste indicative d'indicateurs à confirmer lors du lancement du projet)	Agence lead	Baseline (Décembre 2020)	date of baseline establishment	Cible (target) fin projet	PDM follow-up suivi/chiffres réels (Juin 2022)
Effet 1 :Outcome 1: Meilleur accès à une éducation primaire et secondaire, amélioration de la réussite scolaire, meilleur accès à une alimentation adéquate et nutritive pour tous les enfants incluant les filles adolescentes	Taux d'abandon	PAM	14.60%	Dec-20	<=2%	1.18%
	Taux d'inscription	PAM	82%	Dec-20	85%	85,05%
	Taux de fréquentation	PAM	70%	Dec-20	98%	97%
	Taux de réussite	PAM	33%	Dec-20	36%	37%
	Proportion des filles fréquentant le primaire et le secondaire premier cycle	PAM	45%	Dec-20	50.00%	51%
Effet 2: L'accès à un environnement d'apprentissage plus sain et adéquat, l'augmentation de l'apport en fer et en acide folique et la réduction de la prévalence de l'anémie chez les adolescentes, leur permettant de profiter pleinement des possibilités d'éducation.	Prévalence de l'anémie chez les adolescentes	UNICEF	ND	Dec-20	ND	ND
	Proportion des filles ayant utilisé un kit d'hygiène menstruelle au cours de leur dernière règle	UNICEF	0%	Dec-20	90%	92%
Effet 3: Amélioration des connaissances, des attitudes et comportements des filles et des garçons en matière de santé, santé sexuelle et reproductive (SSR) et la violence basée sur le genre (VBG)	Proportion d'adolescentes qui ont démontré une amélioration des connaissances en matière de planification familiale (PF)	UNFPA	40%	Dec-20	80% des adolescentes	83%
	Proportion de filles mariées qui utilisent les services de planification familiale	UNFPA	40%	Dec-20	80%	39%
	Proportion de filles ciblées qui ont accès aux services de qualité de SSR	UNFPA	40%	Dec-20	80%	73%
	Nombre d'écoles secondaires ayant intégré l'ESRAJ (Education en Santé de la Reproduction des Adolescents et des Jeunes) dans leur curriculum de formation	UNFPA	3	Dec-20	15	15
Effet 4: Sensibilisations accrue sur l'importance de l'éducation des filles et meilleurs connaissances, les attitudes et comportements sur la nutrition des filles, la SSR au sein des communautés.	Pourcentage de groupes cibles qui ont adopté des attitudes favorables à l'éducation des filles	UNFPA	70%	Dec-20	90%	96%
	Pourcentage de décideurs dans les ménages assistés qui déclarent qu'ils n'ont pas l'intention de marier leur fille avant l'âge de 18 ans	UNFPA	30%	Dec-20	50%	86%
Effet 5: Renforcement des capacités des institutions gouvernementales aux niveaux central et local afin d'éliminer les obstacles à l'éducation des filles et de répondre à leurs besoins dans les politiques, plans et	Proportion des communes qui ont un plan d'investissement qui prend en compte la promotion de la scolarisation de la jeune fille	PAM UNFPA UNICEF	ND	Dec-20	100%	figure pending finalization

Niger Cadre logique - Output Results						
Chaine de résultats	Indicateurs de performance					
	(Liste indicative d'indicateurs à confirmer lors du lancement du projet)	Agence lead	Baseline	Cible (target) Fin Projet	unique beneficiaries/ outputs (no double counting) since beginning of project - as of June 2022	Comments reporting 2022
Output 1.1. Les enfants qui fréquentent l'école, reçoivent régulièrement des repas scolaires adéquats afin de répondre à leurs besoins alimentaires et soutenir la fréquentation scolaire	Nombre de garçons et de filles bénéfiaires d'un repas scolaire	PAM	37,637	73,410	109,922	En fin 2021, de nouvelles écoles à cantine ont été créées dans les 3 régions d'intervention en synergie avec d'autres financements, ce qui a permis d'atteindre au total 109 922 bénéficiaires, un chiffre qui dépasse largement la cible de 73 410. A travers ce financement BBGE, c'est 8000 bénéficiaires sur les 109 922 qui sont pris en charge.
	Montant du cash distribué aux écoles (F CFA) par an	PAM	94,339,476	308,595,947	figure pending finalization	
	Quantité de vivres distribués aux ecoles (en MT) par an	PAM	2,531	5,445	4,873	Les écccles sont approvisionnées à chaque début de trimestre.
	Nombre d'articles de biens non alimentaires distribués pour le fonctionnement de la cantine	PAM	135,000	155,350	figure pending finalization	
	Proportion des jours d'alimentation scolaire par rapport aux jours de classe total par an	PAM	0	100%	95%	
	Nombre d'écoles bénéficiant d'une cantine scolaire	PAM	140	190	678	En fin 2021, de nouvelles écoles à cantine ont été créées dans les 3 régions d'intervention en synergie avec d'autres financements, ce qui a permis d'atteindre au total 678 écoles, un chiffre qui dépasse largement la cible de 190.
Output 1.2. Les ménages ciblés reçoivent du cash conditionné à la fréquentation scolaire régulière de leurs filles adolescentes	Nombre d'adolescentes ayant reçu une bourse scolaire (cash transfert) par an	PAM	2,484	12,690	12,123	
	Montant totale du cash transféré aux adolescentes dans le cadre des bourses scolaires (FCFA) par an	PAM	64,000,000	456,840,000	367,230,000	Le transfert du cash aux adolescentes est fait trimestriellement.
Output 1.3. Les filles adolescentes sont soutenues pour retourner à l'école	Nombre de mentors soutenant l'initiative	UNFPA	113	115	181	Le cycle 2022 du programme Illimin a pris fin en décembre 2022. Dans les régions de Tahoua et tillabéri respectivement 39 et 29 espaces sûrs ont été tenus, ce qui fait 68 espaces et donc 68 mentors, soit un mentor par espace sûr. Ce qui fait à cette date 181 mentors si l'ajoute les 113 mentors du ccycle 6 (2021).
	Nombre de filles adolescentes (10-19 ans) assistées à travers les espaces sûrs qui retournent à l'école	UNFPA	50	1200	600	Au cours du cycle 6 et 7, 600 filles ont été retournées à l'école formelle avec les cours des chefs et l'administration.
	Nombre de filles ciblées dans les espaces sûrs ayant reçues des kits d'encouragement	UNFPA	50	1200	17590	Toutes les filles du programme Illimin reçoivent des kist d'encouragement. Elles ont été 10790 dans les trois régions en 2021 et 6800 dans les régions de tahoua et tillabéri, soit à ce jour 17 590
	Nombre d'adolescentes retournées à l'école qui bénéficient d'un encadrement (cours supplémentaires)	UNFPA	50	600	280	Sur les 600 filles retournées à l'école, 280 bénéficient d'un encadrement
Output 2.1.Les adolescentes ciblées ont reçu une supplémentation en FAC	Nombre de filles adolescentes (10-14 ans) ayant reçu une supplémentation en fer acide folique	UNICEF	0	17000 adolescentes	figure pending finalization	
Output 2.2.Les enfants ciblés et les adolescentes de 10-12 ans ont accès à des services adéquats d'hygiène et d'assainissement à l'école	Nombre de kits de lavage des mains installés	UNICEF	0	252	235	Au total 235 blocs de latrines sont construites au niveau de 122 écoles avec un effectif de 28609 élèves dont 13 709 filles et 687 dispositifs de lave-mains sont intallées. 18 écoles avec un effectif de 3651 dont 1709 filles sont connectées au réseau d'adduction d'eau potable. Nombre d'écoles touchées par la distribution de kits GHM est de
	Nombre de filles adolescentes ayant reçu des kits d'hygiène	UNICEF	0	10000 kits	10034	
	Nombre d'écoles qui ont eu accès à un service d'eau amélioré	UNICEF	0	18	18	
	Nombre d'écoles équipées d'installations sanitaires séparées pour les garçons et les filles	UNICEF	0	126	240	
Output 2.3.Les enfants et les adolescents ciblés ont accès à une éducation en matière de nutrition, de santé et d'hygiène	Nombre de personnes atteintes grâce aux approches interpersonnelles de CCCS sur la nutrition, l'hygiène et la santé	UNFPA	4,000	6000	0	Les données n'ont pas pu être collectées car cet indicateur est à cheval entre les interventions de l'UNICEF sur les questions de nutrition et l'hygiène puis celles de l'UNFPA qui fait le SBCC sur la SSR.
Output 3.1. les adolescents ciblés filles et garçons ont accès à des services de qualité en santé et SSR	Nombre d'adolescentes filles et garçons ciblés qui ont reçu un soutien en CCCS sur la santé et la SSR	UNFPA	3,000	12,960	17,590	Toutes les adolescentes bénéficiares (17 590) ont reçu un soutien en cccs sur la santé et la SSR.
	Nombre d'infirmeries scolaires qui offrent des services de SSR	UNFPA	3	15	15	15 infirmeries offrent des services de SSR
	Nombre de clubs de santé établis	UNFPA	0	15	15	15 clubs de santé sont établis
	Nombre d'établissements de santé qui ont reçu des kits de SSR, y compris un kit de prophylaxie post-exposition au viol	UNFPA	14	30	30	30 établissements de santé ont reçu des kits de SSR, y compris un kit de prophylaxie post-exposition au viol

Date | Report Number

Output	Indicateur	Agence				Commentaire
	Nombre d'adolescentes enceintes ciblées qui utilisent les services de santé sexuelle et reproductive	UNFPA	1,130	2,333	322	Seules 322 adolescentes ont été identifiées comme enceintes, elles utilisent toutes les services de santé sexuelle et reproductive.
Output 3.2 Les filles et garçons ciblés sont sensibilisés sur les questions de VBG	Nombre d'adolescents filles et garçons ciblés qui reçoivent un soutien en CCCS sur les VBG	UNFPA	3,000	12,960	17 590	L'ensemble des 17 590 filles bénéficiaires ont reçu un soutien en cccs sur les VBG à travers les différents modules de formation.
	Nombre de campagnes de sensibilisation à la santé, SSR et VBG, organisées	UNFPA	1	1	3	Trois (3) campagnes de sensibilisation à la santé, SSR et VBG ont été organisées.
	Nombre d'adolescentes ciblées qui ont reçu une demande en mariage et l'ont refusée	UNFPA	800	2,000	6 036	6,036 demandes de mariage ont été réfusées chez les adolescentes bénéficaires du programme.
Output 3.3. Les enseignants et les centres de formations de jeunes mentors sont soutenus pour intégrer l'Education complète à la sexualité (ECS) dans leurs curricula	Nombre de centres de formation professionnelle soutenus pour mettre en œuvre une ESRAJ	UNFPA	0	4	181	Tous les Espaces sûrs ont un volet formation sur les questions d'autonomisation des filles et dans ce sens conduisent des activités professionnelles en même temps que les formations ESRAJ
Output 4.1. Les communautés ciblées incluant les adolescents filles et garçons, les enseignants, les parents, les autorités traditionnelles locales et les leaders sont sensibilisés sur l'importance de la scolarisation des filles, la nutrition	Nombre de personnes atteintes grâce aux approches interpersonnelles de CCCS	UNFPA	4,000	6000	28,404	28,404 personnes ont été touchées par la communication pour les changements de comportement.
	Nombre de campagnes de sensibilisation sur l'éducation des filles, la SSR, la santé et les droits en matière de procréation, organisées	UNFPA	1	2	2	Deux (2) campagnes de sensibilisation sur l'éducation des filles, la SSR, la santé et les droits en matière de procréation ont été organisées
Output 5.1. Les structures gouvernementales aux niveaux local et national sont sensibilisées et reçoivent un appui technique pour prioriser l'éducation des filles adolescentes et tenir compte de leurs besoins dans les politiques et stratégies nationales, plans opérationnels et budgets	Nombre de communes appuyées dans l'élaboration de leur plan annuel d'investissements	PAM+UNFPA+UNICEF	21	21	figure pending finalization	Processus en cours, au niveau de Tahoua toutes les 10 communes ont leur plan d'investissement qui prend en compte la scolarisation des filles
	Nombre de CGDES/COGES formés dans l'élaboration des plans d'actions qui prennent en compte la scolarisation des filles	PAM+UNFPA+UNICEF	70	260	figure pending finalization	Le Ministère a appuyé les écoles de la zone d'intervention dans l'élaboration de leurs plans d'action (données en attente).
	Rapport sur la cartographie des politiques et stratégies qui soutiennent la scolarisation de la jeune fille	PAM+UNFPA+UNICEF	0	1	figure pending finalization	Processus non encore engagé
	Répertoire de bonnes pratiques en matière de promotion de la scolarisation de la jeune fille	PAM+UNFPA+UNICEF	0	1	1	Un referenciel a été élaboré avec l'appui du PAM
	Une politique nationale d'alimentation scolaire est élaborée et adoptée	PAM+UNFPA+UNICEF	0	1	figure pending finalization	Processus en cours
	Un rapport d'étude approfondie sur les barrières à la scolarisation de la jeune fille dans la zone d'intervention du programme	PAM+UNFPA+UNICEF	0	1	1	Rapport disponible

Note: The number of safe spaces was erroneously reported in the logical framework originally shared with the Evaluation Team. Instead of 181 safe spaces, the correct number is 179, which represents 111 safe spaces established in 2021 and 68 established in 2022 (see output 3.3 and output 1.3). The updated number was shared with the Evaluation Team in November 2023.

Annex 11. Acronyms

AIR	American Institutes for Research	
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	
	ODA	Official Development Assistance
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 porridge (breakfast) and a millet or rice dish (lunch/dinner)	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 NIGER: HEALTH DISTRICTS	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 NIGER: ODIFE	2020-2022
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 place to listen to survivors of GBV	Women and adolescent girls in community	AFJT / UNFPA	2021-2022
Health clubs and school clinics	Equipped school clinics with medical products	Program schools	UNFPA	2021-2022
SRH kits	Distributed SRH kits to health clinics including post-exposure kit for rape	Program schools	UNFPA	2021-2022
Future Husbands Clubs	Established clubs for future husbands in the communities focusing on topics like health, reproduction, child marriage, education	Community members / adolescent boys	UNFPA	2021-2022

Annex 13. Detailed Stakeholder Analysis

Stakeholder	Involvement with BBGE	Involvement with evaluations of BBGE
Implementing agencies and partners		
WFP Headquarters (Rome)	• 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)	• 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 (Niger)	• 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)	• 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 (Niger)	• Managed activities related to preventing GBV and improving adolescent girls' reproductive health • Strengthened community and health worker capacity and provided community-level sensitization on GBV and reproductive health	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
	• 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	programme without external funding.
UNICEF (HQ)	• Provided input and oversight to BBGE activities related to education, nutrition, health, and WASH (see row below)	Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting.
UNICEF (Niger)	• 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	Primary stakeholders and informants – will use the evaluations for evidence-based decision making and internal and external reporting.
Government • Ministry of Primary and Secondary Education • High Commission for the 3N Initiative	• 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	Primary stakeholders and key informants with particular interest in evaluation results related to capacity, coordination, and sustainability.
NGOs and community-based organizations in Niger (PTAs; SMCs; female farmer groups; women's groups; religious leaders; community radio) *Implementing partners:* • *KARKARA* • *APBE* • *VND NUR* • *CARE* • *MASNAT* • *ADKOUL* • *APIS*	• Supported gender equality and GBV sensitization • Supported delivery of field-level activities with parents and mothers' associations	Primary stakeholders and informants – will use the evaluations for evidence-based decision making.

Stakeholder	Involvement with BBGE	Involvement with evaluations of BBGE
• *ODIFE* • *APPADN*		
Programme beneficiaries and stakeholders		
Beneficiaries (female students; male adolescents; 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 center leaders; parent association representatives; school inspectors; 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

Inputs

Food items and micronutrient powder distribution [1]

Existing platforms for cash-based transfers

Technical capacity for income generation opportunities [2]

Technical capacity and items for provision of tailored support

Deworming tablets, Vitamin A, folic acid and Iron supplementation [3]

Technical expertise on construction/rehabilitation of WASH services

Sanitation and hygiene items procurement/distribution

Technical expertise to produce quality social and behaviour change communication strategies on WASH and nutrition (including assessment determinants, scale and targeting)

Technical expertise to produce quality social and behaviour change communication strategies on SHRH, GBV prevention, and rights of girls (including assessment determinants, scale and targeting)

Capacity to coordinate with partners and relevant stakeholders

Technical expertise to implement capacity strengthening

Activities

Provision of school meals including locally procured food where possible

Provision of cash incentives for adolescent girls in crisis areas

Tailored support for adolescent girls returning/transitioning to school, including income generation activities for targeted households.

Distribute deworming treatment to girls and boys in schools

Distribute micronutrient supplementation (iron and folic acids) to targeted girls in schools

Provide sanitation and hygiene services (including rehabilitation/construction of latrines or water points

Deliver Menstrual Hygiene Management kits and/or services

Deliver *nutrition and healthy lifestyle education* to girls and boys in schools

Deliver educational packages of life skills and rights, including *sexual and reproductive health education; GBV, FGM and early marriage prevention* to **adolescent girls and boys in schools**

Deliver educational packages related to the *rights of girls to education; GBV, FGM and early marriage prevention and/or sexual and reproductive health* to **community groups**

Capacity Strengthening activities at central and decentralised levels

Outputs

Nutritious school meals consumed by targeted girls in crisis

Reduced economic costs borne by households for sending girls to school

Households incentivized to send girls to school

Deworming consumed by targeted children

Micronutrients consumed by targeted adolescents

Targeted girls in schools have access to adequate hygiene, water, and sanitation services

Targeted adolescent girls have access to nutrition and health education and SBCC in schools

Targeted adolescent girls have access to sexual and reproductive health education

Targeted girls and boys are sensitized about GBV, FGM and early marriage prevention

Communities in crisis are educated about importance of girl's rights to education; SRHR; GBV, FGM and early marriage prevention.

Government at local and national level are sensitized and supported to prioritise adolescent girls in national strategies and plans

Immediate Outcomes

Increased school enrolment and attendance among girls

Increased primary school completion among girls

Reduced dropout rates among girls

Reduced burden on households living in crises to address barriers to education, including poverty and food insecurity

Lower worm prevalence in targeted girls and boys

Enhanced micronutrient intake of targeted adolescent girls

Improved diet diversity among adolescent girls

Improved knowledge on health and nutrition among adolescent

Improved attitudes on health and nutrition habits among girls

Improved reproductive and sexual health knowledge and attitudes among targeted girls

Improved reproductive and sexual health behaviours among targeted girls

Improved awareness of SRHR, and gender among girls and boys.

Increased community awareness on the importance of girls' education

Strengthened local and national capacities to design, implement programmes that address barriers to education for girls affected by crises.

Intermediate Outcomes (Addressing the barriers)

Barrier 1 - Hunger, poverty, school costs and opportunity costs

Adolescent girls in affected areas have improved access to education.

Barrier 2 - Malnutrition and poor health

Improved health and nutrition of targeted adolescent girls in affected areas

Barrier 3 - Personal Safety

Affected areas are safer for women and girls, with decreased GBV

Reduced violence against girls in targeted schools

Barrier 4 - Lack of awareness

Reduced early marriages and early pregnancies occurrences in affected areas

Affected populations value quality education for all children, especially girls

Barrier 5 - Weak institutional capacity

National plans and programmes prioritise rights and education for girls in affected areas

Impact

Improved access to education, well-being, sense of stability and normalcy among adolescent girls in crisis context

All-partners input

WFP input

UNICEF & UNFPA input

UNICEF input

UNFPA input

Annex 15. Quantitative and Qualitative Evaluative Approach

Quantitative Evaluative Approach

297. Our quantitative approach entails calculating changes in outcomes between baseline and follow-up, using recalled baseline information to overcome the unavailability of data collected at baseline. 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 some evidence that helps us respond to some of the EQs, particularly when complemented with qualitative and secondary data findings.

Quantitative Sampling

298. 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 Niger), 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 and (b) secondary or primary schools. Specifically, we divided the sampling frame into six strata, two within each of the three programme regions. Within each region, one stratum contained primary schools, whereas the other comprised secondary schools. We drew a representative sample of the population of BBGE schools by dividing the sample proportionally across the strata and randomly selecting schools within each stratum.

299. 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-aged children in the household was asked at the beginning of each household interview. We used screener questions to stratify the sample while performing the random walk. Households without school-aged children were skipped, and enumerators continued interviewing households until they reached the community quota. In households with school-aged children, we randomly selected a parent and a young child (ages 12–19) to respond to the household survey and youth module, respectively. We randomly selected the youth regardless of gender until we met a quota to ensure that girls were oversampled in a ratio of 6:4.

300. Our study sample covered the three BBGE regions in Niger. We initially planned to select between 18 and 19 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. However, security challenges encountered during data collection forced us to replace several school communities; moreover, two pairs of schools merged into one so that the targeted sample size decreased from 56 to 54 (Table 3). In the end, we sampled a total of 50 schools, which correspond to about 20% of BBGE schools. Although the school replacements may compromise the representativity of the sample since highly insecure communities were left out, quantitative data was still collected from primary and secondary schools across all three programme regions. We conducted 557 youth surveys and 555 household surveys in the 50 school zones visited.

Table 3. Niger Quantitative Data (Planned Versus Actual)

	Number of Schools/Communities		Number of Household Surveys		Number of Youth Surveys	
	Planned	**Actual**	**Planned**	**Actual**	**Planned**	**Actual**
Diffa	19	16 (8 replacements)	190	190	190	194
Tahoua	19	17 (7 replacements)	190	190	190	189
Tillabéri	18	17 (9 replacements)	180	175	180	174
Total	56	50 (24 replacements)	560	555	560	557

Qualitative Evaluative Approach

301. We used KIIs and FGDs as our anchor qualitative methods, incorporating age- and respondent-appropriate participatory activities such as actor mapping and ranking activities (Exhibit 3). Participatory learning and action

approaches focus on minimizing the power differences between researchers and research participants by empowering the latter to share their knowledge and experience through group-based, visual, and engaging activities[92]. These approaches are particularly well suited to research involving marginalised, vulnerable, or voiceless groups and are thus an important data collection tool for this evaluation of the BBGE programme[93].

302. We purposefully sampled two towns in each of the three regions of Niger 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 October and December 2022. In the end, we conducted 24 FGDs with adolescents and parents, both separated according to gender (i.e., male adolescents, female adolescents, male caregivers, female caregivers). Additionally, 24 KIIs were conducted with the community (parents' associations, traditional or religious leaders, health service providers, teachers, and principals), the government (Ministry of Primary and Secondary Instruction and the High Commission for the 3N Initiative —Les Nigeriens Nourrissent les Nigeriens, or HCi3N). Finally, six organizational FGDs were conducted at the headquarters, regional, and country levels (including NGO, Country Office, and Field Office staff). A full description of people sampled in qualitative data collection is provided in Annex 8.

303. To maximise 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, qualitative instruments built on the existing knowledge base and complemented it rather than duplicating previous research efforts while still fully answering all EQs.

Exhibit 3. Ranking Activity Facilitation in Niger

Source. Dalberg Research

304. Our qualitative approach also incorporated participatory approaches to empower respondents during the research process and elicit nuanced perceptions and experiences. We carefully considered the perceptions and experiences that 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.

Participatory Approaches During FGDs

305. Incorporating participatory approaches is an important way to empower and give greater voice to respondents while simultaneously eliciting more nuanced information about a particular topic. These exercises can "shift attention away from the interaction between outside investigators and local people and towards the analyses themselves" and allow for a better understanding respondents' perceptions and choices[94]. The team conducted a ranking and scoring activity during FGDs with adolescent girls and boys 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 4, adolescents in BBGE zones conveyed their understanding of the barriers to girls' education. The full activity protocol is provided in Annex 5.

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[92] Chambers, 2002

[93] Ibid

[94] Pretty et al., 1995

Exhibit 4. Example Result of Ranking and Scoring Activity With Adolescent Respondents
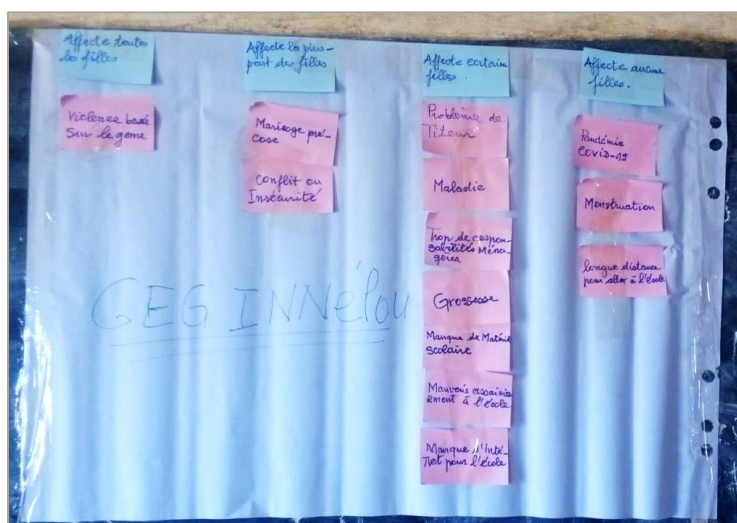
Source. Dalberg Research

Inclusive, Gender-Responsive Approach

306. 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.

307. 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 amid 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 that related to gender inequality and power imbalances in Niger. 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 aided in the examination of gender equality resulting from the BBGE programme.

308. 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 recognise 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 Nigerien consultant, Chaïbou Dadi, 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 Niger.

309. Data collectors were trained by Dalberg staff and a local consultant in Niger from October 20 to October 30, 2022. Teams piloted data collection instruments on November 1 in a BBGE community that was not selected for the evaluation sample. After enumerator training finished, teams travelled to the selected survey areas in each region to collect data from November 1 to December 5. The final quantitative survey data were received by the AIR team from Dalberg Research on December 14, and the final qualitative transcripts were received on January 13, 2023.

Quantitative Evaluative Approach

310. 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 (mostly descriptive statistics), 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 interpreted considering cultural nuances in Niger.

311. 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

312. 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 English translations. The research team consulted the audio recordings as necessary to verify content and the accuracy of translation in the transcripts.

313. 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 organise 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, so that coders used the same standards to categorise 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 characterised 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 our data. The evaluation team 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 (i.e., girls, refugees, IDPs) whenever possible and relevant.

Annex 16. BBGE Niger 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)	73,410 beneficiaries	63,108 beneficiaries	109,922 beneficiaries	94% of primary schools Meals were provided on average 5.3 days per week	82% of youth in primary schools
Schools with school canteen	190	190	678	100% of primary schools had a functioning school canteen	N/A
Trainings for school cooks and storekeepers on food preparation and management	missing	missing	missing	12% of schools	N/A
School-based nutritional supplementation (Folic acid, vitamin A, iron, deworming tablets) (beneficiaries)	**Folic acid:** 17,000 **Iron:** n/a **Deworming:** n/a **Vitamin A:** n/a	**Folic acid**: 19,950 **Iron:** 0 **Deworming**: 0 **Vitamin A**: 0	missing	28% of schools provided any **Folic acid**: 12% of schools **Iron:** 4% **Deworming**: 16% **Vitamin A:** 4%	49% received any **Folic Acid:** 7% of youth **Iron:** 13% of youth **Deworming:** 48% of youth **Vitamin A:** 22% of youth
Construction of gender-segregated latrines and handwashing stations	Latrines: 126 Handwashing stations: 252	Latrines: 62 Handwashing stations: 570	Latrines: 235 Handwashing stations: 687	Latrines: 82% of schools Handwashing stations: 42% of schools	N/A
Menstrual and hygiene management kits, including sanitary napkins	10,000 kits	0	10,034 kits distributed	48% of schools distributed sanitary napkins *occasionally*	8% of females received MHM kit 29% of females received hygiene kit
Cash grants to primary- and secondary-school girls	12,690 adolescent girls per year	14,732 cash grant beneficiaries	12,123 cash grant beneficiaries	66% provide cash grants for girls in secondary	57% of females 41% primary school 44% secondary school
Training for students	WASH: 6,000 Nutrition: 6,000 Health: 6,000 SRH: 12,960 GBV: 12,960	WASH:0 Nutrition:0 Health:0 SRH: 17,590 GBV: 27104	WASH:0 Nutrition:0 Health:0 SRH: 17,590 GBV: 17,590	WASH: 26% of schools Nutrition: 12% of youth SRH: 20% of youth GBV: 36% of youth	WASH: 7% of youth Nutrition: 4.5% of youth SRH: 5% of youth GBV: 6% of youth Girls' education: 11% of youth

Key BBGE activities	Target	Reported outputs (Logframe Dec 2021)	Reported outputs (Logframe Dec 2022)	School Survey	Youth Survey
				HIV: 10% of schools Leadership: 6% of schools	Child marriage: 8% of youth HIV: 2% of youth Leadership: 1% of youth
Safe spaces/dialogue spaces	Missing 115 mentors	Missing 111 mentors	68 safe spaces 179 mentors	N/A	N/A
Additional support (courses) for girls returning to school	600	0	280	N/A	N/A
Training on income-generating activities for women in targeted households	missing	missing	missing	N/A	N/A
Community-level social and behavioural change communication campaigns on SRHR, girls' education, nutrition, health	2 campaigns 6000 people reached	0	2 SBCC campaigns reached 28,404 community members with messages on SRHR and girls' education	N/A	N/A
Health clubs	15	0	15	0% of schools	3% of youth
National school feeding policy developed and adopted	1	0	missing	N/A	N/A

School-Based Programmes Division