

# Summative Evaluation of the UN Joint Programme on Girls Education (2014 – 2024)

## Malawi



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## ACRONYMS

AGLIT	Adolescent Girls Literacy
ART	Antiretroviral therapy
ASRH	Adolescent Sexual and Reproductive Health
BCs	Back-checks
BLM	Banja La Mtsogolo
BSU	Basic Sampling Unit
CAMFED	Campaign for Female Education
CBCCs	Community Based Child Care Centres
CBD	Community Based Distributors
CBE	Community Basic Education
CESA	African Union's Continental Education Strategy for Africa
CFS	Child friendly schooling
CSE	Comprehensive Sexuality Education
CVSUs	Community Victim Support Units
DADO	District Agriculture Development Officer
DEC	District Education Committee
DEMIS	District Education Management Information System
DEO	District Education Officer
DD	Difference-in-Difference
DHIS	District Health Management Information System
DHO	District Health Officer
DHS	Demographic and Health Survey
EMIS	Educational Management Information System
ERG	Evaluation Reference Group
FPAM	Family Planning Association of Malawi
GEROS	Global Evaluation Reports Oversight System
GPE	Global Partnership for Education
GRP	Gender Responsive Pedagogy
HFCs	High Frequency Checks
HMDD	Household Minimum Dietary Diversity
HTC	HIV-Testing and Counselling
ICSC	International Civil Service Commission
IFA	Iron and Folic Acid supplementation
IE	Inclusive Education
JPGE	Joint Programme on Girls' Education
KAP	Knowledge, Attitudes, Practices
KII	Key Informant Interviews
KPI	Key Performance Indicator
MAD	Median Absolute Deviation
MAGGA	Malawi Girl Guide Association
MANEB	Malawi National Examination Board
MGDS III	Malawi Growth Development Strategy III
MH	Menstrual Health
MICS	Multiple Indicator Cluster Survey
MLLE	Multiple lines and levels of evidence
MoE	Ministry of Education
MSC	Most Significant Change
MTE	Mid-term evaluation

MTR	Mid-term review
NER	Net Enrolment Rate
NESIP	National Education Investment Plan
NESP	National Education Sector Plan
NGES	National Girls Education Strategy
NN	Nearest Neighbour
NOK	Norwegian Kroner
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
PCC	Parents and Children Communication
PSM	Propensity Score Matching
PTA	Parent Teacher Association
SBC	Social and Behaviour Change
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SHF	Smallholder Farmers
SHN	School Health and Nutrition
SMCs	School Management Committees
SRHR	Sexual and Reproductive Health and Rights
Std	Standard
STEM	Science, Technology, Engineering, and Mathematics
STIs	Sexually Transmitted Infections
ToR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UN-SWAP	UN System-Wide Action Plan
UNEG	United Nations Evaluation Group
UNESCO	United Nations Education Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDGCF	United Nations Sustainable Development Goals Coordination Framework
VAC	Violence Against Children
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
YFHS	Youth-friendly health services

# EXECUTIVE SUMMARY

## Background

The UN Joint Programme on Girls' Education (JPGE), implemented from 2014 to 2024, represents a collaborative effort between the Government of Malawi and three United Nations agencies: UNICEF, UNFPA, and WFP. The programme was designed to address systemic barriers hindering girls' access to and completion of quality education, in alignment with Malawi's national development priorities and global commitments, including the Sustainable Development Goals (SDG 4 – Quality Education).

Malawi faces significant challenges in achieving gender parity in education due to factors such as poverty, cultural norms, early marriages, adolescent pregnancies, and limited access to safe and inclusive learning environments. Recognizing the pivotal role of education in breaking cycles of poverty and inequality, the JPGE was conceived as a multi-sectoral intervention addressing education, nutrition, sexual and reproductive health, and community engagement for social behaviour change. The programme adopted a holistic approach to empower girls and ensure their sustained participation in school, thereby improving their life outcomes and contributing to broader socio-economic development. The JPGE was implemented in three phases:

- **Phase 1 (2014–2017):** Focused on piloting models for integrated service delivery in education.
- **Phase 2 (2018–2020):** Emphasized scaling up interventions with increased government leadership and district-level engagement.
- **Phase 3 (2021–2024):** Consolidated gains by strengthening synergies among programme components, reinforcing sustainability, and intensifying learning for quality outcomes.

Targeting four districts (Dedza, Mangochi, Salima, and Kasungu), the programme integrated diverse interventions, including the improvement of school infrastructure, provision of life skills and sexuality education, school feeding programmes, and community mobilization efforts. It also addressed out-of-school children by offering alternative learning pathways, with particular attention to marginalized groups, including adolescents with disabilities. Throughout its implementation, the programme sought to not only address immediate educational needs but also catalyse systemic changes to create a conducive environment for gender equality and sustainable development. The JPGE's results framework, guided by its Theory of Change, aimed to achieve three core outcomes: (1) Increased access to quality, inclusive education for girls and boys; (2) Enhanced access to alternative learning and integrated services for out-of-school adolescents; (3) Strengthened community, institutional, and parental support for education, health, and nutrition.

It was funded by the Royal Norwegian Embassy up to NOK 367 million (approximately USD 43.7 million).

## Evaluation purpose, scope and objectives

The three UN agencies and Royal Norwegian Embassy commissioned this evaluation to ascertain the programme's achievements. The evaluation was for the period 2014 to 2024, covering all three phases of the programme. All outcome areas and programme interventions were considered in the evaluation. All four participating districts – Mangochi, Dedza, Salima and Kasungu – were included in the evaluation. The evaluation measured performance at outcome and impact level. The objectives of the evaluation were to: 1) Measure the achievement of programme objectives and outcomes; 2) Assess long-term impact; 3) Identification of best practices, achievements, and failures; 4) Inform decision-making; and 5) Accountability and transparency.

The main primary users of the evaluation findings were the three implementing UN agencies (UNICEF, WFP, UNFPA), the Ministry of Education, Ministry of Health, Ministry of Youth, Ministry of Gender, Community Development and Social Welfare and the Royal Norwegian Embassy.

## Methodology

The evaluation of the UN Joint Programme on Girls' Education (JPGE) employed a mixed-methods approach designed to align with OECD-DAC evaluation criteria. This comprehensive approach assessed the programme's relevance, coherence, efficiency, effectiveness, impact, and sustainability. By integrating quantitative and



qualitative methods, the evaluation provided a holistic understanding of the programme's achievements and challenges while ensuring inclusivity and gender sensitivity.

The design incorporated three complementary methodologies. A quasi-experimental analysis, utilizing longitudinal data from the Education Management Information System (EMIS) of the Ministry of Education, which was used to measure the programme's impact on education outcomes such as attendance and examination pass rates. This method relied on Difference-in-Difference modelling, with matched control and intervention groups (using propensity score matching technique) to ensure credible comparisons. Contribution analysis was used to examine causal pathways and contextual factors, providing insight into how the JPGE influenced observed changes. Additionally, implementation analysis assessed operational efficiency, stakeholder engagement, and alignment with national policies, identifying successful strategies and persistent challenges.

Data collection involved both primary and secondary sources. Quantitative data, derived from EMIS, District Health Information System (DHIS2) of the Ministry of Health and endline surveys, captured measurable outcomes, while qualitative data, obtained through key informant interviews, focus group discussions, and case studies, provided contextual depth. These methods engaged a broad range of stakeholders, including learners, educators, parents, community leaders, and programme implementers.

The evaluation maintained rigorous ethical standards throughout. Informed consent and safeguarding measures were applied to ensure confidentiality and protection of participants, particularly children. The evaluation methodology underwent ethical review by the UNICEF Long Term Agreement Ethical Review firm. Tools were designed to be child-friendly, adhering to UNICEF's ethical guidelines, while a gender-sensitive lens ensured the inclusion of marginalized groups. Female and male researchers conducted interviews to address cultural and power dynamics effectively.

Data analysis followed a multiple lines and levels of evidence approach, triangulating quantitative and qualitative findings to validate results. This process combined statistical analysis with thematic insights, allowing for a nuanced understanding of the programme's impact and its implications for future programming.

All findings and recommendations were validated by the Evaluation Reference Group, through validation meetings and feedback on the inception, draft evaluation, and final evaluation reports.

## Findings

### *Relevance*

**The Joint Programme for Girls' Education (JPGE) demonstrated strong alignment with national policies, government priorities, and international frameworks.** The programme complemented the Malawi Growth Development Strategy (MGDS III), the National Education Sector Investment Plan (NESIP), and the United Nations Sustainable Development Goals (SDGs). Specifically, it contributed to SDGs 4 (Quality Education), 3 (Good Health and Well-being), 5 (Gender Equality), 2 (Zero Hunger), and 17 (Partnerships for the Goals).

**The programme was aligned with barriers for education and cultural context in the four districts.** The programme effectively addressed barriers to girls' education, including parental attitudes, early pregnancies, Menstrual Health (MH), and cultural norms. Traditional leaders praised the programme's culturally sensitive approach, which encouraged community acceptance, and community leadership in advocacy for education.

**The targeting of out-of-school adolescent girls and those with disabilities enhanced inclusivity of the programme.** Targeted interventions for adolescent girls, and those with disabilities demonstrated the programme's commitment to inclusivity. However, gaps persisted in addressing poverty, the most significant barrier to education as mentioned by adolescents and community members.

**The programme was flexible and adapted to various emergencies that undermined achievement of its objectives.** The programme was extended by 6 months in Phase II to address the effects of COVID19. Several adaptations were made to the programme to integrate COVID19 prevention and support the continuation of

interventions. This included the scale up of take-home rations for school feeding, introduction of a cash transfer for learners to access food at home, introduction of Personal Protective Equipment, introduction of radio programmes and listening clubs to support Social Behaviour Change (SBC) messaging on girls' education, adolescent Sexual and Reproductive Health (SRH) among other adaptations.

#### *Coherence*

**Collaborations of ministries were visible at the district level to support the interlinked multi-sectoral programme.** The JPGE demonstrated effective collaboration among key ministries at the district level, ensuring a coordinated multi-sectoral approach. This was especially achieved through the district JPGE coordination platforms where Ministries such as Education, Health, Agriculture, and Social Welfare worked together to address the various barriers to girls' education. However, while collaboration was visible, the extent of integration varied across districts, with some areas requiring stronger inter-ministerial cooperation to ensure consistent delivery of programme objectives.

**Clear role delineation among UN agencies fostered integration, with WFP leading nutrition, UNICEF on education, and UNFPA on SRHR.** The structured delineation of responsibilities among the three UN agencies—WFP, UNICEF, and UNFPA—enhanced internal coherence. This delineation coupled with convergence of the three agencies in similar schools and districts enhanced the integrated approach and internal coherence. However, in some instances, occasional delays in inter-agency communication, and in implementing activities affected the alignment of interventions.

**The Steering and Joint Technical Committees at the national level were not fully functional, weakening strategic oversight.** The underperformance of the Steering and Joint Technical Committees limited the programme's ability to provide strategic oversight and coordination at the national level. Irregular meetings, and insufficient follow-up on decisions reduced their effectiveness.

#### *Efficiency*

**JPGE-III's timeliness varied, with school feeding programmes delivered reliably, while delays in other critical interventions highlighted systemic inefficiencies and logistical challenges, particularly in rural areas.** The timeliness of intervention delivery was inconsistent across activities and locations. While school feeding programmes were a consistent success, ensuring timely meals to learners and reducing hunger-related absenteeism, other interventions faced delays. Teacher training sessions, infrastructure projects, and community advocacy campaigns were frequently delayed, particularly in Kasungu and Dedza. These delays stemmed from logistical constraints, late funding disbursements to implementing partners, and poor road infrastructure.

**Resources were allocated strategically to align with programme priorities, ensuring key interventions like school feeding programmes received adequate funding.** However, delays in fund disbursement disrupted the timely implementation of activities, particularly in rural areas. In districts like Salima and Mangochi, stakeholders noted that such disruptions often required partners to adjust schedules and reduce the scale of planned activities, limiting the programme's efficiency.

#### *Effectiveness*

**JPGE effectively built teacher capacity, transformed classroom practices, and empowered students to foster safer, inclusive, and gender-responsive learning environments.** Adoption rates for learner-centered and gender-responsive teaching practices were significantly higher in treatment schools (95.9% and 73.5%, respectively) than in control schools (77.4% and 49.3%). The adoption of learner-centered and gender-responsive methodologies led to significant changes in classroom practices noted by learners in the qualitative survey.

**JPGE improved foundational literacy and numeracy, but gaps in supporting infrastructure limited the full potential of these gains** e.g. under-resourced teacher resource centers and largely non-functional box libraries.

**The JPGE school feeding programme successfully improved access to meals and promoted dietary diversity for 597,039 learners.** About 97.4% of treatment schools had active feeding programmes, compared to 29.6% in

control schools. Additionally, treatment schools provided meals on an average of 21 days per month, compared to 18 days in control schools. School feeding increased school attendance from an average of seven days (for boys) and six days (for girls) of missed school per school term to one day for both sexes. These results also show the equaling effect of school feeding by addressing inequities in attendance between males and females.

**The programme contributed to safer sex practices but more so among adolescent boys than girls when control and treatment groups are considered.** Among 9.9% of learners that had ever had sex, 69.2% in treatment compared to 50% in control used a condom during the first time they had sex. Similarly, 69.2% among treatment and 43.8% among control had used a condom during their last sexual encounter (12 months prior to the endline survey). Condom use in treatment schools was higher than national average for 15–19-year-olds in rural areas e.g. Multiple Indicator Cluster Survey (MICS) for Malawi of 2021 (Boys: 63% in MICS compared to 71.4% among JPGE beneficiaries; Girls: 31% in MICS compared to 66.7% among JPGE beneficiaries).

**Youth friendly clinics and mobile clinics provided avenues for adolescents and young people to access SRHR services.** Over the course of the programme 1,188,178 adolescents and young people were reached with services – which comprised about 49% of the AYP population in target areas when repeat use of service is accounted for.

**Safe spaces were effective in providing basic literacy, economic empowerment, improving SRH and nutrition practices.** The safe spaces intervention demonstrates a replicable community driven model for reaching out-of-school girls and supporting foundational learning and reintegration into the formal education system. Through support of mentor mothers about 7,782 out-of-school girls were helped to return to formal school.

**All stakeholders perceived the programme to be contributing to education outcomes primarily improved attendance, enrolment and reduced dropping out of girls.** Enrolment for girls increased by 34% in treatment schools compared to 16% in control schools over the course of the three phases. Data also shows that girls in treatment schools were 6.8 times more likely to stay in school than boys while in control schools, girls were 5.1 times more likely than boys to stay school. This shows the programme may have contributed to supporting girls to stay in school in comparison to their male counterparts.

**The JPGE made deliberate efforts to engage men and boys as allies in promoting gender equality, achieving localized successes in fostering respect, collaboration, and advocacy for girls' education.** However, inconsistent implementation and insufficient emphasis on male engagement as a core component limited the programme's ability to sustain transformative change.

#### *Impact*

**The JPGE programme had no significant impact on higher level educational outcomes. Exogenous factors such as COVID19, floods and drought may have had hindered the programme's ability to have an impact on higher level outcomes.** The JPGE did not meet any of its set targets for higher level outcomes (pass rates, transition rate, repetition rates, dropout due pregnancy, and general dropout rates). Despite this, there were improvements in some key indicators for example dropout among girls (as noted earlier).

The lack of impact could be primarily because of other factors not directly addressed by the programme that had an influence on the envisaged outcomes as follows: (1) Multiple shocks over the period of the programme (COVI-19, floods and cholera) reversed the gains made in phase 1 of the programme; (2) JPGE increased enrolment in treatment schools compared to control (34% in treatment and 16% in control) which may have led to higher pupil to teacher ratios and pressure on other school resources leading to declining quality of education; (3) While the programme addressed improved pedagogy, safety of schools, WASH and MH, there were many other issues undermining quality education and its outcomes including appropriate and adequate infrastructure, teaching and learning resources, and distance to school which were not fully addressed in the programme design and implementation; and (4) The impact could also have been reduced as other partners were also working in control schools as it was not possible to identify a pure control.

**The project benefited a significant proportion of children, adolescents and young people in the four districts with integrated services.** The HGSEF reached 597,039 learners, and other school level interventions on CSE improved gender responsive pedagogy benefited 480,882 learners. A total of 33,248 out-of-school girls were enrolled in community based foundational literacy programmes and 7,782 were helped to return to formal school. The numbers reached with YFHS are impressive, with a total of 2,206,896 visits for SRHR services by adolescents and young people in the 60 supported health facilities and mobile clinics during the three phases of the programme. About 723 learners with disability were reached with support for disability identification and referral for services (e.g. assistive devices) and specialized education services. 6,033 farmers (2,478 men and 3,555 women) benefited from home grown school feeding programme as suppliers of food commodities to schools under the programme. Income from these 6,033 farmers was used in part to meet the education needs of girls and boys benefiting an additional 12,066 children and adolescents.<sup>1</sup>

### *Sustainability*

The JPGE integrated several strategies to ensure the long-term impact of its interventions, although challenges remain in institutionalizing and scaling these efforts.

**There was ownership of the programme by community stakeholders including traditional leaders and Mother Groups.** The JPGE programme successfully leveraged traditional leadership and community structures to drive sustainability. Chiefs, Mother Groups and Village Education Committees took proactive roles in abolishing child marriages, addressing early pregnancies, and encouraging girls to return to school. The establishment of by-laws on child marriage, early pregnancy etc., have institutionalised measures to address barriers to education for girls in the long term.

**Teacher retention is high which will support long term sustenance of capacity for Gender Responsive Pedagogy and quality CSE and life skills.** Teacher retention was about 70% with the majority of teachers trained by the programme still in post. This will likely help the continuance of quality education for girls.

**Institutionalising the JPGE in Government has mixed results for sustainability.** Technical Working Groups established to enhance coordination of the education sector in the four districts have potential to enhance multi-sectoral programming but were at different levels of maturity and require continued support to entrench them in the district councils. While there is willingness on the government part to continue with the programme interventions, especially the Home-Grown School Feeding (HGSEF) programme, safe spaces, and Mother Groups, limited fiscal space to fund these initiatives have and will continue to hamper scale up.

**The UN agencies are already scaling up some of the interventions through alternative funding.** UNFPA was scaling up the Safe Space model, PCC and Digital Sexuality Education (CSE) with other funding, while the HGSEF remains a key intervention for WFP and has continued it in other districts. UNICEF will continue supporting the TWGs to maturity through other funding to entrench continuation of the multisectoral approach.

### **Key Recommendations**

The following key recommendations were developed in consultation with the participating UN agencies and Evaluation Reference Group.

Join programme modality: Strengthening coherence and inter-agency accountability

**Recommendation 1: The size of the programme needed a programme management unit (PMU) to support coherent implementation and monitoring and evaluation. This PMU would be staffed with participating agency staff reporting to a JPGE Coordinator from the lead agency.** It would also include at least one M&E staff to establish a coherent monitoring system for the programme. Such orientation would alleviate the challenges the programme had with fully implementing the joint programme modality which included weak and disjointed monitoring, and misalignment in timing of interventions to effectuate the integrated model.

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<sup>1</sup> Using data from the Malawi Census of 2018, assumes an average of 2 household members in primary education.

**Recommendation 2:** A future programme should strengthen the participation of the Resident Coordinator's office (RCO) in national technical coordination structures of the programme to strengthen their knowledge and support for implementation of the joint programme modality. This would address challenges with inter-agency accountability.

**Recommendation 3:** Commitment from the agencies and government counterparts is required to ensure coordination structures are operational. The steering committee remained on paper as it never met throughout the programme because of the complexity of converging availability of senior management in government and that of the agencies.

#### Programme design

**Recommendation 4:** While a programme is not expected to address all the challenges, deliberate efforts to seek collaborations with other players addressing other drivers such as poverty/livelihoods, assistive devices for children with disabilities and school infrastructure as examples would have enhanced the programme's impact on higher level education outcomes. The programme addressed multiple causes of poor education outcomes for girls but some significant drivers remained unaddressed and contributed to the programme having insignificant impact on these outcomes e.g. poverty, infrastructure.

**Recommendation 5:** Several community-led interventions have demonstrated they can be effective drivers for girls' education and SRHR and can be sustainable and therefore need to be scaled up. These interventions include the safe space model, the Mother Group model, and support to traditional leaders in leading efforts on education and abolishing child marriages through community by-laws. Safe spaces can further improve return on investment through increasing coverage by deliberately including in school adolescent girls in the age group 15-19 years old.

**Recommendation 6:** The Home-Grown School Feeding Programme has potential for scale up. Local capacity for delivering the programme is sufficient but there is need to address government's ability to fund the programme through supporting the Ministry of Education to motivate for funding from treasury. This needs to be evidence driven with sufficient cost benefit analyses given the possible scale and complexity. Home-Grown School Feeding Programme has demonstrated it can be effective in increasing school attendance for girls as well as school enrolment. For example, it increased school attendance for girls by 71.4%.

**Recommendation 7:** Future support for mobile clinics should ensure the investment is integrated with other complementary interventions that address stigma (through youth friendly social mobilization approaches) and enhance access to SRH/HIV services for young people. Combining mobile clinics with other interventions such as in-school SRHR service provision, community-based awareness programme, youth friendly health initiatives and peer support networks can create a holistic approach ensuring better utilization and greater impact for mobile clinics

**Recommendation 8:** A future programme needs to improve disability inclusion by increasing investments in teacher training in inclusive education, infrastructure, teaching resources and aids. This should be supported by an expansion of disability screening for students and partnerships or collaborations with disability organizations for assistive devices. Disability was a weak point in the programme. Despite some changes in phase III to address this challenge, investments towards this remained low.

# 1 INTRODUCTION

This report presents the findings of the Summative Evaluation of the UN Joint Programme on Girls' Education. The evaluation was jointly commissioned by participating UN agencies and the Government of Malawi and is managed by UNICEF.

## 2 CONTEXT AND DESCRIPTION OF THE PROJECT

### 2.1 Context of girls' education in Malawi

#### 2.1.1 Overview of primary and secondary education in Malawi

Primary and secondary school cycles in Malawi are eight years and four years, respectively. In 2023, there were 6954 primary schools in Malawi. Of these 5878 were public, representing 85%. At secondary level, there were 1774 schools of which 1348 were public, representing 76% of the schools. In terms of geographical spread, 87% and 81% of primary and secondary schools respectively are in rural areas. The geographical disaggregation for rural-urban schools and the proportion of schools that are public has not significantly changed since 2013. And, in terms of recent data, enrolment has steadily increased at both primary and secondary school levels. For example, enrolment at both primary and secondary schools increased by 7.2% and 10% respectively in 2023 from the previous year (Ministry of Education, 2023). And, despite fluctuating dropout rates, enrolment at primary school has steadily been rising especially owing to population increase and the advent of free primary education in 1994. The schools have however not been proportionally resourced leading to overcrowded classes, high PTR and an overstretched resource base.

A significant proportion of learners in the Malawi education system may be described as vulnerable. In this context, a vulnerable learner is one that has limited access to basic needs including sufficient and nutritious food, shelter, adequate clothing, a safe home and community environment free from abuse and exploitation, family care and support, and good health care (Bialobrzeska, Randell, Hellmann and Winkler, 2012). Recent statistics in the 2023 Malawi Education Statistics report show that 9% of learners in primary schools are vulnerable. At secondary school level, the prevalence of vulnerability remains at 33%. Related to vulnerability are issues of learners with special needs. The prevalence of disability in primary schools is at 3.1% while at secondary school level it remained at 2.3% (Ministry of Education, 2023). The dropout rate at primary school level is 4% while at secondary school level it is slightly higher at 5%.

#### 2.1.2 The context of girls' education

The education of girls is seen to be particularly important for economic, socio-cultural and health reasons. From an economic viewpoint, educated girls tend to earn higher incomes than those girls with no formal education, which can lift families out of poverty (Somani, 2017). They are also more likely to secure better-paying jobs, contributing to the overall economy. The education of girls also correlates positively with maternal and child health (Carvalho & Evans, 2022). Educated women are more likely to access healthcare services, understand the importance of prenatal and postnatal care, and have healthier pregnancies and childbirth. Additionally, educated mothers are better informed about nutrition, vaccination, and disease prevention, leading to healthier children with lower mortality rates. Education also empowers girls by providing them with knowledge and skills to challenge traditional gender roles and stereotypes (Ember, 2020). This leads to greater gender equality and social justice.

#### Challenges faced by girls

Girls face significant challenges in their educational experiences, shaped by a combination of cultural, social, and economic factors. One of the most pressing issues is the pervasive cultural norm that undervalues girls'

education compared to that of boys (Gitahi, 2018). In most developing countries including Malawi, traditional gender roles dictate that girls are primarily responsible for household chores, such as fetching water, cooking, and caring for younger siblings. This heavy domestic burden often leaves little time or energy for girls to focus on their studies, resulting in higher absenteeism and dropout rates (Evans & Yuan, 2022; Robertson, Cassity, & Kunkwenzu, 2017). Additionally, societal expectations frequently push girls into early marriages, which abruptly end their educational journeys and thrust them prematurely into adult responsibilities.

Economic barriers further complicate the educational landscape for girls in Malawi (Robertson, Cassity, & Kunkwenzu, 2017). Many families live in poverty and struggle to afford school-related expenses such as uniforms, books, and examination fees. In such circumstances, parents may prioritize the education of boys over girls, viewing boys' education as a more worthwhile investment. Girls from impoverished backgrounds may also be compelled to engage in informal work to support their families financially, which can interfere with their schooling. The economic burden is particularly acute in rural areas where educational resources are scarce, and families face additional costs for transportation to distant schools.

Safety and health concerns are also significant impediments to girls' education in Malawi (Chimombo et al, 2000; Munthali et al, 2015). The journey to and from school can be dangerous, especially for girls who travel long distances through isolated areas, making them vulnerable to harassment and violence. Further, schools may lack adequate safety measures and proper sanitation facilities, which are crucial for girls, particularly during menstruation. The absence of clean and private toilets can lead to girls missing school during their menstrual cycles, thereby affecting their attendance and academic performance. Furthermore, reports of gender-based violence in schools create an environment of fear and discomfort, discouraging girls from persisting in school.

Early marriage and teenage pregnancy are critical issues that drastically affect girls' educational opportunities in Malawi (Munthali et al, 2015). The country has one of the highest rates of child marriage in the world, with 38% of the girls being married off before the age of 18. In the East and Southern Africa region it stands at 32% (UNICEF, 2022). Early marriage often results in girls dropping out-of-school to take on domestic and marital duties, thereby limiting their educational and professional prospects. Teenage pregnancy is another significant challenge, as pregnant girls frequently face stigma and discrimination in schools, leading to higher dropout rates. These practices not only deprive girls of their right to education but also perpetuate cycles of poverty and dependence both at family and community level.

At a school level, girls continue to face several challenges. These include lack of sanitary facilities and menstrual health, teacher bias and gender stereotypes and limited exposure to female role models (USAID, 2022; King, 2015). Many schools in Malawi lack proper sanitation facilities, particularly private and hygienic toilets for girls. This becomes a significant barrier during menstruation, as girls may feel embarrassed or uncomfortable attending school without appropriate facilities. There is also lack of access to affordable and adequate menstrual health products which further exacerbates the issue. Many girls miss school during their menstrual periods because they do not have access to sanitary pads or other products, leading to absenteeism and falling behind in their studies. In addition, research shows that girls also suffer from teacher bias and gender stereotypes. Teachers may unconsciously have lower expectations for girls, particularly in subjects like mathematics and science, which are often stereotypically considered male domains. This can result in girls receiving less encouragement, fewer opportunities to participate, and less challenging assignments, which can hinder their academic growth. Some teachers may inadvertently reinforce gender stereotypes by assigning roles or tasks based on traditional gender norms. For example, girls might be asked to clean the classroom or take on nurturing roles, while boys are encouraged to engage in more active or leadership roles. This can limit girls' confidence and their willingness to engage fully in classroom activities. Another challenge that girls face is limited exposure to female role models. In many Malawi schools, especially in rural areas, there is a shortage of female teachers. This lack of female role models can make it difficult for girls to envision themselves in professional or leadership roles, particularly in fields that are male dominated, such as STEM (Science, Technology, Engineering, and Mathematics).

## Policy environment

Malawi has implemented several national policies, strategies, and agendas to promote girls' education, recognizing it as a critical factor for the country's socio-economic development. These initiatives aim to address the various barriers that prevent girls from accessing and completing their education. Key policies and strategies include the National Education Sector Plan (NESP), the National Girls Education Strategy (NGES), the National Gender Policy, the Re-admission policy for young mothers and Youth policy and Youth Friendly Health Services (YFHS) strategy.

The National Education Sector Plan (NESP) serves as the overarching framework guiding the education sector in Malawi. The plan outlines strategic objectives to improve access, quality, and equity in education, with a particular focus on promoting girls' education. Key components of the NESP include the construction of additional school facilities to reduce overcrowding, the recruitment and training of more female teachers to serve as role models, and the implementation of community-based initiatives to raise awareness about the importance of educating girls. The NESP also emphasizes the need for adequate sanitation facilities in schools, which is crucial for keeping adolescent girls in school.

The National Girls Education Strategy (NGES), which expired in 2022 (process for the successor NGES has just commenced), was specifically designed to address the unique challenges that girls face in accessing education. The NGES aimed to eliminate gender disparities in education by promoting policies and programmes that support girls' enrolment, retention, and completion of school. The strategy included measures such as providing scholarships and bursaries to girls from disadvantaged backgrounds, creating safe and supportive school environments, and implementing mentorship programmes to encourage girls to pursue their education. Additionally, the NGES focused on engaging communities to change cultural attitudes and practices that hinder girls' education, such as early marriage and gender-based violence.

The National Gender Policy of Malawi is another significant framework that promotes gender equality in various sectors, including education. This policy advocates for the integration of gender perspectives into all aspects of educational planning and programming. It calls for the elimination of discriminatory practices and the promotion of gender-sensitive curricula and teaching methods. The policy also supports initiatives aimed at increasing the participation of women and girls in science, technology, engineering, and mathematics (STEM) fields, where they are traditionally underrepresented.

The Re-admission policy for young mothers is a critical intervention that aims to reduce the dropout rate among girls who become pregnant. This policy allows young mothers to return to school after giving birth, ensuring that pregnancy does not permanently disrupt their education. Schools are encouraged to provide a supportive environment for young mothers, including flexible schedules and access to childcare facilities. This policy is complemented by programmes that provide reproductive health education and services to prevent teenage pregnancies and support girls in making informed decisions about their health and education. However, the Re-admission policy has not yielded the expected results for several reasons mostly related to the implementation context such as the socio-economic challenges the girls face in general and the unfriendly school environment in particular.

In addition to these specific policies and strategies, Malawi's vision 2063, the country's long-term development blueprint, underscores the importance of investing in human capital, including the education of girls. The vision aims to create a knowledge-based economy where all citizens, regardless of gender, can acquire the skills and education needed to contribute to national development.

Through these comprehensive policies, strategies, and agendas, Malawi is making concerted efforts to ensure that girls receive inclusive quality education through creating a supportive education environment where girls can thrive, thereby contributing to the overall progress and prosperity of the nation. The various policies,



programmes, and strategies for the girls' child education in Malawi have been influenced by a multiplicity of international education initiatives. These include, among others, Sustainable Development Goals (SDGs)-Goal 4, the Education 2030 Framework for Action, Convention on the Rights of the Child, Education for All, United Nations Girls Education Initiative, and African Union's Continental Education Strategy for Africa (CESA) 2016-2025. All these initiatives, conceptualizing education as a fundamental human right for both girls and boys, have been anchored in the conviction that all girls and boys must complete free, equitable, and quality primary and secondary education.

### **Key actors in girls' education**

The key actors in girls' education in Malawi include a mix of government bodies, international organizations, and non-governmental organizations (NGOs). Each of these actors play a crucial role in addressing the barriers to girls' education and promoting gender equality and equity in education.

Within the Malawi Government, the lead ministries on girls' education are the Ministry of Education (MoE) and the Ministry of Gender, Agriculture, Community Development and Social Welfare. In addition to offering education, the MoE engages in many other initiatives that support girls in school. The Ministry of Gender, Community Development, and Social Welfare on the other hand, works to promote gender equality and empowering of women and girls. It collaborates with the MoE to address issues like early marriage, gender-based violence, and cultural practices that hinder girls' education. The ministry also runs awareness campaigns and community outreach programmes to promote girls' education.

Key among the international organizations with a heavily palpable presence in girls' education in Malawi include United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Population Fund (UNFPA), the World Bank, and United Nations Education Scientific and Cultural Organization (UNESCO), UKAid, USAID, EU and UNWomen. UNICEF plays a significant role in promoting girls' education in Malawi by supporting policy development, capacity building, and programme implementation. It focuses on improving access to quality education, addressing gender disparities, and creating safe learning environments. UNICEF also provides resources for teacher training and community engagement to reduce barriers to girls' education. UNFPA strengthens sexual and reproductive health rights and services, WFP supports implementation of nutrition programmes aimed at enhancing learning through better health. This is mostly achieved by providing learners with safe, diverse, nutritious meals sourced from local farmers through the Home-Grown School Feeding Programme. The World Bank is yet another key player which provides financial and technical support for infrastructure development, teacher training, and policy implementation, while UNESCO supports the Malawi government in implementing educational reforms, including those targeting gender equality in education in order to improve the quality of education, reduce dropout rates, and promote literacy among girls. Other key partners such as UKAid, USAID, EU and UN Women all contribute through supporting national policies and school practices that are aimed at improving and enhancing girls' education opportunities and their general livelihood both at school and in their communities. There are also several Non-Governmental Organizations (NGOs) whose work plays a pivotal role in promoting girls' education in Malawi. These include Campaign for Female Education (CAMFED), Plan International and Save the Children.

### **Areas of progress and remaining challenges in girls' education in Malawi**

Over the years, concerted efforts have been made under the National Education Policy (NEP), National Education Sector Plan (NESP) and other strategies and frameworks such as the National Girls Education Strategy, National Gender Policy and National Inclusive Education Policy to enhance the education of girls in both primary and secondary schools. Notable among the achievements in girls education include increased enrolment rates, increase in post-pregnancy re-admission rates among teen mothers, institutionalization of supportive structures for girls' education such as Mother Groups, increasing marriage age to 18 years to allow girls to at least finish secondary education, provision of school bursaries for girls, building gender-sensitive facilities in schools and increased support from international donors such as UNICEF, WFP, UNFPA, Royal Norwegian Embassy and World Bank (Ministry of Education, 2020). School feeding especially from home grown

resources (11 districts), has registered substantial achievements including increase in school attendance from 77% to 92%, reduction in absenteeism by 5%, and 3% in dropout rates (WFP 2023). Despite these laudable achievements, there remain several challenges that present bottlenecks to girls' education in Malawi. These include early marriage and childbearing despite legal reforms to arrest this social problem, poverty leading to higher dropout rates among girls compared to boys, low access to learning due to teacher bias and stereotypes during lessons, low performance in national examinations and limited access to menstrual health. In terms of the Home-Grown School Feeding Programme, there remains some challenges including the fact that it does not cover all the school districts in Malawi, especially in the context of high food insecurity and chronic malnutrition (especially among under 5 children). An expanded collaboration with other organizations doing similar activities is another area that may need more attention. Another remaining challenge is the less prominent role of boys in the equation or in the general programming of the girls' education interventions. Less inclusive and holistic approaches to addressing these challenges especially the less prominent role of boys in the equation is noted. Examined from an intersectionality vantage point, these challenges disproportionately adversely affect girls from marginalized backgrounds. The UN JPGE programme has been a step in the right direction as an intervention that may effectively arrest the barriers affecting girls' education in Malawi.

## 2.2 Project description

In 2014, The Malawi Government embarked on a Joint (three-phased multi-sectoral) Programme on Girls' Education (JPGE), a collaborative initiative with technical support from three United Nations agencies namely UNFPA, UNICEF and WFP and financial support of NOK 367,000,000 (approximately USD 43.7 million) from the Royal Norwegian Embassy. The Malawi Government also played a key role in the programme implementation process. The main objective of the programme was to address identified barriers to the attainment of the United Nations Sustainable Development Goals (SDGs), specifically SDG 4 which aims to promote inclusive and equitable quality education and promote lifelong learning opportunities for all. The Malawi's National Education Investment Plan (NESIP 2020) catalogues the challenges learners with special educational needs, orphans and other vulnerable children, and girls face. According to the NESIP, this category of learners remains marginalized in terms of equitable access to quality education contrary to the aspirations of the SDGs broadly, and SDG 4 specifically. This aspect was included under the umbrella of the Malawi Sustainable Development Goals (SDGs) Acceleration Fund, cognizant and with the acknowledgement that girls' education is one of the most important SDGs accelerators for the country.

The JPGE programme was therefore meant to address education, nutrition, safety, and integrated sexual and reproductive health concerns holistically, including other influential aspects such as life skills, gender equality, education governance, social behaviour change, and community engagement. The programme was also designed to address health challenges by integrating activities meant to improve the water, sanitation and hygiene (WASH) issues among the learners. To foster inclusivity, the programme also focuses on out-of-school adolescent girls and boys and ensures they are not left behind through supporting delivery of alternative learning pathways and promoting access to essential services.

The JPGE was divided into three phases (Phase 1, 2014-2017; Phase 2, 2018-2020; and Phase 3, 2021-2024) and it is now in its third and final phase, which ended at the end of October 2024, hence the need to conduct the summative evaluation. The first phase of the programme focused on building and piloting a model for the programme, the second phase on rolling-out the programme with emphasis on government leadership. The approach for the third phase was to capitalize on the gains made during the first two phases, reinforcing the integrated approach, and building more synergies for improved sustainability of the interventions, while strengthening the focus on learning to ensure a quality, inclusive and equitable education. To place the summative evaluation into perspective, it should be noted that after slightly over two years of implementation, a mid-term evaluation (MTE) of the third phase of the JPGE programme, covering the period from April 2021 to July 2023 was conducted. Lessons learned highlighted the importance of a joint approach by UN agencies and the need for community buy-in, the importance of involving boys in girl-targeted interventions, the critical role

of food provision as a pull factor for schooling, and the necessity for SMART criteria in project indicators for better assessment and impact. More collaboration by stakeholders implementing the initiatives and active involvement and ownership by communities did shape, to some extent, the later programme activities. The summative evaluation was, therefore, meant to specifically assess the overall progress in achieving the JPGE Programme's results at the endpoint and measure its impact on the lives of beneficiaries that it intended to serve. The evaluation also aimed to tease out key lessons gained during programme implementation that could inform similar future programming.

The UN JPGE was implemented in four targeted districts of Dedza, Mangochi, Salima and Kasungu. The districts were selected through a consultative process that depended on expert knowledge considering: education performance, presence of other development actors and status of other drivers for poor education outcomes such as child marriages, teen pregnancies etc. Kasungu was added in Phase 3 at the request of the funder to enhance linkages between an existing livelihoods programme supported it supported and the Home-Grown School Feeding Programme supported under the JPGE. Each implementing UN agency brought specific technical assistance to the programme: UNICEF focused on improving educational quality and safety, UNFPA strengthened sexual and reproductive health rights and services, and WFP supported nutrition programmes aimed at enhancing learning through better health. This collaboration ensured a holistic approach to addressing the barriers to education faced by Malawi's children and youth, particularly girls, aiming for transformative impacts that would resonate throughout the communities.

A total of 199 schools were covered by the programme in the four districts. Beneficiary coverage is presented in Table 1.

**Table 1: Beneficiary reach of the JPGE Phase 1 to 3**

Activity	Target
Number of children benefiting from the Home-Grown School Feeding (HGSF) programme	392,000
Number of children benefiting from improvements in learning environments	280,020
Number of teachers trained	4,032
Out-of-school girls benefiting from the safe spaces (foundational literacy, community-based education (CBE) and vocational skills)	59,642
Adolescents and young people benefiting from Sexual and Reproductive Health and Rights interventions (in school and out-of-school CSE, mobile clinics, youth friendly corners)	271,300

*Source: JPGE Phase 1, Phase 2, Phase 3 proposal documents; Phase 1 Evaluation Report; 2020, 2021, 2022, 2023 JPGE annual reports*

The programme coverage over the three phases was difficult to ascertain but more details on the coverage of beneficiaries of the programme are presented in the findings under section 4.5.

The results framework for the JPGE programme was underpinned by a **Theory of Change (ToC)**, which attempted at providing a comprehensive description and illustration of how and why desired changes (expected outcomes) were expected to happen in a particular context. The ToC particularly focused on mapping out what was described as the "missing middle" between what a programme or change initiative did (its activities or interventions) and how these led to desired goals being achieved. The following were the programme's targeted results:

- a drastic reduction in dropouts, increased participation, reduced pregnancies, and learners will remain and complete quality primary school education leading to transition to secondary school;
- a significant reduction of out-of-school children, specifically adolescents, who will acquire essential alternative learning including life skills and integrated SRHR (Sexual and Reproductive Health Rights), safety and nutrition services, and

- an increase of investments and support for education, life skills, health and nutrition of children and adolescents in and out-of-school by institutions at national and district level, communities and parents.

The outlined results were an envisaged consequence following the interventions as indicated below:

- provision of adequate and qualified teachers, inclusive and gender responsive teaching methods, positive discipline at school and home, effective learning assessments;
- making available services and strengthening capacities of providers to deliver integrated services in and through schools
- establishing and strengthening mechanisms supporting participation of adolescent girls and boys in schools
- making available and affordable enhanced inclusive complementary alternative learning programmes
- strengthening capacity of service providers to deliver integrated services to boys and girls out-of-school
- enhancing awareness of availability of services, positive attitude, and knowledge of SHRH
- strengthening community and parental and education stakeholders' support to promote positive attitudes and behaviour change; and
- enhancing central and local level engagement to ensure mainstreaming of the integrated JPGE approach, gender, and disability, increased investments in education and complementary services.

The results framework was further distilled into three programme outcome areas which would form the basis for the summative assessment of the impact of the UN JPGE I, II and III programmes, and these were:

1. Increased access to quality and inclusive education by girls, boys, and adolescents (especially the most vulnerable) delivered through integrated services in a safe and gender transformative school, that enhances learning outcomes.
2. Increased access to complementary alternative learning and life skills and integrated services by girls and boys out-of-school and;
3. Increased investment and support for education, life skills, health and nutrition of children and adolescents in and out-of-school by communities, parents, and education stakeholders.

The expectations and interpretation of the results within the framework were also based on several prevailing assumptions, including roles to be played by contributing stakeholders. The frame also paid attention to associated risks that came along with the process of implementation of the programme.

The Theory of Change is presented in [Annex 4](#).

### **2.2.1 Programme components/interventions**

The UN JPGE focused on addressing education, nutrition, safety, and integrated sexual and reproductive health concerns holistically, including other influential aspects such as life skills, gender equality and community engagement. To promote inclusivity, the programme also focused on out-of-school adolescent girls and boys and ensured they were not left behind through supporting delivery of alternative learning pathways and promoting access to essential services. Within the holistic and integrated approach to addressing the concerns, the UN agencies took special focus and offered technical support on specific issues/areas, with UNICEF focusing on education quality and safety, UNFPA on strategies that were aimed at strengthening sexual and reproductive health rights and services, and WFP supported the implementation of the home-grown school feeding programmes aimed at enhancing learning through better health. This was achieved through providing safe, diverse and nutritious meals to learners at school, with food being sourced from local farmers.

### 2.2.2 Programme stakeholders

The programme stakeholders from the Malawi Government side included the Ministries of Education, Health, Agriculture, and Youth and Sports. The main UN agencies offering technical support were UNICEF, WFP and UNFPA. The funding partner was the Norwegian Embassy. Other Cooperating organizations in the implementation were the Malawi Girl Guide Association (MAGGA), Family Planning Association of Malawi (FPAM), Banja la Mtsogolo (BLM). At school level, the teachers, school leaders, students, governing councils (Mother Groups, School Management Committees), out-of-school youths, parents and the community and its leadership participated.

## 2.3 Purpose, Objectives and scope of the evaluation

### 2.3.1 Evaluation purpose

The JPGE programme was implemented for nine years through three phases. The Government of Malawi, the three UN agencies and Royal Norwegian Embassy commissioned this evaluation to ascertain the programme achievements over this period. The evaluation, therefore, aimed to determine the extent to which the JPGE programme achieved its intended objectives over the course of its three phases (Phase 1, 2014-2017; Phase 2, 2018-2020; and Phase 3, 2021-2024). The evaluation assessed the performance of the programme during the entire programme period and provided a summative perspective on lessons learned, and recommendations that could inform future similar programmes. The evaluation focused on the programme's impact on the lives of beneficiaries that it intended to serve. This included education performance for girls and boys, attitudes and practices of communities towards education, health and nutrition of children (especially girls), and government capacity to support and sustain provision of integrated education services. The results of the evaluation will be used by the Government of Malawi, the three UN agencies and Royal Norwegian Embassy to make decisions on future similar support in Malawi.

### 2.3.2 Evaluation objectives

As stated in the Terms of Reference (ToR) the evaluation objectives were to:

1. **Measure the achievement of programme objectives and outcomes:** The summative evaluation provides insights into whether the intended goals and objectives of the programme were achieved and to what extent.
2. **Assess long-term impact:** The evaluation studied the three phases and data were collected during the baseline, mid-term, and end-line to determine any intended or unintended long-term impact.
3. **Identification of best practices, achievements, and failures:** The summative evaluation assists in identifying what worked well, what did not, and why, enabling government and UN partners to learn from successes and failures for future programming.
4. **Inform decision-making:** Findings from the summative evaluation provide evidence to donors, UN agencies, government and other stakeholders and decision-makers regarding the effectiveness of the programme, enabling informed decisions about resource mobilization, allocation, continuation, scaling, or modification of the intervention.
5. **Accountability and transparency:** The summative evaluation served to demonstrate accountability to donors, UN agencies, government, and beneficiaries by providing evidence of the programme's performance and its contribution to desired outcomes.

The evaluation used the OECD-DAC criteria to assess relevance, coherence, effectiveness, efficiency, impact, and sustainability of the programme and to measure outcomes of the programme.

### 2.3.3 Scope of the evaluation

The evaluation was for the period 2014 to 2024, covering all three phases of the programme. All outcome areas and programme interventions were considered in the evaluation. All four participating districts – Mangochi,

Dedza, Salima and Kasungu – were included in the evaluation. The evaluation measured performance at outcome and impact level. As Kasungu was added in the last phase of the programme, evaluation in this district was restricted to outcome and output level assessment. In the four districts, analysis of performance was limited to indicators that could be tracked over the course of the three phases in order to ascertain the programme’s summative performance. These were:

- Examination pass rates for boys and girls in Standard 8 disaggregated by sex,
- Repetition rate for Standard 5 – 8 disaggregated by sex,
- Transition rates to Secondary school in the targeted schools disaggregated by sex,
- Dropout rates and numbers for girls and boys (standard 5 - 8),
- Promotion rates for girls and boys (standard 5- 8),
- Percentage of learners in Grade 7 that attain at least minimum competency in (i) literacy (ii) numeracy, by sex,
- Percentage of primary school-age children enrolled in primary school, by sex,
- Percentage of primary school-age children who dropout during primary school, by sex,
- Percentage of girls enrolled in targeted schools who have fallen pregnant during the school year

Given that data for the above indicators were drawn from the Education Management Information System ( of the Ministry of Education), and that measurement was for complete years, the endline was December 2023. Thus, measurement of performance for these indicators was for the period 2014 to 2023. In accordance with the Terms of Reference, indicators outside this list were only covered under phase 3 (2021-2024).

## 2.4 Evaluation framework

### 2.4.1 Evaluability assessment

Part of the inception period was dedicated to undertaking a rapid evaluability assessment of the programme and devising appropriate methods to improve the quality of the evaluation. The rapid evaluability assessment focused on two of the components of an evaluability assessment<sup>2</sup>: *evaluability in practice* which assesses availability of relevant information for the evaluation and data capacity management systems and *evaluability in principle*. The *evaluability in principle* of the programme was found to be largely adequate as the programme had an existing theory of change and results framework. Interventions across the three agencies were, for the most part, similar across the three phases. Additions of the district and community level approach in phases 2 and 3 provided additional interventions that supported systems building. This orientation enhanced evaluability across the phases with a consolidated rather than phased approach to the assessment of performance<sup>3</sup>. The programme, however, had changing results framework and objectives over the course of the programme implementation. There are overlaps in some indicators which cut across the three phases which form the basis of this consolidated assessment of performance:

- Examination pass rates for boys and girls in Standard 8 disaggregated by sex,
- Repetition rate for Standard 5 – 8 disaggregated by sex,
- Transition rates to Secondary school in the targeted schools disaggregated by sex,
- Dropout rates and numbers for girls and boys (standard 5 - 8),
- Promotion rates for girls and boys (standard 5- 8),

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<sup>2</sup> Three dimensions are essential when undertaking an evaluability assessment. The 1- adequacy of the program design, including its clarity, coherence, feasibility and relevance, which is the *evaluability in principle*. The 2- availability of information, data capacity management system, which is the *evaluability in practice*. And the 3- *conduciveness of the context for the evaluation*, especially stakeholder’s and key users’ views and resources available

<sup>3</sup> If each phase had a different set of interventions and significantly different objectives, the evaluation would have been best conducted using a phased approach where each phase is reviewed separately.

- Percentage of learners in Grade 7 that attain at least minimum competency in (i) literacy (ii) numeracy, by sex,
- Percentage of primary school-age children enrolled in primary school, by sex,
- Percentage of primary school-age children who dropout during primary school, by sex, and
- Number of learners (boys and girls) receiving diversified meals.
- Percentage of girls enrolled in targeted schools who have fallen pregnant during the school year
- Number of STI cases of young people recorded in the targeted facilities
- Reduced absenteeism by girls in class
- Number of adolescent girls and boys accessing comprehensive youth friendly health services in health facilities
- Number of schools with over 50% of teachers trained in Comprehensive Sexuality Education
- Number of children and adolescents reached with life skills and sexuality education
- Proportion of sexually active adolescent girls reporting to use a condom during last sexual encounter
- Number of girls and boys in targeted districts reached with quarterly outreach and mobile clinics on SRHR and YHFS services
- Number of targeted communities with at least one functional YFHS community-based distribution agent

These indicators, while important, did not provide a full picture of the programme's performance on other dimensions including: (1) **population-based behaviour change** – community knowledge, attitudes, practices (KAP) on education of girls including reintegration of girls that had dropped out and participation in education (e.g. social accountability) and girls and boys KAP on SRHR; (2) **systemic level** outcomes; and (3) **other school level outcomes** related to improved hygiene and sanitation, life skills provision, nutrition, quality of education. While a KAP study was undertaken in 2022, there was no baseline (prior to programme implementation or for each phase) for these indicators. Thus, the performance of the assessment depended on recall which can over or underestimate the influence of the programme. Given the potential length of the recall period, 9 years, and that significant staff changes in institutions and population composition may have occurred during the time, recall was particularly challenging to achieve. Since these were important dimensions of the programme, and hence their evaluation of great importance to reflect the programme's full scale of influence, the evaluation considered the use of contribution analysis for observed differences between control (schools without the programme and surrounding areas) and treatment (schools with the programme interventions and surrounding areas) to ascertain how the programme may have contributed to the changes.

**Evaluation questions:** Under effectiveness, the evaluation TOR asks the following question: *“Between phase 2 (district approach) and phase 3 (school-based approach) which one achieved the intended results for the Programme?”*

First, the evaluation team was aware from interviews with UN agencies during the inception phase that the district level approach was implemented in phase 2 into phase 3. Phase 1 was implemented with a largely school-based approach as the orientation was to test models for integrated education service delivery.

Given that the two approaches are complimentary and mutually reinforcing, it would have been beneficial to change the question from an 'either or' to 'the benefits of' with the approaches and without.

For example, the district and community level approach built the capacity, and support for integrated education service delivery. However, this support needed to be buttressed with demonstrations of good models for integrated service delivery which can be difficult without the school level support. Secondly, the district and community level approach takes time to trickle down to actual improvements at school level without necessary triggers. School level implementation provides models and necessary triggers for scale up and sustainability through the district and community level approach. Apart from this interdependence, the data available would not allow for an assessment of the contribution of each model as this would entail a phased evaluation for

which data and indicators were not always the same. The challenge of recall would also surface as this would have been an assessment of Phase 1 against Phases 2 and 3.

The evaluation team dropped the question.

The ToR also requested an impact analysis of the number of learners receiving diversified meals. This was a direct output of the project rather than an outcome level result. Consequently, the evaluation team excluded this indicator from the quasi-experimental impact analysis.

## 2.4.2 Evaluation questions

The evaluation questions are presented in Table 2. An evaluation framework was developed and is presented in Annex 2: Evaluation framework. The evaluation framework formed the basis for tools and the evaluation report.

**Table 2: Evaluation questions**

Evaluation criterion	Evaluation questions
Relevance	<ol style="list-style-type: none"> <li>1. How well did the JPGE-I, II &amp; III fit into the national policies, government priorities and norms of UN in Malawi?</li> <li>2. To what extent did the programme identify the needs of adolescent girls and boys (especially those with disabilities and other vulnerabilities) and the relevant barriers to their education in Malawi?</li> <li>3. How well were the programme's objectives and interventions tailored to the cultural context and values of the communities in Malawi?</li> <li>4. How flexible was the programme in adapting to emergent educational needs and challenges during its implementation?</li> </ol>
Coherence	<ol style="list-style-type: none"> <li>1. To what extent were the JPGE I, II &amp; III partner's interventions interlinked and coherent with policies and related programmes of other partners operating within the same context?</li> <li>2. How efficient and effective was the collaboration among various ministries involved in the programme, and whether the programme was situated in the correct department to achieve the best results?</li> <li>3. What was the role and relationship of the JPGE-I, II &amp; III with other actors' interventions? What is the extent of partnership, coordination, and complementarity with the interventions of the Malawi government and other relevant actors and multilateral initiatives, like the Global Partnership for Education?</li> <li>4. Are there aspects of the operation that conflict with the interventions of or one UN programming or other actors?</li> <li>5. What were the strengths and gaps in achieving coherence and adding value while avoiding duplication of effort?</li> <li>6. How have lessons learned from JPGE-I, II &amp; III been integrated into other similar programmes either at district level or nationally</li> <li>7. How has the programme influenced changes in national educational policies or practices beyond the immediate programme goals?</li> </ol>
Efficiency	<ol style="list-style-type: none"> <li>1. Were the programme activities executed on time, in expected quantity and quality?</li> <li>2. Were the resources (funds, human resources, time, expertise, etc.) allocated strategically to achieve the intended outcomes?</li> <li>3. What proportion of allocated resources were underutilized or overspent, and what were the causes?</li> </ol>



Evaluation criterion	Evaluation questions
Effectiveness	<p>4. What processes can be optimized for greater efficiency in future iterations of the programme?</p> <p>1. To what extent were key interventions contributing to achieving planned outcome results?</p> <p>2. Between phase 2 (district approach) and phase 3 (school-based approach) which one achieved the intended results for the Programme?</p> <p>3. To what extent did the cooperation with the local clinics enhance the relevant programme outcomes?</p> <p>4. To what extent did the SRHR and school health component reach the intended target of in- and out-of-school adolescent girls aged 10 -19 and young women aged 20-24? To what extent did it effectively engage men and boys to avoid backlash on gender equality goals and attitudes towards girls and women?</p> <p>5. In which areas parents, what extent behavioural changes have been adopted and observed among participants because of the programme interventions?</p> <p>6. How do stakeholders (teachers, students, parents) perceive the effectiveness of the interventions in improving educational outcomes?</p>
Sustainability	<p>1. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?</p> <p>2. How effectively has the JPGE-I, II &amp; III programmes built national ownership and capacity?</p> <p>3. To what extent can the benefits of the programme continue after JPGE- III funding ceases?</p> <p>4. To what extent has the programme succeeded in fostering community-led initiatives to sustain educational improvements?</p> <p>5. What strategies are in place to ensure the continuation of benefits in the absence of external funding?</p> <p>6. absence of external funding?</p>
Impact	<p>1. To what extent has the JPGE-I, II &amp; III impacted the access to quality and inclusive education for girls and boys, especially those with disabilities and other vulnerabilities, in the districts where it was implemented and at national level?</p> <p>2. How many children, including adolescents, girls and boys, and children with disabilities, have benefitted (and in what way) so far?</p> <p>3. To what extent and in what ways did the JPGE-I, II &amp; III improve the learning outcomes and life opportunities of boys, girls, and adolescents, especially those with disabilities and other vulnerabilities, in the districts where it was implemented?</p> <p>4. What other key impacts, intended or unintended, have been achieved by the Programme throughout the three phases?</p> <p>5. Could the programme have had a larger impact if it was implemented in different districts?</p> <p>6. What are the comparative outcomes between beneficiaries of the programme and non-participants in similar settings, overall and across programme phases?</p>

## 3 METHODOLOGY

### 3.1 Evaluation design

**Theory based, reflexive and impact analysis approach:** The evaluation was theory-based and reflexive (before and after project) for specific activities. The theory-based approach enhanced the evaluation's ability to fully explore the causality of the programme interventions. The evaluation also used this approach to ascertain the validity of the design of the programme to achieve the intended objectives. On the other hand, employing a reflexive approach allowed the evaluation to determine the performance of the programme.

The evaluation was (1) participatory, (2) gender sensitive through gendered evaluation questions, data collection approaches and analysis, and (3) child focused by ensuring children were at the centre of analysis. Guided by a stakeholder mapping exercise conducted during the inception phase, all the identified stakeholders of the programme were fully engaged in the process through data collection and report validation processes.

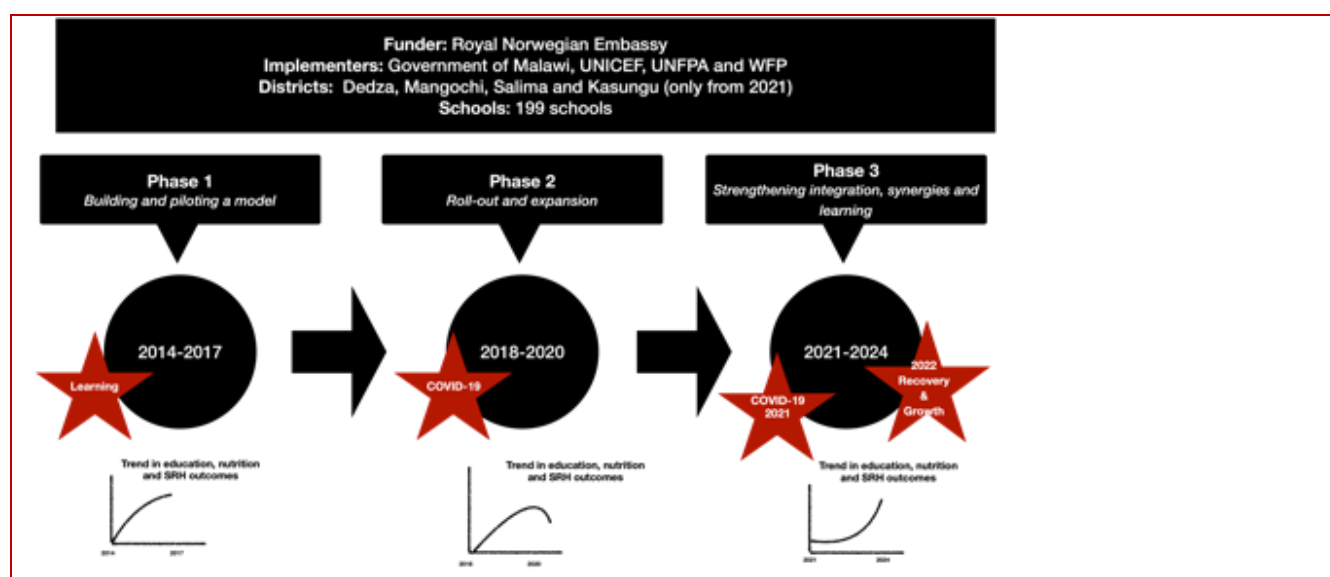
**The evaluation design was guided by the Multiple Lines and Levels of Evidence (MLLE).**<sup>4</sup> MLLE is an approach used in research, decision-making, and evaluation that integrates different types and sources of evidence across various levels of analysis. It is ideal for evaluating complex programmes. This approach was ideal to ensure an evaluation design that responded to the complexities of the JPGE programme: 3 UN agencies, three cycles of funding, and nine outcomes. The MLLE is different from triangulation in that it provides more capacity to the evaluation to source evidence of performance by drawing on insights from multiple approaches. This aligns well with the complex JPGE programme with data and performance at individual, organizational and institutional levels.

**In line with the MLLE approach, the evaluation design was complex aware.** There were three layers of complexity in the evaluation (see Figure 1). The first layer was the phasing of the programme with different priorities and approaches. The second layer was the context of implementation. Towards the end of phase II and at the beginning of Phase III, the COVID19 pandemic and associated restrictions on movement had a significant impact on education outcomes. There were varying trends in education outcomes across each phase and the evaluation needed to consider the effects of the context on education outcomes. The third layer, also associated with the first layer, was that the list of indicators monitored in each phase were not fully the same. However, there were some overlaps.

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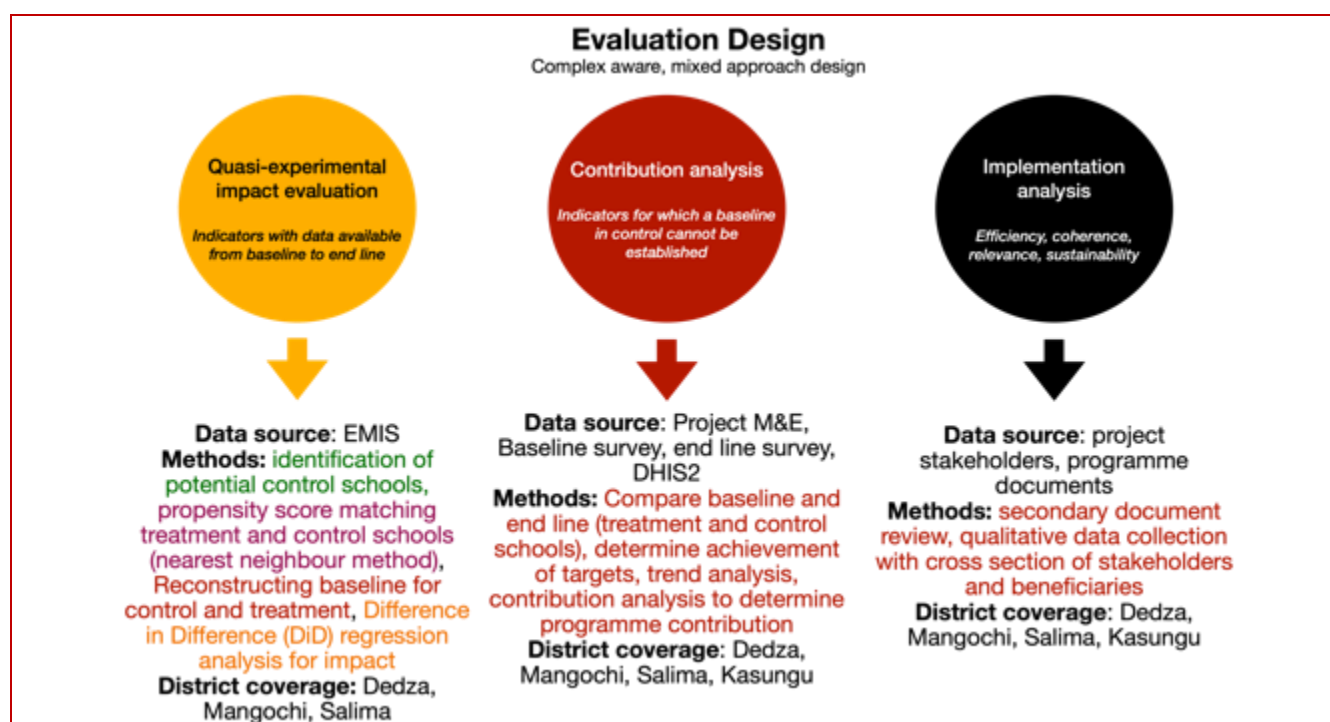
<sup>4</sup> <https://www.betterevaluation.org/methods-approaches/methods/multiple-lines-levels-evidence>

Figure 1: Programme complexity



In line with this complexity and the objectives of the evaluation, the evaluation design comprised three distinct evaluative approaches: a quasi-experimental evaluation, a contribution evaluation (premised on contribution analysis) and an implementation evaluation (see Figure 2).

Figure 2: Evaluation design approaches



**The quasi-experimental approach**, which aims to determine level of attribution by comparing treated and control groups at baseline and endline using the difference in difference method, was limited to indicators with data across all phases with baseline values for 2013 as depicted in Figure 3. The impact evaluation covered all four districts of the programme.

**Figure 3: Indicators for quasi-experimental impact evaluation**

**The contribution analysis survey** explored all other indicators, ascertaining attainment of targets drawing from a mix of EMIS and primary quantitative and qualitative data collection at school level (heads of school, and learners), out-of-school children (covered by the alternative learning) and communities (community mobilization and gender transformation interventions). At the centre of this analysis was contribution analysis. This approach did not aim to ascertain the level of attribution but whether there was sufficiently strong evidence to demonstrate how the JPGE **might** have contributed to the outcomes. Figure 4 details the evaluation's approach to contribution analysis.

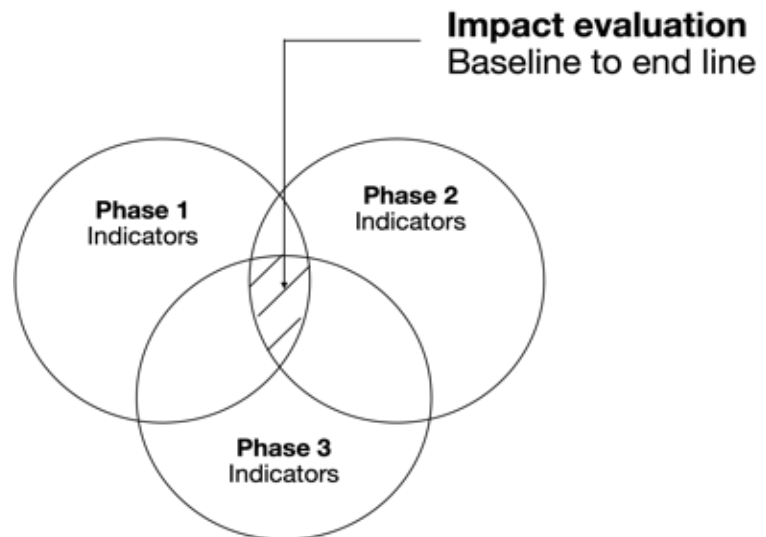
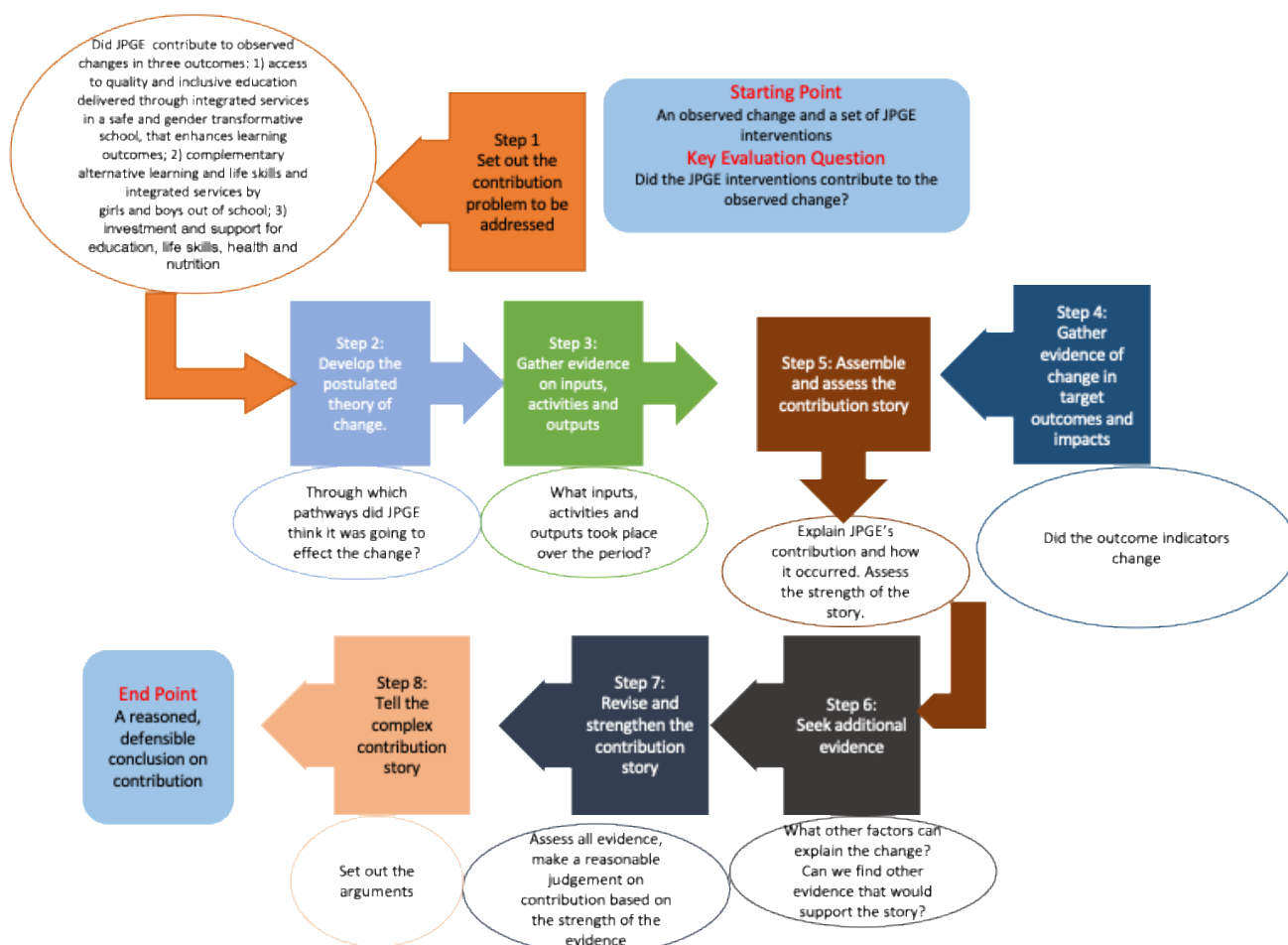


Figure 4: Contribution analysis approach



**Implementation analysis** assessed the evaluation criteria of relevance, coherence, efficiency and sustainability of the programme using qualitative methods. Part of the analysis also contributed to effectiveness as relating to factors for success for the programme and stakeholder perceptions on effectiveness of the programme. **The component also** focused on several key areas to comprehensively assess best practices, achievements, and failures. These areas included:

1. Successful strategies and interventions that led to significant positive outcomes.
2. Innovative approaches that were effective in addressing challenges.
3. Instances of collaboration and partnership contributed to programme success.
4. Areas where the programme achieved, faced difficulties or did not achieve the intended results.
5. Lessons learned from both successes and challenges to inform future programming.

In summary the three approaches enabled the evaluation team to answer all questions in the evaluation criteria. Table 3 summarizes the evaluation criteria covered by each evaluation approach.

Table 3: Link between evaluation approach and evaluation criteria

Evaluation approach	Evaluation criteria covered <sup>1</sup>
Impact analysis	<b>Major:</b> Impact <b>Minor:</b> Effectiveness (extent of meeting indicator targets)
Contribution analysis	<b>Major:</b> Effectiveness
Implementation analysis	<b>Major:</b> Relevance, Coherence, Efficiency, Sustainability <b>Minor:</b> Effectiveness, Impact

<sup>1</sup>**Major** means the evaluation approach focused on the thematic area; **Minor** means the thematic areas mentioned were not the priority in the evaluation approach.

While the impact analysis was a separate exercise using the EMIS data, questions for contribution analysis and implementation analysis were integrated in the same respondents in Key Informant Interviews, Focus Group Discussions and In-depth Individual interviews (or case studies). Case studies and the endline survey focused primarily on the contribution analysis.

### 3.1.1 Evaluation principles and guidance

The evaluation was guided by the following UNICEF and UNEG evaluation and research guidelines:

- 1) United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System 2016<sup>1</sup> (including impartiality, independence, quality, credibility, transparency, consultative process);
- 2) Ethical Guidelines for UN Evaluations;
- 3) UNICEF Ethical Guidelines and standards for research and evaluation and Ethical Research Involving Children;
- 4) UNEG guidance on integrating human rights and gender equality and UN System-Wide Action Plan (UN-SWAP) on gender equality;
- 5) UNICEF Guidance on Gender Integration in Evaluation;
- 6) UNICEF adapted evaluation report standards and GEROs;
- 7) UNICEF Guidance Note on Adolescent participation in UNICEF monitoring and evaluation; and
- 8) Disability-Inclusive Evaluations in UNICEF: Guideline for Achieving UNDIS Standards

The evaluators had no conflict of interest in the evaluation having not been involved in the implementation of the programme.

### 3.1.2 Ethical considerations

MDS takes safeguarding and ethics seriously and recognizes that risks and concerns must be actively anticipated to be mitigated and addressed. **Our Safeguarding Policy and Procedures are based on a 'do no harm' approach** and apply to all staff, volunteers, associates and any others involved in operational activities. The policies and procedures are in place to protect everyone involved in the international development research chain from exploitation, abuse or harassment.

The model is underpinned by three themes:

1. Anticipate – as far as possible, potential harms that the research could create or exacerbate
2. Mitigate – through action and processes
3. Address – through adequate processes to report, investigate and provide redress for any safeguarding harm which may arise.

Our Safeguarding Policy complies with UNICEF's safeguarding requirements including the UNICEF Ethical Guidelines and Standards for Research and Evaluation and Ethical Research Involving Children.

Ethical considerations influence the entire research process for all our projects, including study design, group composition, recruitment and management of the team; consultations and interviews with informants; data storage and use.

In this evaluation, we ensured:

- informed consent;
- anonymity;
- the safety of participants is protected;
- all researchers are trained on the principles of research ethics and respecting cultural sensitivities; and
- care is taken to ensure gender balance among researchers.

Given this evaluation involved children, we sought and received ethical clearance through UNICEF's global LTA for ethical reviews.

Overall, we ensured during data collection:

- Informed Consent: Obtained informed consent from caregivers, explaining the study's purpose, the voluntary nature of participation, and the confidentiality of the data collected.
- UN Standards Compliance: All activities complied with the UN Supplier Code of Conduct and UNICEF General terms and conditions, with specific attention to safeguarding young children.
- Data Protection: Following the UNICEF Policy on Personal Data Protection, employing encryption, secure data storage, and controlled access

## 3.2 Evaluation methodology

### 3.2.1 Impact assessment

A counterfactual impact analysis was conducted to assess the impact of the programme on selected impact and outcome variables. The data used were provided by the Education Management Information System (EMIS) of the Ministry of Education for the entire period covered by this evaluation. This included data from 198 schools where the programme implemented school-level interventions and data from 782 schools where the programme did not implement any school-level interventions.

The Propensity Score Matching (PSM) method was used to select the control group at the baseline (2014) and the Difference-in-Difference (DiD) method was used to assess the impact of the programme by comparing treated schools and control schools before and after the intervention.

#### Selection of the treated and control group

Matching on pre-treatment outcomes improves comparability of the treated and control groups and possibly their outcome trends.

The dataset provided by EMIS was used to identify a set of variables that could have influenced the probability of the schools being treated by the programme. Through a standard logit model, propensity scores were calculated as detailed in Equation 1:

$$\text{Eq1: } \text{logit}(\text{prog\_dummy}_i) = \beta_0 + \beta_1 X1_i + \beta_2 X2_i + \dots + \epsilon_i,$$

where  $i$  is the  $i$ -th school in the sample and  $\text{prog\_dummy}_i$  is a dummy variable indicating whether the  $i$ -th school is a school with school level interventions or a candidate control school. The variables  $X1, X2 \dots$  are the covariates that are supposed to explain the inclusion of the target schools in the programme. All variables used in Eq 1 are from 2014, which serves as the baseline year.

All the 198 schools where the programme conducted school level interventions were retained as treated schools.

The output of the PSM are the propensity scores (p-scores), which were matched with the p-scores of the target schools. Nearest Neighbour matching (NN) method was used, whereby each treated school was matched to the comparison school with the closest propensity score. As a result, 198 non-treated schools were retained as control schools.

The dataset provided by EMIS was inspected to identify potential covariates for Eq.1. Some categorical variables initially considered included location of the school, type of electricity supply, type of water sources, material of the roadway. However, they were all discarded since variability was minimal. As candidate covariates for the logit regression the variables included in Table 4 were used. After conducting significance analyses based on

the chi-squared statistic for the overall regression and the exclusion of those variables that presented a high number of missing values, the following three covariates were retained for the logistic regression of Eq 1:

- Dropout rate in standard (std) 8 for males
- Repetition rate in std 8 for males
- Teachers/pupils ratio in standard 8

The p-value of the chi2-stat is 0.0219 and, therefore, the overall regression is significant at 5% level.

Table 4 presents the results of the sample t-test comparing the mean values of covariates between treated and control schools in 2014. The results indicate that none of the tests were significant at the 1% level. Only the test for the teacher-to-pupil ratio was significant at the 5% level. This shows that the treated and selected control groups are overall statistically equivalent.

**Table 4: P-values of the two-sample t-test for the difference of the mean between covariates of treated and control schools**

Variables	Mean		P-value
	Treated	Control	
Dropout rate std 5 – M	4.65	4.48	0.5995
Dropout rate std 5 – F	7.20	7.70	0.7834
Dropout rate std 8 – M	0.94	1.14	0.1797
Dropout rate std 8 – F	20.05	17.14	0.1957
Promotion rate std 5 - M	63.19	62.50	0.7766
Promotion rate std 5 - F	62.44	65.74	0.1574
Pass rate – M	70.35	69.21	0.5767
Pass rate – F	57.25	58.22	0.6505
Repetition rate std 5 – M	17.24	17.87	0.7708
Repetition rate std 5 – F	17.65	18.45	0.6997
Repetition rate std 8 – M	13.85	14.77	0.5678
Repetition rate std 8 – F	16.86	16.90	0.9872
Pupil teacher ratio std 8	19.94	21.68	0.0388

An analysis of the p-scores shows that there is a large overlap in the propensity scores between the schools of the treated group and control group (a detailed analysis is included in Annex 7: Methodology and detailed results of impact assessment).

### DiD analysis

A DiD estimator can be constructed using data on targeted schools and control schools before and at the end of the programme intervention.

A key assumption for PSM is that programme participation is entirely based on observed characteristics. However, by combining PSM and DiD, observed and unobserved characteristics affecting the programme participation can be accounted for if unobserved factors affecting participation are assumed to be constant over time. Indeed, taking the difference in outcomes overtime should also difference out time-invariant unobserved characteristics and potential unobserved time-invariant selection bias.

A DiD analysis was carried out by fitting the following regression model:

$$\text{Eq. 2: } Indicator_{it} = \beta_0 + \beta_1 Intervention_t \times Target_i + \beta_2 Intervention_t + \beta_3 Target_i + \beta_4 Dedza_i + \beta_5 Kasungu_i + \beta_6 Mangochi_i + \epsilon_{it}$$



where the *Targeti* dummy is a variable that equals 1 if the observation is from a targeted school and 0 if it is from the control group. The *Interventiont* variable is a binary indicator equal to 1 if the observation is from year 2023 and 0 if it is from year 2014. The interaction term (*Interventiont* × *Targeti*) captures the average DiD effect of the programme (i.e. the differential impact of the intervention in targeted schools compared to non-targeted schools over time). Additionally, *Dedza*, *Kasungu* and *Mangochi* are dummy variables representing district fixed effects accounting for unobservable district-specific factors that may influence the outcomes<sup>5</sup>. The term *ε<sub>it</sub>* is the error term. *Indicatorit* is the indicator variable for which this evaluation intends to assess the impact. The DiD analysis was conducted for the following indicators<sup>6</sup>:

1. Repetition rate in standard 5 for males.
2. Repetition rate in standard 5 for females.
3. Repetition rate in standard 8 for males.
4. Repetition rate in standard 8 for females.
5. Dropout rate in standard 5 for males.
6. Dropout rate in standard 5 for females.
7. Dropout rate in standard 8 for males.
8. Dropout rate in standard 8 for females.
9. Percentage of primary age school children who drop out during primary school for males.
10. Percentage of primary age school children who drop out during primary school for females.
11. Promotion rate in standard 5 for males.
12. Promotion rate in standard 5 for females.
13. Promotion rate in standard 8 for males.
14. Promotion rate in standard 8 for females.
15. Dropout rate due to pregnancy.

### 3.2.2 Endline survey and contribution analysis

The endline survey and contribution analysis comprised secondary and primary data collection. Primary data collection included a head teacher survey, learner survey, out-of-school survey, and parent/caregiver survey. It collected data on prioritized indicators presented in Table 5.

**Table 5: Indicators and data source**

Indicators	Responsibility			Source
	UNICEF	UNFPA	WFP	
1. Number of targeted schools providing a minimum package of integrated services (SRHR, health and nutrition, WASH services, diversified nutritious meals).	x	x	x	School survey
2. Proportion of graduates, especially girls, who completed an alternative learning programme and are enrolled back in formal education.	x	x		Out-of-school survey
3. Proportion of girls and boys aged 10-24 who demonstrate positive behaviours and attitudes towards SHR.		x		Learner survey
4. Number of districts with revised district education plan aligned to NESIP (2020-2030) as part of the overall district plans.	x			Qualitative survey

<sup>5</sup> The dummy variable Salima was not included in the regressors to avoid collinearity.

<sup>6</sup> Coherently with the ToR, the inception report also envisaged the estimation of the programme impact on two other indicators: 1) the percentage of primary school aged children enrolled in primary schools disaggregated by sex, and 2) the percentage of children at last grade of primary school who transition to secondary school in the targeted schools disaggregated by Sex. However, due to the unavailability of relevant data, it was not possible to assess the programme's impact on these indicators.

Indicators	Responsibility			Source
	UNICEF	UNFPA	WFP	
5. Proportion of parents, caregiver and stakeholders understanding and promoting enrolment of girls in education.	x			Parent/ caregiver survey
6. Number of parents with capacities and skills to provide support to learning for school going children, especially those with disabilities and special education needs.	x	x		Parent/ caregiver survey
7. Number of STI cases of young people recorded in the targeted facilities.		x		DHIS2
8. Reduced absenteeism by girls in class.	x	x	x	EMIS
9. Percentage of targeted smallholders selling through programme-supported farmer aggregation systems.			x	Farmer group survey
10. Number of learners (boys and girls) receiving diversified meals			x	Learner survey
11. Proportion of food purchased from aggregation systems in which smallholders are participating,			x	Farmer survey
12. Average number of school days per month when at least 4 food groups were provided			x	Learner survey
13. Percentage of targeted smallholders selling through programme- supported farmer aggregation systems			x	Farmer survey
14. Percentage of school children in targeted schools with increased knowledge and skills in nutrition (and nutrition related topics e.g. primary health, sanitation and hygiene), sanitation and hygiene knowledge and practices	x			Learner survey
15. Number of schools with over 50% of Teachers trained in Comprehensive Sexuality Education.		x		School survey
16. % of boys and girls that reported experiencing physical violence in school within the past 12 months.	x			Learner survey
17. % of girls that reported to experience sexual violence in school within the past 12 months.	x			Learner survey
18. % of girls and boys that are aware of any formal violence protection structures within their school or communities.	x			Learner survey
19. % of girls and boys that ever experienced any form of violence at school or home who reported to formal structures.	x			Learner survey
20. Number of adolescent girls and boys accessing comprehensive youth friendly health services in health facilities.		x		Learner survey and out-of-school survey
21. Number of children and adolescents reached with life skills and Sexuality education.		x		School records
22. Proportion of sexually active adolescent girls reporting to use a condom during last sexual encounter		x		Learner survey and out-of-school survey
23. Number of girls and boys in targeted districts reached with quarterly outreach and mobile clinics on SRHR and YHFS services.		x		Project reports
24. Number of targeted communities with at least one functional YFHS community-based distribution agent		x		Community survey
25. % and number of vocational skills beneficiaries who completed/passed vocational skills training programme.	x			Out-of-school survey
26. % and number of vocational skills graduates generating own income (self-employment or paid employment).	x			Out-of-school survey

## Secondary data collection

Secondary data collection methodology was used to collect relevant and existing quantitative data in databases and reports as follows:

1. **the JPGE I, II & III monitoring mechanism,**
2. **sector information systems:** the EMIS and the District Health Information System of the Ministry of Health),
3. **population based surveys:** Multiple Indicator Cluster Survey (MICS) and Demographic Health Survey (DHS), and
4. **Programme related research and evaluation** implemented during the implementation of the JPGE phases I to III.

Data from sector monitoring databases, primarily DHIS2 and EMIS, was used to establish trends in performance of the indicators from baseline to endline in the 199 JPGE schools and their matched control (for data from EMIS) and 60 facilities supported by the programme (for data from DHIS2).

Data from population-based surveys was only available at district level and therefore was insufficient, alone, to give information on programme performance as the targeted population in comparison to the district population is low. However, this data was used to make comparisons with performance of targeted areas using primary data collected through this endline survey. Such analysis contributed to the contribution story of the JPGE. In addition to supporting the contribution story secondary data collection also contributed to the assessment of JPGE's achievement of targets on prioritized indicators.

Secondary data (from sector information systems) were extracted for the 199 JPGE schools (for EMIS) and 60 facilities supported by the programme (for the DHIS2).

### Learner survey and head teacher survey

The head teacher survey covered all 199 JPGE schools. It also covered all 199 matched control schools from the PSM. This ensured the survey compared schools that were determined to be comparable at baseline. Table 6 presents sample sizes for head teachers. 78% of matched control schools were outside the treatment school education zones which limited contamination and therefore strengthened the comparative analysis.

**Table 6: Sample size for the head teacher survey**

District	Total schools in district	JPGE School - Treatment	Planned sample size			Achieved sample size		
			JPGE schools - treatment	Matched non-JPGE school – control	Total number of sampled schools	JPGE schools - treatment	Non-JPGE school – control **	Total number of sampled schools
Dedza	272	41	41	41	82	37	49	86
Mangochi	351	74	74	74	148	74	42	116
Salima	181	54	54	54	108	54	20	74
Kasungu	394	30	30	30	60	30	75	105
<b>Total</b>	1,198	199	199	199	398	195	186 <sup>a</sup>	381

**\*\* Matched schools were not always from the same district. A treatment school in Mangochi could be matched with a control school in Salima. Hence equal numbers of control and treatment were not expected in each district.**

**<sup>a</sup>Some schools could not be reached due impassable roads or washed away bridges by the rain.**

Due to budgetary constraints the learner survey covered two districts, Mangochi and Dedza. The two districts were selected based on performance of selected indicators during the pre-intervention period: pass rates, dropout rates for girls (standard 5 and 8), and dropouts due to pregnancy. The process was to select the best performing district and worst performing district. The best performing district was Mangochi, and the worst

performing was Dedza. Using this approach the evaluation aimed to understand the performance of the programme under two varying contexts – religion and cultural differences, southern and central region, and remoteness. The districts were also representative of the JPGE programme area in terms of the number of districts and characteristics of the project area. For example, Salima and Mangochi are all part of the Lake shore area with comparable contexts, livelihoods etc. which all influence education outcomes. JPGE phases I and II covered three districts (Mangochi, Dedza and Salima) while a fourth district, Kasungu was added in phase III. Therefore, covering two districts from phase I to III provided good representation for the three districts included in the programme for all phases.

Unlike the head teacher survey, the learner survey covered only a sample of JPGE schools in each district - 8 schools in each district with 10 students as the basic sampling unit (BSU) selected from each school for a sample size of 80 learners from the treatment schools. An equal number of girls and boys were selected for interviews and limited to Standards 5-8 (10-13 years).

For each of the 8 schools, matching control schools as determined by the PSM were enrolled in the survey. The sample size for schools was determined using the Yamane formula which was adopted to calculate the overall sample size at a confidence level of 95%, margin of error of 5%, and a target population of 115 JPGE schools in the two districts (See Table 7).

Equation 1: Yamane formula for calculating sample size:

$$n_{\text{treat}} = \frac{N}{1 + N(e)^2}$$

Where **N** is the 115 schools reached by the respective intervention at the desired confidence level of 95% with **e**, the level of precision (0.1). The primary sampling unit (PSU) was to be the school. From the selected schools, 10 students were to be interviewed per school.

Table 7 provides the sample size covered by the evaluation for the learner survey.

**Table 7: Sample size for learner survey**

District	JPGE Schools		Evaluation school sample size		Evaluation learner sample size				Actual achieved sample size		
	Total schools in district	Total JPGE Schools - Treatment	JPGE Schools	Non-JPGE school – control	Total schools	JPGE schools (treatment)	Non-JPGE schools (control)	Total all schools	Treat	Control	Total
Dedza	272	41	8	8	16	80	80	160	80	82	162
Mangochi	351	74	8	8	16	80	80	160	81	80	161
<b>Total</b>	<b>1,198</b>	<b>115</b>	<b>16</b>	<b>16</b>	<b>32</b>	<b>160</b>	<b>160</b>	<b>320</b>	<b>161</b>	<b>162</b>	<b>323</b>

Learners at each school were selected using the following sampling procedure:

- **Step 1:** At each selected school the research team drew up a list of female and male learners from Standard 5-8 classes.
- **Step 2:** From each numbered list we ensured the sample of students is distributed across the four grades by selecting one male and one female learner from each grade.
- **Step 3:** The additional learner was selected from the grade with the highest number of learners. Simple random sampling was used (with random number generated by a random number generator in excel) to select the actual learners for interviews.

- **Step 4:** If there was a learner with a disability in the female and male groups, one from the female and another from the male group was selected. If there was more than one learner with a disability in the boys and girls lists, random numbers were used to select the one boy and girl for interviews.

### Parent survey

The parent survey was conducted in communities surrounding each of the 199 JPGE schools. It did not cover control schools. Sample size determination adopted the Cochran's formula to calculate the number of parents/guardians to be interviewed. A total of 404 parents/caregivers were determined to be sufficient based on a 95% level of confidence, with allowable margin of error set at 0.05, p=50% (maximum) the level of baseline indicators, with allowance for non-response set at 1%. These 404 parents/caregivers were proportionally distributed in the four targeted districts using probability proportional to size approach. Table 8 provides the sample size distribution for the parent survey.

#### Cochran's sample size calculation formula

The survey was considered a cross-sectional study, and a representative sample was developed using multi-stage probability sampling methods requiring that, sample size be based on a 95% level of confidence, with allowable margin of error set at 0.05, p=50% (maximum) the level of baseline indicators, allowance for non-response set at 1%, Z value for selected alpha level of 0.025 in each tail = 1.96. (Alpha level of .05) and the design effect of 1 (to counter bias from stratifying by schools. The required sample size for the study was calculated using the Cochran's [sample size formula](#) for categorical data as indicated below.

$$n_o = \frac{Z^2 p(1-p)}{\epsilon^2} = \frac{(1.96)^2 (.5)(.5)}{(.05)^2} = 384$$

where n is the sample size, Z is the reliability level at the desired confidence level, p is the estimated proportion for the observed attribute, and  $\epsilon$  is the margin of error. To reach that statistically significant sample size, we consider an error rate of 0.05, and calculated an adjusted sample size

$$n_o = \frac{384}{0.95} = 404$$

The total sample size reached was 411.

**Table 8: Sample size for parent caregiver survey**

District	Planned sample size	Actual sample size		
		Female	Male	Total
Dedza	110	37	74	111
Kasungu	102	33	71	104
Mangochi	96	46	52	98
Salima	96	47	51	98
<b>Total</b>	<b>404</b>	<b>163</b>	<b>248</b>	<b>411</b>

The sampling strategy for caregivers/parents was as follows:

- **Step 1:** the primary sampling unit was schools. Ten schools were selected in each district
- **Step 2:** At the school, two villages were selected which were within the school student's catchment area.
- **Step 3:** Sampling started at the centre of the village and used stratified random sampling to select 5 parents to be surveyed in each of the two selected villages.

### Out-of-school survey

The out-of-school survey was designed as a tracer survey that followed past participants of the Community Basic Education (CBE) programme. The register of those who were enrolled in CBE programmes was the sampling frame. While Kasungu was originally planned for the out-of- school survey, findings on the ground showed the CBE programme had not been fully implemented there. Therefore, Kasungu was excluded. In general, and across districts, the evaluation found it difficult to locate adolescent girls that were part of the CBE programme and within the age range of 10-24 hence the lower sample size.

**Table 9: Sampling and sample size for out-of- school**

District	Planned sample size	Actual sample size
Dedza	50	62
Mangochi	50	32
Salima	50	68
<b>Total</b>	<b>200</b>	<b>162</b>

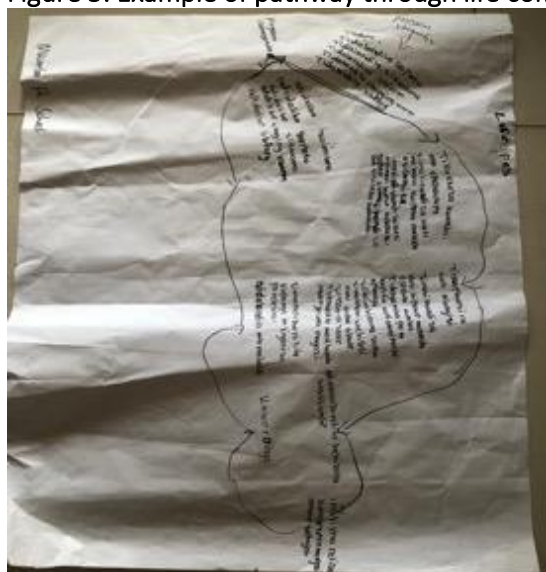
### Qualitative data collection

Qualitative data collection included Most Significant Change Stories (MSC), Key Informant Interviews (KII), Focus Group Discussions. MSC stories were collected from adolescent girls in and out-of-school. KII were conducted for stakeholders at national, district, school, health facility and community levels covering all the interventions of the programme. FGDs were conducted with learners (boys and girls separately), community members (separated by interventions – UNFPA, WFP, and UNICEF), and out-of-school girls. Additional FGDs were conducted with specific structures supported by the programme including school meals committees, School Management Committees (SMCs), Parent Teacher Association (PTA), Mother Groups and Child Protection Committees. The evaluation planned to have FGDs with members of learners' councils. However, these could not be mobilized by the schools visited as they were not active.<sup>7</sup> For FGDs, child-friendly and appropriate approaches were used during data collection. Key techniques used were the pathway through life and project posters (See **Figure 5: Example of pathway through life completed in the evaluation**).

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<sup>7</sup> They could have been active in other schools for which have no data to make a definitive claim.

Figure 5: Example of pathway through life completed in the evaluation



Two schools were randomly selected for the qualitative interviews. They represented the full breadth of interventions at school level in the district. To achieve this, the evaluation sampled the two schools from the list of schools that received computers as this intervention did not cover all schools in the programme. Communities surrounding the two selected schools were automatically included in the programme. Table 10 provides the planned and actual sample size achieved by the evaluation for the qualitative survey.

Table 10: Sample size for qualitative survey

Respondent	Type of interview	No. of interviews <sup>a</sup>	Actual no. of interviews
<b>National level</b>			
<b>UNICEF</b> (Representative and Deputy representative, JPGE focal person, M&E and five thematic persons, Section Chief, Education)	KIIs	10	6
<b>UNFPA</b> (Representative and Deputy representative, JPGE Focal Person, M&E)	KIIs	4	4
<b>WFP</b> (Representative and Deputy representative, JPGE Coordinator, head of programmes, thematic persons)	KIIs	7	4
<b>Ministry of Education</b> (Directorate of Basic Education, School Health and Nutrition (SHN), JPGE Coordinator)	KIIs	4	2
<b>Ministry of Health</b> (Reproductive Health Unit (Youth Friendly Service Coordinator),	KII	1	1
Ministry of Agriculture	KII	1	1
Ministry of Youth	KII	1	1
Ministry of Gender, Community Development and Social Welfare	KII	1	1
Ministry of Information	KII	1	0
<b>CSO implementing partners</b> (Malawi Girl Guides Association, Ujamaa Pamodzi Africa, Family Planning Association)	KII	3	
<b>CSO education platform</b> (Coordinator of platform)	KII	1	
<b>Total national level</b>		<b>34</b>	<b>20</b>
<b>District level</b>			
JPGE district coordinators	KII	3	2
<b>Ministry of Education</b> (Director of Education Youth and Sports (DEYS), SHN Coordinators)	KII	8	4
<b>Ministry of Health</b> (Matron, Youth Friendly Health Coordinator, Principal Nutrition Officer, HIV/AIDS Officers, District Nutritionists)	KII	16	12

Respondent	Type of interview	No. of interviews <sup>a</sup>	Actual no. of interviews
<b>Ministry of Agriculture</b> (District Agriculture Development Officer (DADO))	KII	1	4
<b>Ministry of Youth</b> (Youth Officers)	KII	1	4
<b>Ministry of Gender, Community Development and Social Welfare</b> (Director of Health and Social Welfare)	KII	4	4
<b>CSO implementing partners</b> (Malawi Girl Guides Association, Ujamaa Pamodzi Africa, Family Planning Association)	KII	12	12
Police	KII	4	1
Law Commission	KII	4	
<b>Total district level</b>		<b>53</b>	<b>43</b>
<b>Community level</b>			
<b>Health facility</b> (Nurse in charge of Youth Friendly Service Provision)	KII	8	4
Traditional/ Community -leaders	KII	8	4
Mentor Mothers	FGDs	8	4
Local Education Council	FGDs	8	
Smallholder farmers <sup>8</sup>	FGDs	8	8
Community member (male)	FGDs	8	8
Community members (female)	FGDs	8	8
Out-of-school girls (15 – 19 and 20 – 24)	FGDs	16	8
Story Workshop Trust or Development Communications Trust member	KII	4	2
<b>Total community level</b>		<b>76</b>	<b>46</b>
<b>School level</b>			
Learners – girls	FGDs	24	8
Learners – boys	FGDs	24	8
Learners with disability	IDI	8	3
Caregivers of learners with disability	FGDs	8	2
Child Protection Committee	FGDs	8	2
School Health Clubs	FGDs	8	4
School Meals Committee	FGDs	8	8
Heads of Schools	KII	8	8
School Health Coordinators	KII	8	8
CSE teachers	KII	8	8
PTA/School Management Committee member	KII	<b>8</b>	<b>3</b>
<b>Total school level</b>		<b>136</b>	<b>62</b>

<sup>a</sup>Interviews at district level have been multiplied by the four districts. Interviews at community and school level have been multiplied by the two schools in each of the four districts (a factor of 8). Interviews for categories that cut across agencies were repeated for different interventions.

### 3.2.3 Data collection and management

Data were collected by trained enumerators and qualitative research assistants. Equal numbers of male and female researchers and enumerators were recruited to ensure males spoke with male respondents and females the same to guarantee responses on sensitive SRH questions. Two three-day trainings were conducted – one for enumerators and another for qualitative researchers. Both trainings were conducted in Lilongwe with pilot tests being conducted in a school within Lilongwe district. A total of 5 supervisors were recruited to oversee data collection.

Data collection was undertaken using tools programmed in mWater and on phone tablets. This approach allowed for near real time access quality control of data. Any issues with data were immediately communicated

<sup>8</sup> those in farmer organizations linked to the school market and known by the agriculture office



to the team in the field for corrections or remedial action. The data quality control employed four key data quality checks:

1. High frequency checks (HFCs)
2. Back-checks (BCs)
3. Supervisor sit-in
4. Spot-checks

All qualitative interviews were recorded and transcribed in Kobo Collect. Qualitative data collection was supervised by the core team of experts with daily review of data collection and feedback to research assistants.

### 3.2.4 Data analysis

**Document review:** Data from document review including from annual reports, studies and past evaluation reports was analysed using two frames: 1) determining the performance of indicators which was validated by the primary qualitative and quantitative data; 2) cumulative analysis of reach across the three phases and; 3) to validate results of the quantitative and qualitative surveys.

**Impact analysis:** As noted. Under section 3.2.1, the impact analysis used DiD analysis to determine impact. We also employed multi-variate analysis to determine the interventions most associated with observed outcomes where this was possible.

**Endline survey and contribution analysis:** The first step was data processing and cleaning. While this was done in real-time and near-real-time during data collection, a final cleaning was undertaken at the end of data collection. During this process all the interviews were checked for completeness. For missing data values, we implemented appropriate outlier detection techniques such as the median absolute deviation (MAD) method and the mean-median imputer to fill in missing values. We also removed all identified duplicates. We checked for cardinality of the variables. Those with too many categories were recoded. Secondary data was also processed by assessing the variable types which should be similar across the three cycles of the programme. A variable should have been the same type for all the datasets. This was the only way to achieve meaningful statistical analysis, comparison and statistical tests to be performed. This was achieved using the describe command in STATA. Variable with different data types had their data types changed to the one that was suitable for the proposed analysis.

Analysis of secondary data included trend analysis for the period of the JPGE programme as well as calculation of indicator values in the results framework. Primary data used comparative analysis between the treatment and control outcome variable while using t-tests. Other inferential statistics included chi-square tests and multivariate analysis to test association between outcome variables and interventions.

**Qualitative data:** Audio recordings were transcribed, translated into English from the local languages, and coded by two independent coders in Kobo and then transferred to NVivo 12 (QSR International, Melbourne, VIC, Australia). NVivo was essential for bringing together large datasets from different sources. Coders discussed discrepancies until consensus was reached. Codes were grouped and linked to the evaluation matrix, and emerging themes were then identified. Analytical memos were written for each theme. During the write-up, themes and sub-themes were illustrated in the verbatim.

### 3.2.5 Validation and finalization

At all stages, the evaluation team assisted by the evaluation manager at UNICEF, facilitated validation processes for the outputs. These validations were primarily done with the Evaluation Reference Group (ERG) and broadened to the programme's stakeholders for reports on findings of the evaluation. The ERG reviewed the inception report and approved the first draft of the evaluation report. The ERG's comments on the first draft were used to develop a second draft that was presented to the broader programme stakeholders for their

review and input. A smaller group consisting of the participating UN agencies, and Government was convened to validate and agree on the recommendations prior to the wider stakeholder meeting.

### 3.3 Limitations to the evaluation

This section presents limitations of the evaluation.

- **Limitations for the impact assessment:** Results for impact assessment should be taken cautiously. The preparation for analysis of the EMIS data included an extensive iterative process because of the poor quality of the dataset especially for earlier years. There were some variables, especially dropout rate and repetition rate, where the trends needed caution. For instance, 66% of the schools in the control and in treated group had a zero-dropout rate in standard 8 in 2014, while 50% of the schools of the control group and 47% of the schools had zero dropout for males in standard 5. Also, there was zero value of the repetition rate in standard 8 for males and in standard 5 females in 2014. For the control group these were 37% and 38%, and for treated group they were 38% and 39%, respectively. In order to mitigate these biases, we recalculated the percentage indicators for each school using the number of pupils for the pass rate, repetition rates, and dropout rates. However, we could not do this for the promotion rates, as the dataset did not contain all the necessary figures. We also resolved logical inconsistencies; for instance, where the sitting rate was zero, we substituted the zero value of the pass rate with a missing value. Additionally, to select the 198 schools for the control group, we removed schools with a zero value for certain indicators (e.g., promotion and pass rates) from the list of 782 schools with no school-level interventions.
- **Limitations of the learner survey:** Due to budget constraints the learner survey was limited to two districts, Dedza and Mangochi. While the sample size is representative of the project area in the two districts, the findings reflect only the two districts of the programme. Nonetheless, coverage of two of the three districts covered by the programme since phase 1 (2014) provides a sufficient number of districts to inform general programme performance.
- **Limitations for performance measurement:** The programme did not have a baseline which affected the measurement of progress on indicators in the monitoring framework. The evaluation depended on comparison with a control group for the learner survey to make comparative assessment of performance. This was reasonable as the selection of a control group used propensity score matching method based on selected pre-intervention education outcome indicators. For surveys without control (parent, head teachers and out-of-school) the evaluation triangulated performance with qualitative interviews.
- **Limitations for effectiveness measurement:** The programme experienced challenges with changes in indicators and targets across phases. Some of the indicators prioritized for evaluation did not have clearly defined targets, which hindered a comprehensive assessment of their effectiveness. This limitation was addressed by relying on available data, but the lack of targets impacted the precision of the evaluation.

#### Other limitations:

- Due to the poor quality of EMIS data the following question - *“Could the programme have had a larger impact if it was implemented in different districts?”* - could not be answered as more time would have been required to clean up the entire EMIS dataset to make meaningful analysis. This had no significant impact on answering the objectives of the evaluation as sufficient data and questions were available to answer them.
- The question - *“What proportion of allocated resources were underutilized or overspent, and what were the causes?”* - could not be answered as financial reports were not made available during the time of writing the report. Furthermore, the question, *“Were the resources (funds, human resources, time, expertise, etc.) allocated strategically to achieve the intended outcomes?”* could not be fully answered with financial information for the same reason. Thus, the evaluation of efficiency is not complete.

- The indicator “Transition rates to Secondary school in the targeted schools disaggregated by sex” was not analysed as there was no school level data that the evaluation could use for the impact assessment.

## 4 FINDINGS

This section presents the findings of the evaluation according to the evaluation criteria.

### 4.1 Relevance

**Main question:** How well did the JPGE-III fit into the national policies, government priorities and norms of UN in Malawi?

- Alignment of JPGE programme objectives with national policies, government priorities
- Alignment of the objectives and implementation approaches to priorities of the participating UN agencies
- Alignment of the programme objectives
- Contribution of the JPGE programme to policy and programmatic changes by government in the education sector e.g. incorporation of JPGE programme concepts in government and sector policies, strategies and plans.

**Finding 1: The programme was strongly aligned to national policies and government priorities.**

The Malawi Government's agenda and intentions are mostly expressed through its national policies and priorities. Subsequent plans and related activities in the various ministries and departments emanate and are guided by these policies and priorities. It is also expected that complimenting activities from various agencies and organizations should align with and be guided by the same government policies and priorities. On the other hand, the UN, in providing and supporting the government's agenda, does so in compliance with its norms and values which include inclusion, integrity and humanity. The JPGE programme was designed and meant to compliment government's efforts in addressing barriers to girls' education. For instance, in its design, the programme was meant to align with the Malawi Growth Development Strategy (MGDS III 2017-2022), and the goals in key sectoral policies and strategies and in particular the National Education Sector Investment Plan (NESIP), YFHS strategy, Youth Policy, National School Feeding Policy and Girls' Education Strategy, Sexual and Reproductive Health Policy, National School Health and Nutrition Policy and Re-admission policy. In its conception, the JPGE programme was supposed to directly contribute to the United Nations Sustainable Development Goals Coordination Framework (UNSDGCF 2019-2023) particularly Pillar 2, Population Management, and Inclusive Human Development. It also aimed to facilitate and accelerate the implementation of the 2030 Agenda and the attainment of the Sustainable Development Goals, having a clear potential as an SDG accelerator, building on interlinkages among the goals. Specifically, the programme was supposed to contribute to the SDG 4 (Quality Education), SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG2 (Zero Hunger) and SDG 17 (Partnerships for the Goals).

**Main question:** To what extent did the programme identify the needs of adolescent girls and boys (especially those with disabilities and other vulnerabilities) and the relevant barriers to their education in Malawi?

- Expressed needs of adolescent girls and boys addressed by the programme
- Expressed needs of adolescents living with disability addressed by the programme
- Needs not fully addressed and affecting girls' education in targeted communities
- Programme provisions that addressed the needs of adolescents in remote areas
- Programme provisions that addressed gender-related barriers to education for adolescent girls

**Finding 2: The programme responded well to the barriers for education in Malawi and especially for girls**

Girls in- and out-of-school noted parental attitudes towards girls' education, cultural practices of rites of passage, poverty, poor quality education, lack of proper menstrual health(MH), bullying and peer pressure, lack of food, lack of school materials, and early pregnancies as key barriers for education in Malawi. These challenges

were also confirmed by parents. When ranked, the top ranked barrier was poverty, followed by early pregnancies, then lack of proper MH, parental attitudes and cultural norms, lack of school materials and poor-quality education, bullying and peer pressure and lack of food. While the ranking by parents varied from girls, they both agreed that poverty was the highest ranked barrier. The JPGE design addressed all these barriers except for poverty. Although poverty was partly addressed through the Home-Grown School Feeding (HGSF) programme, where smallholder farmers sold their crops to the programme, there were no initiatives to address this significant barrier.

*"I dropped out of school because my parents are poor; they couldn't afford to buy me a school uniform."*

**FGD out-of-school girls Chikowa Salima**

*"I dropped out of school because I got pregnant."* **FGD out-of-school girls Mphunzi Dedza**

**Main question:** How well were the programme's objectives and interventions tailored to the cultural context and values of the communities in Malawi?

- Level of involvement and feedback from local communities in shaping the programme
- Perceptions of communities on the programme's alignment with the cultural and religious context and values in targeted areas
- Programme provisions that support the programme's response to the cultural and religious context and local values
- Results of programme provisions that support the programme's response to the cultural and religious context and local values

**Finding 3: The programme made efforts to align interventions with the cultural context and values of the target districts. Feedback from communities showed no areas of conflict with the cultural context**

Traditional leaders agreed that the programme was aligned to the cultural context and values. They noted how they worked together with the programme partners and the government to design and deliver the activities. Based on this alignment traditional leaders took leadership in some of the initiatives including abolishing child marriages, addressing early pregnancies and ensuring girls go to school. Parents and caregivers noted how the programme also took into consideration the sensitivities of SRH issues for adolescents within the communities. Alignment strengthened the programme's acceptance in targeted communities with parents and caregivers praising the programme for addressing the challenge of girls' education in the districts. This acceptance has also led to communities leading efforts to support girls out of school to return to school and in dissolving child marriages as noted by one parent group from Salima, *"Community task forces ensure girls remain in school and report any abuse to the police"*.

*"Cultural norms discouraged family planning methods before, but now things have changed, and the community understands their importance."* **FGD with parents Ngolowindo, Mangochi**

*"The chief made a point that no child before the age of 18 should get married; once found, they are dragged to prison and receive punishment."* **FGD with parents Chikowa Dedza**

*"We work hand in hand with education authorities and enlighten each other about harmful cultural practices that are not good to the future of our children especially girls e.g. girls are supposed to be doing domestic chores."* **KII traditional leader Dedza**

*"Yes, the programme's interventions are in accordance with our culture practices because, for example, when they came, they told us that they are not here to cause enmities or destroy people's families but to work together."* **KII Traditional leader Mangochi**

**Main question:** How flexible was the programme in adapting to emergent educational needs and challenges during its implementation?

- Emerging education needs and challenges

- Specific instances where the programme modified its interventions to better meet the needs of students and educators
- Perceptions of stakeholders on the pace of change to address emerging education needs and challenges
- Adequacy of measures to respond to emerging education needs and challenges

**Finding 4: The programme demonstrated flexibility during the COVID19 pandemic and cholera outbreak and recovery efforts that ensured momentum achieved in phase I and II was not lost.**

The COVID19 pandemic had detrimental effects on education outcomes as restrictions of movement and subsequent school closures meant schooling was lost for the greater part of 2021 and part of 2022. To support continuation of school feeding, the programme scaled up take home school rations. It also introduced a cash transfer to ensure they were able to buy a meal at home. It also introduced radio programmes on girls' education to continue engagement on positive messages on attitudes for education and sexual and reproductive rights. The programme also adjusted content of trainings to respond to National COVID19 Response Plan for Malawi by integrating COVID19 prevention in teacher training, adolescents in safe spaces, training Mother Groups to make face masks, provision of Personal Protective Equipment (PPE) to adolescents and facilitators at the safe spaces to allow programmes to continue among other adaptations. Community radios and listening clubs were also introduced to support community engagement on girls' education and SRHR for adolescents but also integrating COVID19 prevention messaging. Door to door provision of SRHR services through the Community Based Distributors agents (CBDs) was also introduced. Phase II of the programme was also initially planned to end in June 2020 but received a no cost extension to adapt and address the effect of COVID19 demonstrating its flexibility. Other preventive measures: provision of hand-washing facilities in schools; wearing of masks for facilitators and participants; social distancing measures (small groups; observing physical distance among participants). However, there were challenges experienced including:

- The adaptation in some cases required complete restructuring of the interventions
- Higher operational costs to address the additional needs of COVID19 prevention;
- Learners' interest and motivation to participate was affected during the school closure period and fear of contracting COVID19; and
- Closure of public offices slowed pace of implementation.

Post COVID19 and at the beginning of Phase III, the programme introduced an education catch-up programme to recover the lost time during school closures.

In 2022, there was a cholera outbreak with Mangochi and Salima districts particularly, leading to school closures in some cases. The outbreak also led to halting of the school feeding programme for a few weeks and disruption of some activities that required group gatherings. The programme activated already existing WASH interventions under COVID19 to support with containing the outbreak.

## 4.2 Coherence

**Main question:** How efficient and effective was the collaboration among various ministries involved in the programme, and whether the programme situated in the correct department to achieve the best results?

- Examples of collaborations between government ministries
- Extent to which collaborations are structured and systematic
- Contribution of the unit with the JGPE coordinator in efficient programme implementation
- Institutional bottlenecks faced by the unit charged with implementation within the Ministry of Education and other ministries

**Finding 5: Collaborations of ministries was visible at district level to support the interlinked multi-sectoral programme.**

As shall be discussed later, the JPGE district level coordination platforms provided opportunities for collaborations between various sectors. Agriculture extension and government Education departments within the district council were working together on the school nutrition component comprising the school meals programme and enhanced nutrition education through establishment of school gardens. The Education department was also working closely with the youth friendly health service coordinators and district nurses in support of integration of health service provision in schools.

*"We now have regular meetings with health and nutrition sectors to ensure our plans are well-coordinated."* **KII government national level**

*"The networking sessions allowed us to establish stronger partnerships that prevent duplication of efforts."* **KII UN**

*"At the district level, we've started holding multi-sectoral meetings to plan and evaluate our programmes."* **KII UN**

*"The programme taught us to align our work with health and nutrition sectors, which has improved our coordination."* **KII government district level**

**Main question:** To what extent were the JPGE III partner's interventions interlinked and coherent with policies and related programmes of other partners operating within the same context?'

- Mechanisms put in place to enhance interlinkages with other interventions (within the agencies and government ministries, between the JPGE programme and other programmes in adolescent SRHR, nutrition and education and at national and district levels)
- Perceptions of effectiveness of the interlinkages with other education/nutrition/adolescent SRHR interventions in programme areas

**Finding 6: The JPGE strongly aligned with policies in the country and complemented other education programmes such as the GPE.**

As noted under relevance, the JPGE was strongly aligned to government policies and strategies that promote education, address adolescent SRH challenges and nutrition. JPGE-III's school feeding programme and health interventions aligned seamlessly with government programmes, particularly the National School Feeding Policy and Girls' Education Strategy. Interventions addressing Adolescent Sexual and Reproductive Health (ASRH) supported implementation of the Sexual and Reproductive Health Policy (2017) and Youth Friendly Health Strategy supporting access to integrated, comprehensive and age-appropriate services and information for adolescents in and out schools. Its interventions also support the implementation of the National School Health and Nutrition Policy (2017) which aims to ensure that all learners are equipped with skills, attitudes and habits that allow them to maintain healthy and productive lives. PUNO representatives highlighted these linkages as critical to addressing systemic barriers to education.

*"JPGE worked in tandem with government priorities like the Girls' Education Strategy, especially in promoting retention through scholarships and feeding programmes."* **KII UN**

*"The alignment of JPGE feeding programmes with the National School Feeding Policy was critical in addressing hunger and absenteeism."* **KII UN**

The JPGE III also complemented two of the three reform priorities for the Global Partnership for Education Partnership Compact for Malawi which include:

- 1) **inclusive foundational learning (especially standard 5-7).** Through teacher training on various aspects including gender responsive pedagogy, the JPGE complements the aims of the Partnership Compact that seek to strengthen foundational literacy and numeracy skills in early primary grades by training teachers, revising curricula, and improving learning environments. This was noted by a CSE teacher from Salima who said, *"The CSE teacher training funded by JPGE complemented the GPE programmes, ensuring that teachers could provide relevant health education."*
- 2) **Enhanced education system capacity, governance, and accountability.** By supporting systems building (improved coordination of education delivery at national and district level and policy reform) including capacity of the government on programme management, the JPGE complements this priority of the GPE that seeks to build institutional capacity for better teacher management, financial oversight, and data utilization to support and sustain educational reforms.

Some interventions of the JPGE built on existing initiatives which enhanced their relevance to the local context, effectiveness and sustainability. In Dedza JPGE community social behaviour change work built on MAGGA's grassroots work on anti-child marriage campaigns.

*"JPGE built on MAGGA's grassroots work on child marriage, ensuring that the message reached the most vulnerable girls."* **CSO representative, Dedza**

There were respondents with the view that in some instances there was duplication with the JPGE especially where JPGE was implemented in areas with already ongoing projects (See more on this in Finding 8).

While these complementarities and examples of interlinkages existed, the programme was not systematic in seeking interlinkages particularly for programmes that support achievement of its theory of change (See more in Finding 7). The focus was primarily on avoiding duplication with new interventions. For instance, Youth Friendly Service Coordinators noted how they would ensure that projects supporting youth friendly health services would be distributed across the district to ensure more areas had activities being implemented at the expense of exploiting synergies between interventions for greater impact. Also, JPGE coordinators were the "go to" persons for new projects in education in targeted districts to ensure these interventions avoided areas where the JPGE was implemented.

**Main question:** What was the role and relationship of the JPGE-III with other actors' interventions?

- Key relationships established with other actors' programme in education, nutrition, and adolescent SRHR
- Role of the JPGE in creation and operationalizing the relationships

**Finding 7: The evaluation did not find any significant partnerships with other actors in the districts beyond the government ministries charged with implementing the programme.**

The JPGE across all phases missed opportunities to create partnerships with other programmes that could support its interventions. There were programmes supporting awareness and social mobilization on ASRH, but limited collaborations were established as the focus was on avoiding operating in the same areas. Such collaborations would have enhanced the effectiveness of interventions that include the mobile clinic which work best when integrated with other interventions supporting youth friendly social mobilization of young people.

This said, the JPGE has contributed its lessons from the various intervention streams in sector coordination meetings such as those for ASRH, school meals, nutrition and education at national level.



**Main question:** What is the extent of partnership, coordination, and complementarity with the interventions of the Malawi government and other relevant actors and multilateral initiatives, like the Global Partnership for Education?

- Linkages created with the GPE and specific government programmes
- Structured mechanisms for coordination established and their functionality

**Finding 8: Limited partnerships were identified by the evaluation but several coordination platforms for which the JPGE was part of ensured coordination of the programme with other initiatives to avoid duplication.**

At national level the PUNOs were part of sectoral coordination platforms where interventions of the JPGE were discussed and coordinated with others in the sector. These structures include the National Education Technical Working Group, the Nutrition Cluster Technical Working Group, Youth Friendly Service coordination structures among others.

At district level, education programmes were mainly coordinated in CSO led education platforms for much of the JPGE phases until the Technical Working Groups led by the government were established through support of the JPGE in phase III. The JPGE was less active in the previous coordination platforms when compared to the government led platform in the third phase. In the previous phases coordination was through the district education staff and through CSOs consulting the JPGE coordinators, but no structured coordination existed for education interventions with the JPGE. While this did not lead to duplication of interventions there were some concerns about duplication particularly with existing GPE interventions in new schools enrolled for the JPGE in phases II and III in the areas of teacher training and CSE delivery. While these concerns were merited, they also failed to recognize that the JPGE was increasing the number of teachers trained which is reflected in the quantitative survey for head teachers that shows that more teachers in treatment schools (42.6% against 5.5% in control ( $p < 0.05$ )) were trained in CFS and of those trained, 81.2% remain in post.

*"In some areas, the teacher training programmes were already being addressed by GPE, and JPGE's involvement felt redundant." KII government national level*

One example of coordination and strengthening support for JPGE was the inclusion of Kasungu in Phase III for the purpose of creating linkages with the TRANSFORM programme funded by Norway which aims at sustainable food systems and rural resilience. Although the linkage was primarily support through the home-grown school meals programme by enrolling farmers under TRANSFORM as suppliers to the school meals programme, it does represent complementarities that can strengthen mutual benefits – JPGE enrolling market ready farmers (reducing costs of training and support) and TRANSFORM farmers having improved market access for their produce.

**Main question:** Are there aspects of the operation that conflict with the interventions of or one UN programming or other actors?

- Effectiveness of institutional arrangement and implementation structure for managing the joint programme among the UN agencies
- Extent to which interventions of the three agencies were integrated (Slide 53)
- Challenges undermining integration and efficiency of the joint programme modality (Timeline issues, Programme management unit...)

**Finding 9: Several provisions were put in place to support coordination among PUNOs which helped coordination of the programme, but numerous challenges undermined coherent implementation.**

The programme coordination structures included:

- 1) **The programme Steering Committee.** The Steering Committee which was co-chaired by the UN resident Coordinator and the Principal Secretary for Education and with the JPGE National Coordinator as Secretary, and comprising UN Agency heads and technical leads, MoEST as coordinating line Ministry, the School Health and Nutrition (SHN) Coordinator at the MoEST, MoH, MoLYSMD, MoGCDSW and MoA and the JPGE district coordinators. The steering committee was to provide oversight of the programme and provide strategic direction for implementation. Across all three phases this structure was not functional, and the committee rarely met. In all phases the structure never met due to challenges of bringing the various high-level participants in one room. Its functioning would have provided important strategic input into the implementation of the JPGE including increasing demand for M&E and other performance data which was a weak area in the programme.
- 2) **The Joint Technical Committee.** This committee was established in phase II of the JPGE with the aim of strengthening government leadership and commitment and overall coordination. It comprised technical staff from implementing Ministries and UN agencies. The structure was responsible for monitoring project progress, overseeing programme implementation, coordinating project activities, and assuring achievement of project outcomes. Recommendations made by this group would be taken to the Steering Committee. This platform was to meet quarterly and annually. While meetings were held during phase II, in phase III meetings were inconsistent and sometimes driven by specific issues. This weakened coordination between the UN agencies and government ministries implementing the programme at national level.
- 3) **The UN Technical Working Group (TWG).** This structure included all technical staff from the three UN agencies and the District JPGE coordinators. The PUNOs met regularly for updates on work plans and to discuss specific issues in programme implementation. It helped the agencies to align their plans for implementation. Due to the strong internal coordination, the JPGE was recognized as one of the better performing joint programmes.
- 4) **JPGE Programme Implementation Committee.** This multisectoral platform embedded in the District Councils was an important structure for bringing together implementers of the JPGE at district level. The platform met monthly and provided opportunities for multi-sectoral implementation of the programme in a coordinated manner. The relationships established between sectors spurred joint implementation, ownership and commitment to the implementation of the JPGE. As noted by one stakeholder for Ministry of Health in Mangochi: *"We had some programmes which were we were working together, like sometimes we were having the quarterly review meetings where these people were coming [JPGE coordinators], discussing issues, having solutions for those issues. Sometimes if there is an activity, we were joining together, we go to the venue, work together, if we have some problems, we were solving together."*

Overall, the evaluation found stronger coordination and government leadership of the programme at district level. This was because of the close working relationships between the JPGE coordinators and government buoyed by consistent meetings in the JPGE Programme Implementation Committee and support for government leadership in implementation and oversight of the JPGE. Stakeholders at district level praised the programme for its coordination and multi-sectoral linkages at district and school level.

*"The integration of feeding, education, and gender-focused interventions made JPGE unique and effective."* KII PTA member Salima

*"Through this programme, we saw how health, nutrition, and education could come together to support girls."* KII School Health Coordinator Mangochi

Despite this strong coordination at district level some stakeholders felt the multi-sectoral approach delayed decision making in instances: *"Because decisions required input from all agencies, we experienced delays in rolling out activities."* KII PUNO

Although the JPGE coordinator placed in the government was meant to enhance in part government leadership and commitment to the programme, this was undermined by limited engagement of the PUNOs and government through the envisaged structures of the Steering Committee and the Joint Technical Committee.

There were five JPGE coordinators in the programme. An overall national JPGE coordinator, a JPGE coordinator in the Ministry of Education, and three district JPGE coordinators. The JPGE Coordinators were instrumental in coordinating interventions of the PUNOs. The government JPGE coordinator was instrumental in moving through JPGE needs within government bureaucracy and supporting convening of various government ministries and agencies for implementation. However, the extent of their effectiveness was undermined by resourcing as noted by one respondent:

*“The post of the JPGE in the ministry has been instrumental in moving a lot of things. It is occupied by a vibrant person and a lot of experience and able to efficiently manage the coordination. The issue of funding of better functionality of this post would have improved their functionality. The financial limitations led to less being done. The JPGE coordinator has ensured that the government is leading the JPGE with the support of the agencies.” KII PUNO*

National JPGE coordinators have also been instrumental in ensuring convergence of the activities under the JPGE for impact. The greatest challenge has been the high turnover of this post (JPGE III had three JPGE coordinators) and the long periods for recruitment (six months on average). This caused challenges of continuity in planning, reporting and coordination. The District JPGE Coordinators were effective in enhancing government leadership in programme implementation. They also provided the PUNOs assets at district level to support and lead implementation at this level ensuring they had greater control of progress in implementation (through closer oversight and support to government) – important for effectiveness.

Stakeholders perceived that while the programme intervention was coordinated from targeting the same schools and operational areas with the same support, implementation of these interventions was disjointed partly because of delays of other agencies in implementation, and due to the lack of the capacity of the JPGE coordinators to hold the agencies accountable for implementation. Some stakeholder had this to say:

*“In some cases, delays from one partner caused setbacks in the overall programme rollout,” another said, “The timelines of different partners didn’t always align, which caused delays and confusion in rolling out activities” and another said, “There were gaps in communication at the district level [from the agencies], which led to delays in integrating certain interventions.”*

They felt there was also a level of competition among the PUNOs that undermined coordination of some activities and working together. There were also perceptions that the district JPGE coordinators prioritized WFP activities since they were contracted by WFP above the other interventions. These challenges are not unique to the JPGE and plague the joint programming approach.<sup>9</sup> The programme was also too large for one national JPGE coordinator to manage. This is demonstrated in the challenges with monitoring which was disjointed among the agencies and undermined performance measurement of the programme implementation. The programme could have benefited from a fully-fledged programme management unit that draws staff from the agencies leading implementation to minimize the challenges of cross-agency accountability. While this issue can be addressed through the RCO none of the functional platforms for coordination involved the RCO office.

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<sup>9</sup> Marimo, N, Nyirongo, G. (2015) Mid Term Review of the UN Joint Programme for Green Jobs in Zambia. Evaluation report prepared for ILO.

Marimo, N., Ahikire, J. (2015) Final Evaluation of the UN Joint Programme for Gender Equality in Uganda. Evaluation Report Prepared for UN Women.

Marimo, N. Bishanga, D. (2020) Final Evaluation of the Joint UN Programme for Afya Bora ya Mama na Mtoto (MNCH) Programme in Zanzibar. Evaluation report prepared for UNICEF.

*"Each agency had its own framework, which occasionally made integration difficult, especially at the district level."* **KII government district level**

**Main question:** What were the strengths and gaps in achieving coherence and adding value while avoiding duplication of effort? Strengths in achieving coherence (structures, systems and relationships)

- Weaknesses in achieving coherence (structures, systems and relationships)
- Potential overlaps with existing initiatives and challenges in coordination

**Finding 10: The integrated service delivery model adopted by the programme supported coherence in implementation of the agencies' interventions.**

JPGE-III exhibited several strengths in achieving coherence by first targeting similar schools and Traditional Areas and achieving convergence of interventions through adoption of the integrated service delivery model. This strength brought to life the programme concept of an inter-linked multi-sectoral programme addressing multiple causal factors for poor education outcomes for girls in Malawi. The JPGE coordinators aided coordination albeit with several challenges mentioned earlier. The district level coordination was strong ensuring government leadership and commitment in the implementation of the programme. The PUNOs' participation in various sectoral coordination platforms also enhanced coordination with other programmes in the areas of education, school nutrition, and ASRH. Clear role delineation among UN agencies—WFP leading on nutrition, UNICEF on education, and UNFPA on gender equality and SRHR—helped leverage each agency's expertise while fostering integration. This division of responsibilities created a holistic approach to addressing barriers to education.

*"Each agency had a specific focus, and this made the programme comprehensive in addressing systemic challenges."* **KII UN**

*"The integration of feeding, education, and gender-focused interventions made JPGE unique and effective."* **KII PTA Member Salima**

*"The programme's strength was in how it brought different actors together to focus on common goals."* **KII CSO implementing partner Dedza**

Community organizations, such as MAGGA and Story Workshop Trust, strengthened JPGE's coherence by linking grassroots campaigns with programme goals. Chiefs and religious leaders provided additional layers of advocacy, enhancing programme relevance and uptake.

*"MAGGA played a critical role in linking JPGE with ongoing community campaigns, particularly in addressing child marriage."* **KII CSO implementing partner Dedza**

*"We worked with local chiefs and religious leaders to ensure the programme's goals were aligned with community values."* **KII UN**

*"By working with local organizations, JPGE ensured that messages about child marriage and education were relevant to the community."* **KII CSO implementing partner Mangochi**

## **Weaknesses in coherence**

**Finding 11: While the programme demonstrated strong integration across sectors, certain structural and systemic weaknesses limited the efficiency and effectiveness of its coherence efforts.**

JPGE had limited structured relationships with other programmes. However, its presence within the education TWGs established in Phase 3 (the last two years) enhanced coordination of education activities. Additional platforms such as nutrition implementation platforms and *school nutrition and school meals technical working group* enhanced coordination of nutrition programmes in school. Working through YFHS coordinators to deliver

SRH components also enhanced coordination with other programmes supporting youth friendly programmes within targeted communities. JPGE could have done more to explore complementariness with other programmes that addressed additional drivers for poor education like poverty, and infrastructure to bring into effect the theory of change for the programme.<sup>10</sup> This can also be seen with challenges with disability.

While JPGE targeted gender and education barriers effectively, its integration with disability-focused programmes was limited, leaving gaps in addressing the needs of children with disabilities.

*"The programme did not fully integrate with existing disability initiatives, which left some vulnerable children without the necessary support."* **KII SHC Mangochi**

Coordination among multiple agencies often led to delayed decision-making, impacting the timeliness of interventions. Stakeholders at the district level reported that these delays occasionally disrupted programme delivery. Misaligned timelines among partners occasionally disrupted the flow of activities.

*"Because decisions required input from all agencies, we experienced delays in rolling out activities."* **KII UN**

*"Sometimes the timelines of different partners didn't match, which delayed activities."* **KII government Dedza**

While coordination forums were a strength, their functionality varied across districts, leading to inefficiencies in certain areas.

*"The coordination structures were not always functional, and this caused challenges in aligning activities at the district level."* **KII government national level**

Differing timelines and operational approaches among UN agencies and other partners created coordination challenges, particularly in remote districts.

*"The timelines of different partners didn't always align, which caused delays and confusion in rolling out activities."* **KII Nurse in charge of Mangochi**

**Main question:** How have lessons learned from JPGE-III been integrated into other similar programmes either at district level or nationally?

- Adoption of best practices and strategies from JPGE-III in local educational programmes
- Scaling successful interventions to broader educational policies

## **Finding 12: Lessons from the JPGE have been incorporated in PUNOs programmes and in some policies and strategies**

The JPGE concept informed the National Girls Education strategy 2018 to 2023. This included incorporation of support for basic foundational literacy for out-of-school girls, teacher training for gender responsive pedagogy, and strengthening community support for education. The PUNOs have also scaled up some of the components of the programme e.g. the home-grown school feeding programme (WFP) and safe spaces programme (UNFPA).

JPGE also contributed to the review of the Adolescent Girls and Young Women Strategy 2018-2022 which adopts the safe spaces concept, supports scale up access to basic literacy and skills training for out-of-school girls and expands teacher training to improve gender responsive teaching practices.

<sup>10</sup> (Broken Chalk, World Bank 2010, Cross Catholic Outreach, Classrooms for Malawi, The Sparkle Foundation)

**Main question:** How has the programme influenced changes in national educational policies or practices beyond the immediate programme goals?

- JPGE-III contribution to reforms in educational policies, emphasizing gender equality and inclusive education

**Finding 13:** Over the course of its life the JPGE had influenced several policies, strategies and guidelines that support education and better nutrition and address SRHR challenges of adolescents.

The JPGE has supported or influenced the following policies, strategies, and guidelines:

- JPGE informed the Girls Education strategy.
- The home-grown school feeding programme has influenced the Ministry of Education to prioritize expanding the home-grown school meals programme to all schools in the country. To complement the efforts Ministry of Education of internal advocacy to the treasury and other ministries, the JPGE contributed to the Value for Money assessment of the home-grown school meals programme culminating in a policy brief.
- At the time of the evaluation the JPGE was supporting the Education Sector Social Behaviour Change and Communication strategy.
- Review of the National Youth Policy, National Youth Friendly Health Services Strategy and Adolescent Girls and Young Women Strategy had also been completed.
- Development of National Guidelines such as the CSE and out-of-school manual and guidelines were completed.

## 4.3 Efficiency

### 4.3.1 Implementation efficiency

**Main question:** Were the programme activities executed on time, in expected quantity and quality?

- Timeliness of delivery of interventions (comparison of work plan and actual implementation)
- Stakeholder feedback on timelines of implementation
- Challenges affecting timely implementation
- Numbers reached with interventions against the plan
- Perceptions of stakeholders on the quality of interventions/commodities/equipment
- Perceptions of stakeholders on the adequacy of the interventions to make the changes

**Finding 14:** JPGE-III's timeliness varied, with school feeding programmes delivered reliably, while delays in other critical interventions highlighted systemic inefficiencies and logistical challenges, particularly in rural areas.

The timeliness of intervention delivery under JPGE-III varied across activities and locations. The school feeding programme stood out as a consistent success, with reliable implementation across districts, ensuring learners received meals on time. This punctuality helped address hunger-related absenteeism and kept children engaged in school, as highlighted by stakeholders across the various districts. Although initial delays in supply of food from local farmers were cited by programme staff, arrangements with the local farmers were made to ensure constant and timely supply of goods at schools despite inefficiencies in fund disbursement.

*"The feeding programme was consistent and timely, which helped address hunger-related absenteeism."* KII Head teacher Salima

*"The feeding programme remained on schedule, but teacher training sessions were delayed in several schools."* KII CSE Teacher Dedza

In contrast, delays were common in teacher training sessions, infrastructure development projects, and community-level advocacy campaigns. These delays affected the programme's ability to achieve its objectives within the expected timeframe. The causes of these delays were multifaceted, with logistical constraints, delayed funding disbursements, and bureaucratic hurdles being the most prominent factors.

Logistical challenges were particularly acute in Kasungu, where poor road infrastructure and transport delays hampered the timely delivery of materials and services. These issues were less pronounced in areas like Salima and Mangochi who faced systemic inefficiencies such as late funding releases and misaligned timelines among implementing partners. Delays in fund disbursement disrupted the scheduling of key activities, forcing adjustments that ultimately reduced programme efficiency. Bureaucratic processes further exacerbated delays, as highlighted by stakeholders who expressed frustration with slow approvals and procedural requirements. Teacher training sessions, delayed by logistical and funding issues, possibly slowed the adoption of improved classroom practices, particularly in remote schools. Similarly, community advocacy campaigns, essential for promoting gender equality and child protection, were often delayed, limiting their immediate impact on social norms, a critical barrier which the programme was aiming to address.

*"The sessions on gender equality and child protection sometimes started later than planned."* KII CSO implementing partner Dedza

*"Poor road networks affected the timely delivery of materials to schools in remote areas."* KII CSO implementing partner Salima

*"Funding would come a bit late, and as such, the programme had to adjust to fit the new timeline."* KII government Salima

*"The project has had good funding. However, the bureaucratic delays impacted the timeliness of activities."* KII ministry of health national level

*"No, it (funding) doesn't come on time, and that affects our planning."* KII PTA chairman Salima

*"Some community sessions had to be postponed because funds came late."* KII, CSO implementing partner

*"The funding process was complicated and sometimes caused bottlenecks."* KII UN

*"Getting materials to rural schools took much longer than anticipated."* KII government (health) Dedza

**Finding 15: While JPGE-III achieved significant progress in delivering key interventions, critical gaps emerged in disability-inclusive infrastructure and the geographic coverage of Social and Behaviour Change (SBC) campaigns, limiting the programme's ability to achieve transformative and inclusive impacts.**

JPGE-III's interventions were designed to create inclusive, safe, and equitable learning environments through teacher training and other educational programmes. These efforts promoted inclusive practices among educators and communities, aiming to ensure that all learners, including children with disabilities, could benefit from improved education systems. However, stakeholders emphasized that the absence of adequate infrastructure for children with disabilities undermined these objectives.

Although infrastructure development was not directly part of JPGE-III interventions, it was critical for complementing the inclusive learning outcomes promoted through teacher trainings delivered via UNICEF. Without adapted facilities such as ramps, accessible toilets, and specialized learning aids, the impact of these trainings remained limited in many schools. This gap disproportionately affected learners in remote and underserved areas, where infrastructural challenges are more pronounced. Stakeholders pointed to poorly maintained buildings and insufficient learning spaces as additional barriers that hindered the programme's sustainability and equitable reach.

*"The feeding programme reached most planned schools, but infrastructure for children with disabilities was not fully addressed."* KII UN

*"More is needed to support children with disabilities and improve school facilities."* KII SHC Mangochi

*"The budget for feeding was appropriate, but infrastructure for children with disabilities needed more funding."* **KII PTA member Salima**

Similarly, SBC campaigns, which were key to addressing harmful social norms and promoting gender equality, faced significant resource constraints. These campaigns were instrumental in JPGE's broader goals of reducing early marriages, promoting child protection, and fostering behaviour change at the community level. However, limited financial resources prevented the campaigns from reaching all targeted districts, particularly those most affected by entrenched social norms. This shortfall reduced their potential to drive transformative change and address key barriers to education, especially for girls.

*"We couldn't reach all targeted districts for SBC campaigns due to resource constraints."* **KII, CSO implementing partner Dedza, Dedza**

*"Feeding programmes were well-funded, but community advocacy could have used more resources."* **KII, CSO implementing partner Dedza, Mangochi**

**Finding 16: Stakeholders perceived the quality of JPGE interventions as generally positive but gaps in the adequacy, appropriateness and the timely delivery of some interventions occasionally undermined the effectiveness of the programme.**

The quality of interventions under JPGE was widely praised by stakeholders for their relevance and effectiveness. SBC campaigns promoting child protection and girls' empowerment through IMpower were particularly well-received, with community representatives highlighting their effectiveness in engaging local populations and fostering meaningful discussions around social norms. Similarly, the school feeding program was consistently recognized for its high-quality delivery, which contributed to improved school attendance and learner engagement.

*"Our campaigns on child protection and gender equality were well-received by the communities."* **KII CSO implementing partner, Dedza**

*"The feeding programme was high-quality, but teaching materials were not always sufficient or appropriate."* **KII CSE teacher, Salima**

Despite these successes, gaps in the adequacy and appropriateness of resources were highlighted, particularly in the context of teaching materials. Some stakeholders, including teachers and programme staff, noted that materials occasionally failed to meet expected standards or were insufficient to fully address the needs of learners. These shortcomings affected the quality of classroom delivery in some instances and limited the reach of otherwise impactful interventions.

While the quality of received commodities was often satisfactory, late deliveries undermined their intended impact by disrupting the planned timelines of activities. Government implementing partners and school staff emphasized the importance of timely and adequate supplies to ensure the effectiveness of interventions. There was therefore need for better alignment between programme resources and community needs, as well as enhanced logistical planning to ensure timely and sufficient delivery of commodities across all districts.

*"While the interventions were effective, some commodities like teaching materials did not meet the expected standards, which impacted delivery quality."* **KII SHN coordinator, Ministry of Education, Kasungu**

*"Usually we've had good quality commodities, but sometimes the quantities were insufficient to meet the needs."* **KII, Ministry of Health, Mangochi**

*"Yes, for example, like what we received during the SRH drive, the quality was great."* **KII, Ministry of Education, Dedza**

#### **4.3.2 Allocation efficiency**



**Main question:** Were the resources (funds, human resources, time, expertise, etc.) allocated strategically to achieve the intended outcomes?

- Proportion of budget allocation for programme outcomes against level of change needed on indicators (cost of delivering outcome)
- Perceptions of stakeholders on budget allocation for the outcomes for achievement of the programme objectives
- Cost per beneficiary for each outcome

**Finding 17: Financial and human resource allocation was strategically allocated but efficiency could have been enhanced by increased investments in programme management.**

Much of the funding for JPGE went to beneficiaries demonstrating efficiency in allocation. However, the programme could have invested more in monitoring and evaluation to strengthen performance measurement, learning and communication of programme impact. The programme did not have a structured monitoring system in place but depended on individual agency monitoring systems. This led to disjointed monitoring of the programme and its failure to fully capture the performance of the programme by implementers. The absence of baselines in each of the three phases was also a reflection of this disjointed nature. Attempts by individual agencies to develop some baselines for their work may have introduced inefficiencies.

As noted earlier, and to enhance efficiency in the integrated model, the programme needed to consider a programme management unit staffed with staff of the PUNOs to manage implementation of the components. This would have enhanced accountability between agencies and addressed some of the implementation bottlenecks regarding delays which negatively affected integration of interventions in instances.

**Finding 18: Financial and human resources were allocated strategically to align with programme priorities, ensuring key interventions like school feeding programmes received adequate funding. However, delays in fund disbursement disrupted the timely implementation of activities, particularly in rural areas.**

Stakeholders recognized that JPGE-III allocated resources in alignment with its programmatic goals, prioritizing interventions like school feeding programmes and SBC campaigns. These efforts ensured that high-impact activities could be consistently delivered, contributing to improvements in learner attendance and community engagement. For example, the school feeding programme was frequently highlighted as a success, with adequate funding enabling smooth implementation across most districts.

Despite this strategic approach, delays in the release of funds frequently disrupted planned timelines, forcing partners to adjust activities. This issue was particularly pronounced in Salima and Dedza, where logistical challenges further compounded the effects of late disbursements. Stakeholders noted that such disruptions often reduced the programme's efficiency and limited the immediate impact of interventions.

*"Funding would come a bit late, and as such, the programme had to adjust to fit the new timeline." CSO implementing partner, Salima)*

*"For the school feeding programme: for phase 3 activities, the funds were well allocated but slightly delayed at times." KII UN*

**Finding 19: Regional disparities in resource adequacy limited the programme's impact in underserved areas, with some districts often receiving fewer resources compared to others.**

While resource allocation was equitable in intent, practical implementation revealed disparities between rural and urban districts. Stakeholders in some areas in Dedza and Salima reported shortages in resources for outreach activities and key programmes. These disparities were attributed to logistical challenges, including

transportation issues and higher costs associated with delivering services to remote areas. Such resource imbalances reduced the programme's ability to achieve equitable outcomes across all target districts. While urban districts often had greater access to resources, underserved rural communities faced barriers that limited the programme's reach and impact.

*"Resources were allocated reasonably, but some districts reported shortages in funds for key activities."* — (Chief of Department of Agriculture and Extension Services, Ministry of Agriculture)

*"Rural districts received fewer resources for outreach activities, which reduced the programme's overall impact."* — (Ujamaa Pamodzi, District Project Coordinator)

**Main question:** What processes can be optimized for greater efficiency in future iterations of the programme?

- Suggestions from stakeholders on processes that could be optimized for greater efficiency in future iterations
- Interventions with the inefficient cost units

**Finding 20: Optimizing procurement, fund disbursement, and local logistics can significantly enhance programme efficiency by reducing delays, minimizing costs, and ensuring timely resource utilization, particularly in remote areas.**

Stakeholders consistently highlighted delays in fund disbursement, inefficiencies in procurement processes, and logistical challenges as key barriers to achieving greater efficiency. Late fund releases disrupted activity timelines, forcing implementing partners to adjust plans and reducing the programme's overall effectiveness. Streamlining fund disbursement processes would ensure timely availability of resources and minimize such disruptions.

Procurement processes also presented opportunities for improvement. Enhanced coordination between procurement teams and partners could reduce delays and wastage, while prioritizing local sourcing was identified as a practical strategy to lower transportation costs and shorten delivery lead times. Stakeholders emphasized that local sourcing could improve efficiency, particularly for schools in remote districts.

Logistical inefficiencies were particularly pronounced in rural areas, where poor infrastructure and lengthy supply chains delayed the delivery of materials. Strengthening district-level supply chains and improving local coordination would expedite delivery times, reduce transportation costs, and ensure that resources are available when needed. These improvements would have a direct impact on the programme's ability to serve marginalized communities effectively.

*"Streamlining procurement processes and enhancing coordination among partners could help reduce costs and ensure timely resource utilization."* KII UN

*"If funds were released faster, we could have avoided delays in implementation."* CSO implementing partner, Mangochi

*"Better logistics at the local level would make delivery faster and more cost-effective."* KII, Ministry of Health, Dedza

*"The distribution process needs improvement to reduce wastage and delays, especially for remote schools."* KII UN

**Finding 21: Enhanced collaboration and alignment among partners can prevent delays and improve program coherence.**

Stakeholders identified the need for improved collaboration and alignment among UN agencies and implementing partners. Misaligned timelines and frameworks were noted as key challenges that often caused

delays and inefficiencies. By improving coordination, partners could better align their activities, avoid duplication, and ensure that resources are used effectively.

This alignment would also enhance the coherence of programme implementation, enabling partners to address challenges more collaboratively and achieve greater synergy in their efforts. Enhanced collaboration is particularly critical in multi-agency programmes like JPGE-III, where effective coordination is essential for maintaining efficiency and impact.

*"Better alignment of partner timelines would help avoid delays and conflicts."* KII CSO implementing partner Salima

*"The costs per beneficiary seemed high for some interventions, which raises questions about overall efficiency."* KII UN

## 4.4 Effectiveness

### 4.4.1 Achievement of the (intended) objectives

**Main question:** To what extent were key interventions contributing to achieving planned outcome results?

- Proportion of programme indicators with targets fully met or exceeded
- 1. Association between observed outcomes and key interventions (exposure to CSE, SRH services, improved quality of education, school feeding, etc.)

Findings in this section are organized in accordance with the programme's results framework (Annex 3: Results framework and Annex 4: JPGE Theory of Change).

#### **Outcome 1: Adolescent girls and boys are effectively taught and learn in an all-inclusive and gender sensitive environments**

#### **Finding 22: JPGE effectively built teacher capacity, transformed classroom practices, and empowered students to foster safer, inclusive, and gender-responsive learning environments.**

Through targeted training in child-friendly schooling (CFS), gender-responsive pedagogy (GRP), life skills, and comprehensive sexuality education (CSE), JPGE equipped teachers in treatment schools to create inclusive and engaging classrooms. Adoption rates for learner-centred and gender-responsive teaching practices were significantly higher in treatment schools (95.9% and 73.5%, respectively) than in control schools (77.4% and 49.3%). These efforts translated into student empowerment, particularly for girls, who reported feeling safer, more confident, and better equipped to navigate challenges.

The programme also prioritized equipping teachers with practical skills to transform classroom environments, focusing on inclusivity and equity. Over 42.6% of teachers in treatment schools were trained in CFS methodologies compared to just 5.5% in control schools, while 39.7% received GRP, life skills, and CSE training (compared to 9.7% in control schools). Notably, retention rates exceeded 80%, ensuring the sustainability of these changes.

The qualitative data underscored the tangible impact of these efforts. Teachers reported feeling more confident addressing sensitive topics, such as gender-based violence and sexual and reproductive health, and creating spaces where students felt safe to express themselves. Students echoed these sentiments, highlighting how the programme empowered them to recognize and assert their rights. Girls in particular felt more secure both at school and at home, signaling that the programme's interventions reached beyond classrooms into broader community dynamics.

The adoption of learner-centred and gender-responsive methodologies led to significant changes in classroom practices. Teachers in treatment schools used techniques that actively engaged both boys and girls, reducing gender-based disparities in participation. For instance, life skills education encouraged boys to respect and collaborate with their peers, fostering a culture of mutual respect. Girls became more vocal and confident, reporting their ability to challenge harmful practices such as early marriages and unsafe behaviors. Furthermore, qualitative data reflects student perceptions which highlighted that teachers were now more flexible, supportive, and understanding. Learners appreciated that teachers took the time to explain concepts, address individual difficulties, and ensure inclusive participation, contributing to a sense of belonging and safety.

*"The training we received on CSE has improved how we handle sensitive topics, making students feel more comfortable."* **KII CSE Teacher Salima**

*"Our students are more confident and better informed about their rights and health."* **KII headteacher Mangochi.**

*"I learned that boys should respect girls and treat them well."* **IDI, Mkumba Mangochi**

*"Since the JPGE programme started, everything changed. The lessons became more interesting because we all had learning materials in class."* **FGD male learners Salima**

### **Finding 23: JPGE improved foundational literacy and numeracy, but gaps in supporting infrastructure limited the full potential of these gains.**

JPGE interventions significantly improved foundational literacy and numeracy among learners by providing adequate learning materials and fostering inclusive teaching practices. However, limitations in supporting infrastructure, including under-resourced teacher resource centres and largely non-functional box libraries, reduced the effectiveness and sustainability of these gains.

The JPGE programme demonstrated clear success in improving foundational literacy and numeracy outcomes by addressing resource gaps in treatment schools. Qualitative data revealed that access to books and materials played a pivotal role in enhancing learners' reading and writing skills. Both boys and girls expressed satisfaction with the improved availability of books, noting that these resources allowed for regular practice and better comprehension during lessons. Girls, in particular, highlighted improvements in exam performance and classroom participation, signaling progress in closing the gender gap in education.

*"Reading books, we are happy with these reading books because now we are able to read."* **FGD female learners Mangochi**

*"The performance of girls has improved in class; more girls now pass exams and their participation in class has improved."* **FGD female learners Mangochi**

Boys emphasized the sufficiency of materials in supporting their transition to secondary education, indicating that the interventions had a broad and sustained impact across genders. In Salima, learners attributed their academic improvements to the increased availability of materials, while in Dedza and Mangochi, students expressed enthusiasm for having books to read for the first time. These reflections underscored the programme's effectiveness in targeting underserved regions.

*"Books and tablets equip us with knowledge."* **FGD male learners Mkumba Mangochi**

*"The books have improved our learning and reading skills. Most of us can now read because there are many books to practice on."* **FGD male learners Makankhula Dedza**

However, gaps in supporting infrastructure, including teacher resource centres and box libraries, posed challenges to the program's scalability and sustainability. Only 29.23% of treatment schools used teacher resource centres, and those centres were insufficiently resourced, with 83.3% of treatment teachers noting inadequacies. The location of these centres was frequently cited as a barrier, with teachers and students

reporting limited access. This limited the programme's ability to sustain teacher capacity-building efforts beyond initial training.

*"Not all teachers visit the resource centres, and some still lack the materials they need."* **KII government district level Dedza**

*"Teachers complain that the resource centres are far and hard to access."* **KII government district level Mangochi**

Box library centres were also found to be underutilized, with only 16.9% of treatment schools having library centres, 86.2% of which were non-functional. While some schools benefitted from donated books, the absence of fully operational library infrastructure constrained students' ability to access materials consistently. The qualitative data highlighted disparities in access, with learners in Mangochi noting the positive impact of libraries where they existed, compared to other districts where no such facilities were available. Despite these challenges, the programme succeeded in fostering a culture of reading and learning, which students and teachers alike valued. Moving forward, addressing infrastructure gaps through better resourcing and improved accessibility could enhance the long-term impact of JPGE's foundational literacy and numeracy interventions.

*"This has helped us in our education because we are now able to go to the library and borrow any book of our choice and read, we can also take the book home to read."* **FGD female learners Mangochi)**

**Finding 24: The Girls Education Scholarship Fund under JPGE was not implemented as planned, but alternative support mechanisms provided some benefits.**

According to the 2019 JPGE II Annual Narrative Programme Report, 509 vulnerable girls successfully continued their education into secondary school through the support of education scholarships. However, the report also highlights that no new students were added to the scholarship beneficiary list for the 2019-2020 period. Subsequent reports do not provide clarity on whether the scholarship fund remained operational beyond this timeframe. During the evaluation, evidence from the field suggests that this component may not have been implemented in recent years, raising concerns about its sustainability and continuity. Instead, 42% of treatment schools reported having girls supported by scholarship funds from NGOs, with 81.7% of these funds covering costs for primary, not post-primary, education. The absence of the planned Girls Education Scholarship Fund represents a significant gap in JPGE's intended contributions to long-term educational outcomes for vulnerable girls. The objective of ensuring continued education beyond primary school, particularly for girls facing systemic barriers—remained unmet.

However, the availability of scholarships through NGO partnerships partially mitigated this gap, providing short-term financial relief for primary education. This support may have contributed to improved attendance and retention rates in primary schools. Nevertheless, the focus on primary education alone limited the programme's ability to address critical transition points, such as supporting girls' progression to secondary school, which is essential for achieving gender parity in education and empowering girls to break cycles of poverty.

In the absence of a formal scholarship fund, other material and financial aid under JPGE and related NGO interventions played a crucial role in addressing immediate educational barriers. These included school uniforms, backpacks, shoes, and food aid. Such provisions were pivotal in fostering attendance, reducing stigma, and enhancing academic outcomes, especially for vulnerable learners. However, gaps in consistency and the eventual discontinuation of some provisions limited their sustained impact.

*"JPGE was able to provide us with money, and with this money, I was able to buy school uniform, shoes, and other things which I couldn't afford to buy. Then after some time, this initiative stopped."* **IDI, female learner Dedza)**

*"I received a school bag which I use to carry my notebooks and textbooks, and they are always safe."*  
(IDI, male learner Mangochi)

## **Outcome 2: Enhanced access to nutritious meals by boys and girls in targeted schools for improved learners school attendance**

### **Finding 25: The JPGE school feeding programme successfully improved access to meals and promoted dietary diversity. Gaps remained in food group variety and consistency across schools.**

The JPGE school feeding programme demonstrated measurable success in increasing access to food in treatment schools. Quantitative data showed that 97.4% of treatment schools had active feeding programmes, compared to 29.6% in control schools. Additionally, treatment schools provided meals on an average of 21 days per month, compared to 18 days in control schools, showing a significant advantage in feeding consistency. These results underscore the programme's effectiveness in addressing food insecurity and ensuring learners had access to meals regularly.

Efforts to include a variety of food groups were evident. Learners reported receiving maize flour porridge mixed with groundnut flour, sweet potatoes, cassava, and fruits like bananas, oranges, and peaches sourced from school orchards. These food items aligned with the programme's goal of introducing multiple food groups to combat adolescent malnutrition. Key informants confirmed that most schools aimed to provide at least four out of the six essential food groups, highlighting a step forward in promoting dietary diversity. However, gaps persisted in the consistent inclusion of food groups across schools. While some schools integrated vegetables such as mustard greens, okra, and tomatoes through school gardens, others primarily relied on maize-based staples, with limited access to proteins or diverse vegetables. This imbalance in food provision reduced the programme's ability to fully meet its nutritional goals.

*"We receive maize flour porridge mixed with ground nut flour, and we sometimes get fruits like bananas or mangoes."* **FGD female learners Salima**

*"In terms of effectiveness, most of the schools ensured that learners received nearly four of the six food groups we promote as a ministry, which include cereals and other essential items"* **KII, Ministry of Health, Dedza**

*"Some schools are implementing school meals programmes, but often, they offer limited food groups, perhaps a staple like maize or nsima and a protein source like beans. So, students are getting only two food groups—a staple and a protein. We need more variety in schools...Through the orchards, we're encouraging the production of local fruits like oranges, lemons, bananas, and peaches. These fruits are rich in essential micronutrients like vitamin A and vitamin C, which are crucial for good nutrition."* **KII, Ministry of Health, Dedza**

The programme's initiatives, including school gardens and farmer engagement, hold potential for sustainability but require greater support to scale up. Strengthening local food systems, ensuring regular procurement of diverse food items, and monitoring food group inclusion will be critical to achieving lasting improvements in adolescent nutrition.

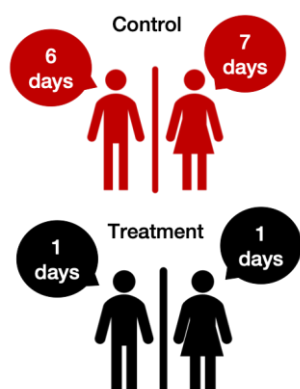
*"By introducing school gardens, we've promoted vegetables like tomatoes, mustard greens, and okra. These gardens have increased access to nutritious foods and provide practical learning on food production."* **KII UN**

### **Finding 26: The JPGE school feeding programme improved school attendance, and reduced undernutrition.**

The JPGE school feeding programme was critical in improving school attendance, as meals provided an essential incentive for learners to attend school regularly. Quantitative data revealed that feeding consistency was higher in treatment schools (21 days per month) compared to control schools (18 days), reducing absenteeism rates.

Additionally, learners in treatment schools were more likely to attend school regularly, even when food was unavailable at home (14.3% vs 20.4%). The programme's impact was particularly pronounced for girls, with 87.6% of girls in treatment schools attending school despite food shortages at home, compared to 83.7% of boys.

**No. of school days missed because there was no food at home**



School feeding had a significant contribution on school attendance for both boys and girls. While male and female learners from control schools missed six (6) and seven (7) days of school per term because there was no food at home, in treatment schools both males and females missed 1 day. These results also show the equaling effect of school feeding ensuring inequities in attendance between males and females were addressed. The programme had a more significant impact in highly food-insecure districts such as Dedza, where the average number of missed school days decreased from 11 days to just 1 day per term. This highlights the programme's success in ensuring education continuity, particularly for vulnerable populations. Qualitative findings reinforced this, as learners and key informants consistently emphasized that access to school meals motivated attendance and prevented school dropouts.

*"Before the programme, some children would stay home because of hunger. Now they are motivated to attend school every day because they*

*know there is food."* KII, School Health Coordinator

*"By providing meals at school, there has been a significant reduction in absenteeism. Children now come to school because they are assured of eating nutritious meals."* (KII, Ministry of Health, Dedza

A Value for Money Assessment of the Home-Grown School Feeding programme conducted in 2024 by the Harvard T.H. Chan School of Public Health found that the provision of school meals led to reductions of anemia. The report estimated that a "cohort of 1,000 learners who benefit from the SFP throughout their entire primary education would collectively see a reduction of around 360 cases of anemia compared to a cohort of the same size not reached by the SFP."<sup>11</sup>

However, full programme effectiveness was undermined by food quality issues and unequal distribution practices in some instances. Learners, particularly in a school in Dedza, reported that some meals were poorly prepared, lacked sufficient sugar, or included spoiled ingredients like rotten maize flour, which allegedly caused sickness. These incidents, such as learners experiencing diarrhea, highlight gaps in food safety practices & quality control during storage, preparation and supply chain management. However, this was not a widespread problem but demonstrates the need for closer school monitoring by district stakeholders and school level accountability structures, as well as enhancing awareness of better Food Safety & Quality practices to avoid potential foodborne illnesses & food loss.

*"The committee should ensure that maize flour for porridge is not rotten because it tastes bitter and causes diarrhoea."* FGD female learners Mkumba Dedza

Unequal distribution further exacerbated access challenges. Reports of favouritism—where children of those preparing the meals received larger portions or were served twice—created inequities, leaving some learners without sufficient food. Additionally, cases were reported where non-school-going children accessed the meals, further reducing portions for enrolled learners.

<sup>11</sup> Forzy, T., Iversen, I., Ramponi F., Masamba K., Machira K., Geresomo, N., Gautam P., Verguet S. (2024) Value for Money of School Feeding Programs in Malawi.

*"Sometimes the porridge is not enough, and we go back home hungry. Some of us do not receive the food because others get more."* **FGD female learners, Makankhula, Dedza)**

*"Sometimes parents just send their children who are not in school just to come and eat, and others receive more than once, which is not fair."* **(FGD Learner Girls, Nandembo, Mangochi)**

*"Sometimes the food is not enough for everyone, and I go home without eating. They should make sure everyone gets their share."* **(FGD Learner Girls, Mphunzi, Dedza)**

Addressing these challenges requires strengthened oversight mechanisms to ensure transparency, fairness, and accountability in food distribution. Regular monitoring of food quality, combined with capacity-building for food preparation teams, will also be essential to safeguard learners' health and maintain trust in the programme.

**Finding 27: The JPGE programme demonstrated flexibility through the introduction of take-home rations during emergencies, ensuring continuity of food access, however, challenges arose with the misuse of cash transfers and varied effectiveness across districts.**

The JPGE programme exhibited adaptability by shifting to take-home rations during emergencies, such as COVID19 school closures, floods, and droughts. JPGE school feeding records show that in 2021, **212,106** learners received take home rations, exceeding the planned target by over 100% as a result of extended funding into phase II schools in 2019.<sup>12</sup> This change in modality ensured that learners could still access food despite disruptions to the regular school feeding programme. Distributed items included maize and soya flour, which parents were encouraged to prepare at home. In some instances, the programme transitioned to monetary support, providing K5,000 per child per month, with K15,000 for girls, reflecting an effort to address gender-specific vulnerabilities.

*"During COVID19, it was flexible as it changed to take-home rations, which later on changed into monetary support of K5,000 per child per month. For girls, it was K15,000 per child per month."* **(KII, Head of School, Mphunzi, Dedza)**

*"During periods when schools closed or faced challenges like floods and drought, we included take-home rations to ensure continuity. These rations were distributed as maize and soya flour, which parents were encouraged to prepare at home."* **KII UN**

Key informants highlighted that while take-home rations were an important intervention, their effectiveness varied across districts. In some areas, take-home rations were successfully used to prevent hunger, as families prepared meals for children at home. For instance, in districts like Mangochi and Salima, rations provided temporary relief, ensuring continuity of food access during school closures.

*"COVID19 made it difficult to continue normal school feeding, so they introduced take-home rations. For example, families were given maize and soya to cook porridge at home. It was not as effective because not all families used it properly, but at least it helped during that time."* **(KII, School Health Coordinator, Dedza)**

However, challenges were reported, particularly with cash transfers. In districts such as Mangochi, it was reported that some parents misused the funds for non-essential purposes, such as alcohol consumption, which undermined the programme's effectiveness. Learners in these areas faced setbacks in their education, with reports of dropouts and declining performance due to food insecurity. Informants emphasized that on-site school feeding remained more reliable in guaranteeing food access, as it minimized the risk of diversion and misuse.

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<sup>12</sup> JPGEII final narrative programme reporting 2021



*"When schools closed due to COVID19, take-home rations ensured that learners could still access food. It was not perfect, as some parents did not use the rations for the intended purpose, but it was an important stopgap measure to prevent hunger and dropout."* **KII, District Nutrition Officer, Mangochi**

*"Yes, these were the right solutions. During COVID19, the programme was stopped, and they were giving money to parents to buy food for their children, but this did not work well. Some parents were using the money to drink beer, and this affected the performance of many learners and led to dropouts."* **KII, PTA/School Management Committee, Mangochi**

*"Res: During COVID19, the take-home rations included maize and soya, but later this turned into cash transfers. However, some parents misused this money, and the children did not benefit fully. When meals are cooked at school, the children are guaranteed food, which increases their attendance."* **KII, JPGE Coordinator, Dedza**

These results underscore the importance of strengthening monitoring mechanisms for cash transfers and providing clear guidance to families on the intended use of take-home rations. While the programme demonstrated flexibility during emergencies, improving oversight and supporting community accountability structures will be essential to maximizing the effectiveness of similar interventions in the future.

**Finding 28: The strengthened capacity of district government staff, school feeding committees, and smallholder farmers enhanced the effectiveness of the school feeding programme, with challenges in payment delays, supply chain management, and resource gaps limiting its full potential.**

District government staff played a critical role in ensuring the effective coordination and implementation of the school feeding programme. Capacity-building initiatives improved their ability to oversee food distribution, monitor programme activities, and engage with key stakeholders. The revitalization of Technical Working Groups at the district level facilitated better collaboration between the education and agriculture sectors, ensuring timely integration of smallholder farmers as suppliers. These efforts strengthened food security for schools and streamlined the supply chain.

*"The programme strengthened linkages between central and district levels. District-level Technical Working Groups were revitalized to oversee implementation and coordination of school meals."* **KII UN**

*"In terms of coordination, we are well coordinated with both the Ministry of Education and local community groups to facilitate the smooth running of the school feeding programme, especially in terms of timely food supply."* **KII government Mangochi**

However, delays in payments to smallholder farmers impacted the efficiency of the food supply chain. These delays disrupted farming activities and the timely delivery of food, which affected, to a small extent, the programme's ability to consistently meet learner's needs. This issue was resolved at some point during the programme, with arrangements between the district and small holder farmers that ensured consistent and timely supply of food items to the school.

*"The biggest challenge was that there were delays in payments, which affected the timing of buying inputs and thus impacted the farming activities."* **KII, Ministry of Education (SHN), Mangochi**

The effectiveness of the school feeding programme was supported by school feeding committees, which demonstrated strong leadership and capacity to manage meal preparation and food distribution. Such committees were meant to ensure some degree of transparency – which was not always the case according to learners, and community involvement, key factors in delivering school meals efficiently. Their role in organizing local resources and engaging parents further contributed to the programme's reach and implementation.

*"Parents and community members formed committees to support the school feeding programme, ensuring transparency in food preparation and distribution."* **(KII, PTA/School Management Committee, Mangochi)**

While their leadership was crucial, the committees' limited ability to mobilize independent funding constrained the programme's long-term effectiveness. Without external financial support, committees were unable to fully sustain the school feeding activities.

*"It will be difficult to continue the feeding programme as we do not have adequate funds or resources, and the community alone cannot provide for it." FGD SMC Dedza*

*"As a committee, we will have no funds to sustain the school feeding activities after the programme ends." FGD SMC Mangochi*

The integration of smallholder farmers into the school feeding programme significantly enhanced its effectiveness by ensuring a steady supply of locally sourced, seasonal nutritious food.<sup>13</sup> Capacity-building initiatives, including training on post-harvest handling, food quality management, and market access, enabled farmers to deliver food reliably and improved the quality of produce supplied to schools. This local procurement strengthened linkages between the agricultural and education sectors, contributing to the programme's success.

*"We trained smallholder farmers on post-harvest handling, food quality management, and market access to improve the sustainability of the school feeding programme." KII UN*

The programme also delivered significant economic benefits for smallholder farmers (SHF), improving their livelihoods and enabling them to better support their children's education. A value for money assessment of school feeding programmes in Malawi found that the HGSP programme by WFP transferred USD 5.4 million to 34,000 smallholder farmers in 30 farmer organizations. This translated to an average of USD 158 per smallholder farmer.<sup>14</sup> This created a positive feedback loop where improved incomes enhanced household food security and education outcomes.

*"The programme has helped a lot by retaining children in school, and as farmers, the income we receive from selling farm produce has improved our financial situation." (FGD, SHF, Mkumba, Mangochi)*

*"There is a lot of improvement in our livelihood. We are now able to support our children." (FGD, SHF, Makankhula, Dedza)*

**Outcome 3 and 7: Adolescent girls and boys in the targeted schools and out of school have access to SRH information and services (3); and Out-of-school adolescent girls acquire SRH and life skills (7)**

**Finding 29: The programme contributed to safer sex practices but more so among adolescent boys than girls when control and treatment groups are considered.**

Among 9.9% of learners that have ever had sex, 69.2% in treatment compared to 50% in control used a condom during the first time they had sex. Similarly, 69.2% among treatment and 43.8% among control had used a condom during their last sexual encounter. Condom use at last sexual encounter in JPGE areas was higher than national average figure for rural areas for 15–19-year-olds according to the Multiple Indicator Cluster Survey (MICS) for Malawi of 2021 (**Boys: 63% in MICS compared to 71.4% among JPGE beneficiaries; Girls: 31% in MICS compared to 66.7% among JPGE beneficiaries**). However, the differences between control and treatment learners are not statistically significant for both first and last sexual encounter ( $p=0.1476$  and  $p=0.0850$ ) despite the practical difference between them. More males (71.4%) than female (66.7%) learners had used a condom during their first and last encounters. However, in Dedza the programme seems to have had a greater effect on

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<sup>13</sup> JPGEII final narrative programme reporting 2021

<sup>14</sup> Forzy, T., Iversen, I., Ramponi F., Masamba K., Machira K., Geresomo, N., Gautam P., Verguet S. (2024) Value for Money of School Feeding Programs in Malawi.

females as 0% of girls in non JPGE schools had used a condom at their first and last sexual encounter compared to 66.7% in JPGE schools.

Out-of-school adolescent girls and young women were more sexually active than those currently in school – having sex an average of 16 times in the 12 months preceding the survey compared to once for in schoolgirls – and therefore were at higher risk of sexually transmitted infections (STIs). Condom use was however almost similar to those in school at 68.2% and 62.8% in the first and last sexual encounter. As noted earlier this is still higher than reported by the MICS of 2021 showing the programme is contributing to safer sex among adolescent and young people in programme areas as noted by respondent in an FGD with out-of-school girls:

*“...before these lessons, and sometimes when I meet a man it was okay to sleep with him without protection but after JPGE lessons [through the safe spaces] I make sure I shouldn't sleep with any man without a condom. Just to add I learnt to value myself because girls are expensive [valuable]”.* FGD out-of-school girls Mphunzi, Dedza.

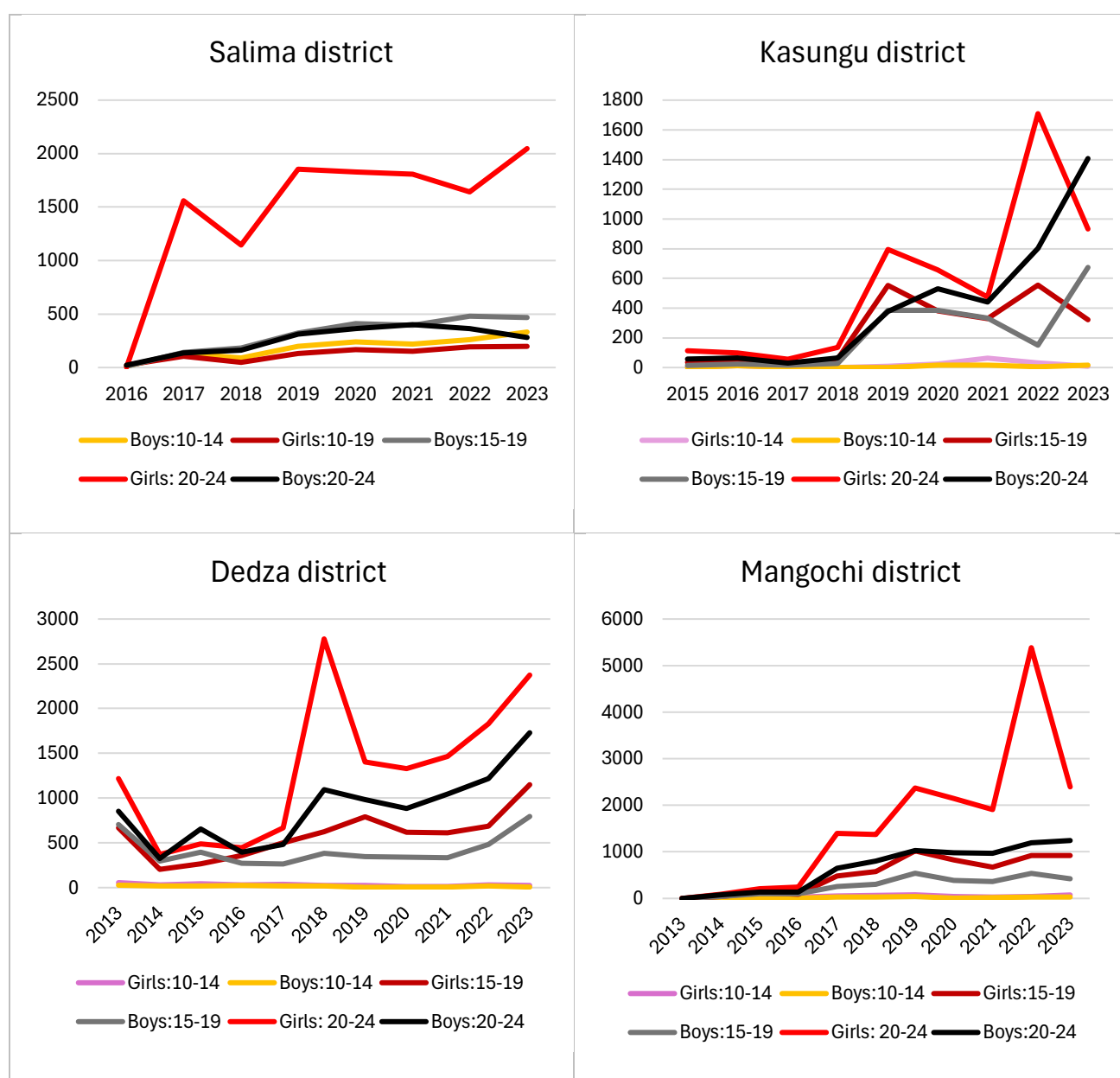
### **Finding 30: While condom use is increasing, reported STI infections were also increasing.**

The evaluation analysed District Health Management Information System (DHIS) data for the pre-intervention period (2013) and intervention period January 2014 until December 2023. This data was collected from clinics supported by the programme in the four districts. Figure 6 presents trends in STI cases recorded at these facilities. In general, and across all age groups and sexes, STI cases have increased more than three to four-fold in all districts. While these trends may rebuff the effect of increased safe sex, there are several reasons for these trends. The first is that the facility catchment area includes more adolescents and young people than reached by the programme. The programme, over its 12-year period, reached 49% of adolescents and young people (271,300 out of 553,225)<sup>15</sup> in the districts with SRH related interventions. Thus, a large proportion also accessing the services remained unexposed to the programme interventions. Secondly, increased availability of youth friendly services, knowledge of STIs etc may have led to greater health seeking and in turn an increase in the number of adolescents and young people seeking health care for STIs. This can be substantiated by the observed increase in STI cases across all districts once the programme began to mature in the first phase – between 2017 to 2018. However, both these hypotheses are difficult to ascertain as more in-depth investigation was required.

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<sup>15</sup> Uses data from 2018 census and programme progress reports. Also includes reduction of numbers to unique individuals by reducing facility visits by 80% for repeat clients and accounted for graduation of adolescents and young people from the age group over the 12 years.

Figure 6: Trends in reported STI cases in the four districts



**Finding 31:** Youth friendly corners have been effective in providing youth friendly SRH and HIV services to young people. The number of adolescent girls and boys using services at these facilities increased during the JPGE years. However, their coverage for in-school and out-of-school was lower than expected.

The programme renovated or established youth friendly health service provision centres (youth friendly corners) at existing health facilities. About 53 facilities had at least two health workers trained in youth friendly health service provision. About 1,085,103 (597,501 girls, and 487,601 boys)<sup>16</sup> adolescents and young people (10-24 years) used youth friendly health services from 2014 to 2023 across the four districts (for Kasungu only the last phase of the JPGE was included in the analysis). Figure 7 and show the results of the endline survey for out-of-school boys and girls on their knowledge and use of youth friendly corners. Findings of the endline survey show that 58.8% of the out-of-school girls that went through the community safe spaces initiative know about youth friendly corners. Given that youth friendly corner

<sup>16</sup> DHIS of the Ministry of Health data extracted October 2024.

services are discussed during sessions, this was low knowledge. Of these less than half have visited the youth friendly corner for services (33.3%).

The proportion of in-school learners that know about youth friendly corners is lower than out-of-school girls (Figure 7). More treatment learners (34.2%) than control learners knew about them ( $p=0.0121$ ). As with out-of-school girls the proportion that know and use youth friendly corners is low for in school learners (29.1% treatment and 32.4% control,  $p=0.6337$ ).

Figure 7: Knowledge of youth friendly corners

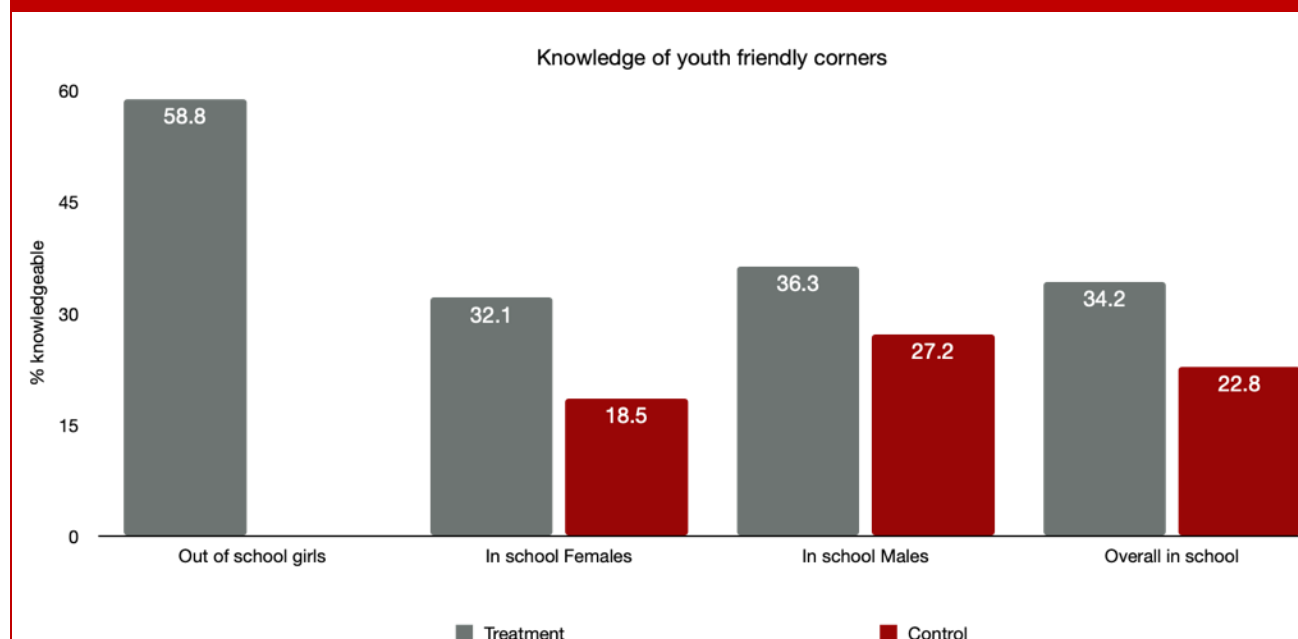
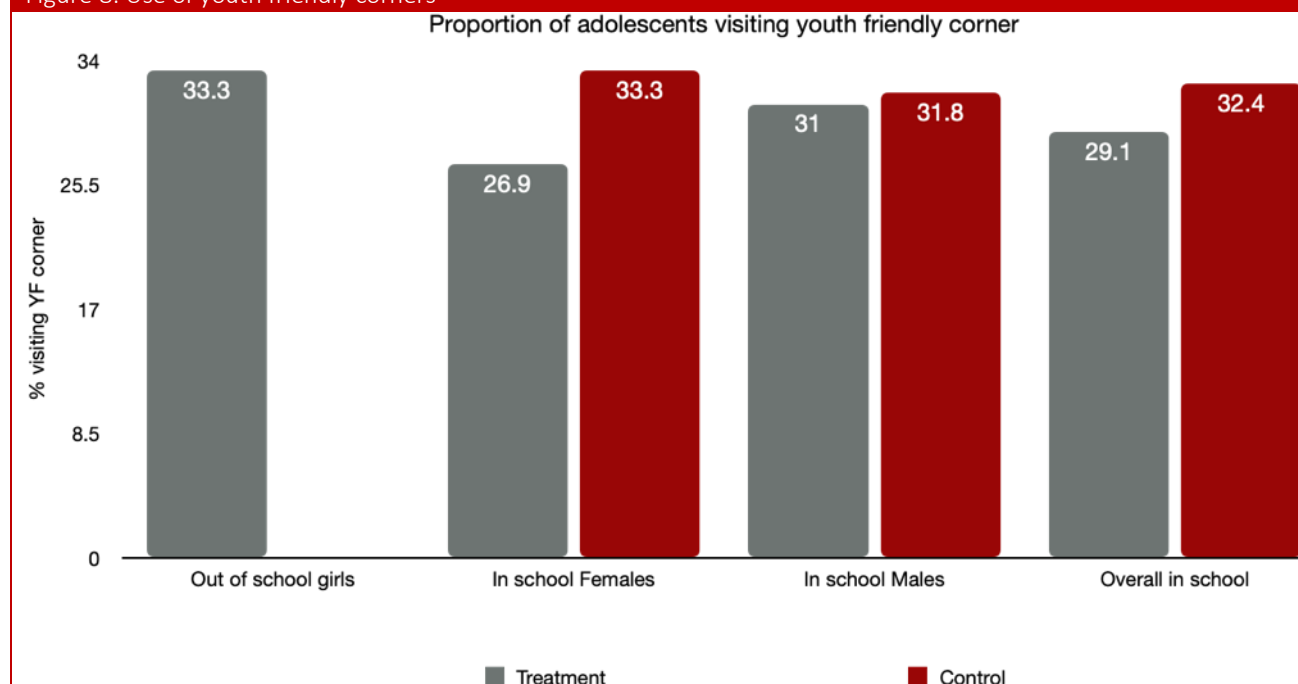


Figure 8: Use of youth friendly corners



Source: Survey results

Nonetheless, the programme seems to have improved health centre SRH service delivery for adolescents and young people. In school adolescents that had visited the youth friendly corner for services in both treatment

and control schools had rated 9 out of 10 for the question, “If you need the same service/information, how likely are you to go to the youth friendly corner?”. Female learners although still highly likely to use the services at the youth friendly corner, rated this slightly lower with an average score of 8 out of 10. One female student from Dedza noted how the quality and availability of SRH services had improved their confidence to seek services, “we are more confident now to talk about our sexual reproductive health than before. We can use these SRH services now than before”. This high satisfaction with services at youth friendly corners juxtaposed with lower usage among those learners that know about them, show the programme needed to integrate social mobilisation activities associated with the youth friendly corners to enhance their usage among in school adolescents. Although the programme partly addressed this through creating linkages between the school and youth friendly corners (91.3% of treatment schools compared to 50% in control schools)<sup>17</sup> that led to nurses from these sites coming to the school to provide health awareness, it might not have been adequate.

*“Every Wednesday a health service provider comes to give us health talks and check-ups. These health talks have helped us to stay healthy and make better decisions.” FGD female learners Ngolowindo, Salima*

Out-of-school girls that have used youth friendly health corners had rated their likelihood of repeat use of the service lower at an average of 7 out of 10 but still overall high. In general, over 85% of learners and out-of-school girls were highly likely to use the youth friendly corner again for SRHR/HIV services showing the impact of the programme in improving youth friendly health service provision through the accreditation and its monitoring in targeted health facilities. It also demonstrates the capacity of health workers to deliver services as noted by out-of-school girls – that there is no stigma or judgement at the facility. This is also substantiated by the analysis of confidence of learners and out-of-school girls to use services at youth friendly corners (See Table 11 and Table 12). The evaluation used “confidence to use services” as a proxy for quality of services including reduction in stigma and discrimination in use key bottlenecks for adolescents and young people’s use of SRH and HIV services. For learners, while confidence to use SRH services was high, female learners had lower confidence levels across all SRH and HIV services with the worst being confidence to seek contraceptives (41.4% for girls compared to 67.1% for boys) (See Table 11). Given the high levels for other services, the challenge could be to do with self-stigma. Alternative approaches were needed, especially for those in standard 7 to 8 where pregnancies occur, to ensure increased access to contraceptives and lower dropout rates among girls.

Out-of-school girls had higher confidence to access SRH and HIV services demonstrating the effect of the safe spaces on improving knowledge reducing self-stigma (through self-efficacy) and stimulating demand for services (Table 12).

**Table 11: Confidence of learners to use SRH and HIV services in local clinics**

	Dedza			Mangochi			Overall		
(highly likely (8-10); somewhat likely (5-7); less likely (below 5)	F	M	T	F	M	T	F	M	T
I am confident to seek information on sexual (correct use of condoms, prevention of STIs) and reproductive health (including pregnancy and family planning) from the staff at the clinic at the local clinic/hospital/mobile clinic	69.1%	92.5%	80.7%	75.3%	88.9%	82.1%	72.2%	90.7%	81.4%
I would be very comfortable to receive treatment for an STI at the local clinic/hospital/mobile clinic	72.8%	92.5%	82.6%	80.2%	87.7%	84%	76.5%	90.1%	83.3%
I would be very comfortable getting tested for HIV at the local clinic/hospital/mobile clinic	91.4%	92.5%	91.9%	86.4%	88.9%	87.7%	88.9%	90.7%	89.8%
I would be comfortable collecting contraceptive methods from my local clinic/hospital/mobile clinic	33.3%	68.8%	50.9%	49.4%	65.4%	57.4%	41.4%	67.1%	54.2%

<sup>17</sup> Schools that said yes to, “Is your school linked to an accredited youth friendly health service (YFHS) site?”

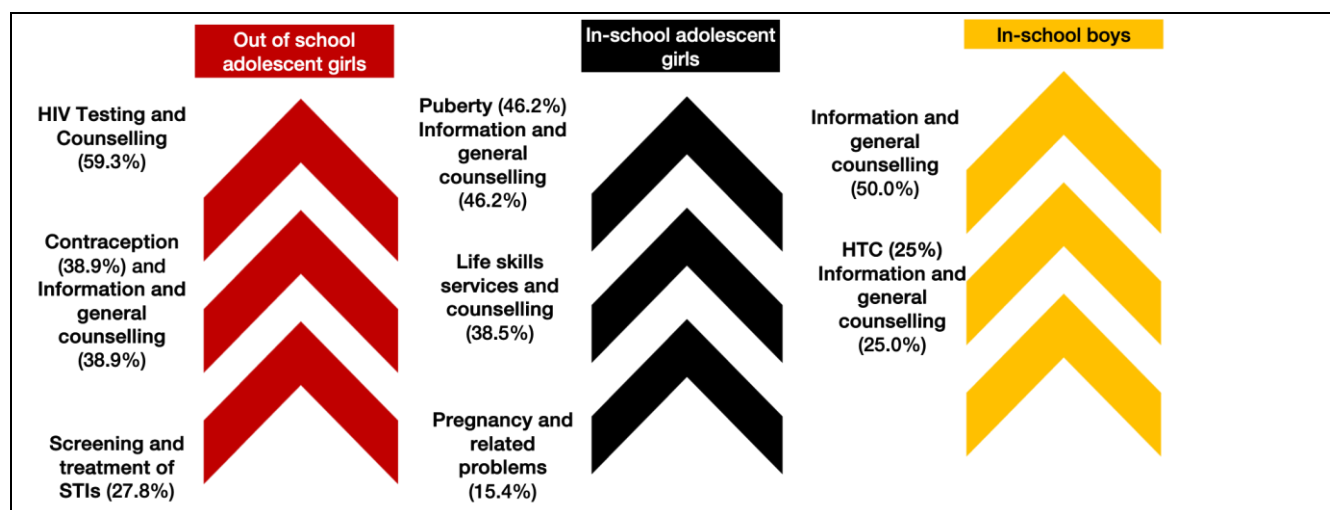
Table 12: Confidence of out-of-school girls to use SRH and HIV services in local clinics

	Dedza	Kasungu	Mangochi	Salima	Overall
I am confident to seek information on sexual (correct use of condoms, prevention of STIs) and reproductive health (including pregnancy and family planning) from the staff at the clinic at the local clinic/hospital/mobile clinic	91.9%	100%	93.8%	95.6%	93.9%
I would be very comfortable to receive treatment for an STI at the local clinic/hospital/mobile clinic	98.4%	100%	100%	95.6%	97.6%
I would be very comfortable getting tested for HIV at the local clinic/hospital/mobile clinic	98.4%	100%	100%	95.6%	97.6%
I would be comfortable collecting contraceptive methods from my local clinic/hospital/mobile clinic	82.3%	100%	90.6%	88.2%	86.7%

Source: Out-of-school survey

Figure 9 shows the most used SRH/HIV services by categories of adolescents at youth friendly corners. Out-of-school girls primarily used youth friendly corners for non-information related services when compared to in-school adolescents.

Figure 9: Services used at youth friendly corners



Source: Learner survey and Out-of-school survey

**Finding 32: Safe spaces were effective in providing basic literacy, economic empowerment, improving SRH and nutrition practices.**

A total of 23,476 adolescent girls and young women went through the safe space initiative over the course of the JPGE receiving SRH information and services, nutrition and child support, foundational literacy, economic empowerment activities, support for reintegration in school, gender-based violence and reporting mechanisms, and peer support in various areas of their lives. The out-of-school girls survey showed that 61.8% of out-of-school girls found the safe space helpful. The most mentioned benefits in the qualitative survey in order of most mentioned were:

1. **Basic literacy:** majority of out-of-school girls had low literacy without being able to read and write which they found as a challenge in undertaking various livelihood activities that required reading and writing. The basic literacy or foundational literacy training was able to help them improve their reading and writing skills. About 12,597 adolescent girls and young women went through the basic literacy training over the course of the JPGE.

*“Before this programme started we had challenges with finances, and for one to run a business needs to have knowledge on how to read and write, and when this program came we were eager to learn to write and read.” another one noted, “just to add concerning finances, if one has purchased items from anyone and it happens that person doesn’t know how to read and write, it’s not possible to give the correct amount of change. Through this project, we learned how to give back change.” FGD out-of-school girls, Makankula, Dedza*

2. **Economic empowerment:** vocational skills, the savings and loan schemes, and opportunities to start a business that have given out-of-school girls alternative livelihood options that increased their incomes including less reliance on their husbands.

*“The safe space has helped as to do business, and we are able to pay school fees to our little brothers and sisters.” And another added, “Safe space taught us different skills and some of us we saw clothes and sell all through UNFPA safe space” FGD out-of-school Nandemo, Mangochi*

3. **Family planning, early pregnancy and antenatal care:** Participants mentioned how using contraception through the knowledge and support from the safe spaces, helped them to achieve healthier child spacing and increased their awareness of the challenges of early pregnancy.

*“On early pregnancy, when you have early pregnancy, it means life is in danger, because when giving birth, it’s easy to lose blood, but also health-wise, one doesn’t look alright.*

*Another respondent added: “...when this programme came, we went through some lessons concerning family planning methods, which says if you don’t want to get early pregnancy, there’s a need to use these methods—examples of family planning methods are injection, pills, and Norplant.” FGD out-of-school girls, Mphuzi, Dedza*

*“Yes, since most of them dropped out and had no knowledge about contraceptives, the JPGE program taught them [out-of-school girls] about reproductive health and how to avoid early pregnancies.” FGD with mentor mothers,*

*“Yes, it was appropriate because at first girls didn’t know how to care for themselves during pregnancy, but now they have the knowledge to do so.” FGD with mentor mothers.*

4. **Food security and nutrition:** discussions also integrated nutrition which has improved child feeding as well as the eating habits of mothers.

*“Indeed health-wise things were not okay, and all because we lacked balanced food to eat.”*

*Another responded added, “We learned about six groups of food, and how health-wise our bodies can be built. Before these lessons, we were just eating anyhow, but with the knowledge gained, we are now [making sure] to eat the six groups of food”. FGD out-of-school girls, Mphuzi, Dedza*

This analysis implicitly refers to benefits of the safe spaces noted by beneficiaries as important for them but not necessarily reflective of the full range of benefits. For example, while not mentioned frequently, knowledge of GBV and where to report cases, support for returning to school and child marriages were also noted as benefits from the safe spaces.

Safe spaces were also particularly useful in providing SRH information leading to out-of-school girls primarily seeking services and commodities from health facilities than information when compared to learners. When survey results on services sought at health corners is compared between out-of-school girls and learners (see Figure 9, above), data shows that learners sought primarily SRH information while more out-of-school-girls sought services (HIV testing and counselling) and commodities (contraceptives) showing the service demand generation potential of safe spaces.



While safe spaces were primarily targeted at out-of-school adolescent girls and young women, they have the potential to benefit in-school girls as well, particularly those in 15–19-year age range. For example, the learner survey showed that 22.7% knew about the safe spaces and 63.2% that had been members found them helpful. Therefore, the narrow focus on out-of-school could have missed an opportunity to expand the influence of these platforms on a broad category of adolescent girls.

**Finding 33: Mobile clinics extended reach for awareness and service provision but had a low coverage for adolescents.**

The programme procured and stocked vans used as mobile clinics in all three districts of the programme (Mangochi, Dedza and Salima). According to programme reports 103,075 (59,005 (female) and 44,070 (male) adolescents and young people were reached with services and information from mobile clinics. When survey data is considered out-of-school girls (33%) had higher access to mobile clinics than in-school learners (12.4% (treatment schools) and 12.3% (control schools)). However, for both categories of adolescents (in-school and out-of-school) coverage is low. The low coverage may be primarily due to community stigma associated with using SRH services especially in a context where the service is also accessible to other community members as observed by the evaluation team in Mangochi.

**Finding 34: The programme has improved capacity of schools to offer quality and comprehensive CSE.**

The JPGE programme invested in increasing availability and quality of CSE in targeted schools. This included teacher training, provision of tablets with information on various topics of CSE, etc. 9,000 teachers (4,440 females and 6,237 males) were trained on inclusive, GRP, life skills, and CSE. This support improved availability of trained teachers in JPGE schools. The head teacher survey shows 39.1% of teachers in post at the time of the survey had received in-service training compared to 9.7% in control schools ( $p=0.0000$ ). About 82.4% of these remained in post compared to 76.3% in control schools ( $p=0.0872$ ) showing teacher retention is generally high and thus offers opportunities for long term availability of quality support to learners on issues of SRH. Sustaining this capacity is important as teachers were the most important source for information on puberty (70.9%), sexual and reproductive systems (72.4%), and sexually transmitted infections (83%). Therefore, improving their capacity ensured provision of quality and comprehensive information.

The programme also supported digital CSE by providing phone tablets installed with a mobile application containing information on CSE and conducting refresher training for teachers in digital CSE (644 teachers (41% female, 59% male). Digital CSE was established in 28 targeted schools of the programme although the programme was still to reach the target of 30 schools by 31 December 2023. In 2022, a total of 40,563 learners (20,798 girls, 19,765 boys) were reached with the digital application in these schools. The mobile application adds to the sources of information for CSE and life skills for adolescent boys and girls. While the application does not have as wide a reach as other sources of information e.g. outreach by facility nurses, in-class CSE, it provides adolescents easy and repeated access to life skills and CSE information. Studies have shown that the more options and repeated exposure to SRH and HIV services the more likely adolescents are to change attitudes and behaviour.<sup>18</sup> Learners highlighted the impact of digital CSE on making lessons engaging and improving retention of content. Boys in a particular school in Mangochi reported that learning through phones enhanced their understanding of lessons and practical application of concepts.

*“We usually go by class to learn using the phone that our school received...the lessons are now very interesting, more especially when we learn on the phone...For me, learning on the phone helps us to*

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<sup>18</sup> Marimo, N., Serima, M., Siziba, L. (2015) Impact Assessment of Adolescent Sexual and Reproduction Health Interventions in Zimbabwe. An evaluation report prepared for UNFPA in Zimbabwe

Marimo, N, Mafoko, E. (2023) End of Project Evaluation of the MTV Shuga programme in Botswana. An evaluation report prepared for UNICEF in Botswana.

*have a practical view of the things we are learning.” ... Learning through the phone has helped us remember during exams.” FGD male learners Nandembo, Mangochi*

Stakeholders at district level noted systemic challenges that impeded the successful scaling of digital interventions. These included insufficient follow-up and maintenance for distributed devices, as well as the inability to address demand due to limited quantities of tablets and phones. These constraints created a digital divide among schools, with some learners benefiting from digital tools while others continued to rely on traditional learning materials.

*“In some districts, tablets were distributed for piloting e-learning programmes, but they faced challenges of maintenance and follow-up.” KII with a PUNOS.*

The qualitative data revealed dissatisfaction among learners and teachers in schools that did not receive any digital devices. While they appreciated the idea of integrating technology into education, they expressed disappointment at the lack of follow-through, highlighting a missed opportunity to bridge the technological gap and enhance life skills learning on a broader scale.

**Finding 35: Knowledge of SRH and HIV increased among JPGE learners, but the net effect shows nil contribution when compared to non JPGE schools as the latter had higher knowledge levels than the former.**

Table 13 and Table 14 show the proportion of learners from JPGE and non-JPGE schools answering correctly to HIV and SRH knowledge questions. As shown in Table 13, the proportion of learners from JPGE schools with appropriate knowledge across all SRH knowledge statements is lower than those from control schools but these differences are not statistically significant ( $p>0.05$ ). The same trend is seen for HIV knowledge, Table 14. While there are higher knowledge levels among control learners, this does not mean the programme’s contribution is negligible but rather that the level of contribution is not possible to measure due to the absence of a baseline. Nonetheless, these results might reflect the spillover effect of the programme (access to safe spaces, mobile clinics, youth friendly corners) for which control learners also have access and the presence of other interventions supporting SRHR in control schools. Particularly, in Dedza and Mangochi, UNFPA is also implementing similar SRHR interventions in different localities within the districts, which could have further contributed to the spillover effect. For example, 50% of control schools were linked to a youth friendly corner (which meant nurses visited them for health talks), and more learners from control schools were visiting youth friendly corners (32.4% vs 29.1%).

*“Before we started having these lessons, we didn’t have knowledge on so many things and the things we thought were good later we learnt that [they were not] so now we are able to separate good and bad things. For example, we learnt that unprotected sex is bad and can lead to unwanted pregnancy as such we are not supposed to sleep with anyone without using a condom” FGD with female learners, Salima*

*“We received health talk; every week a health service provider comes to talk to us about sexual reproductive health. This has helped us to know more about our health. We now understand our bodies better than before”. FGD female learners, Dedza*

*“These challenges have improved since the health activities started because girls have been informed about the dangers of teenage pregnancy and the importance of education”. FGD female learners, Mangochi*

**Table 13: Knowledge of SRH**

	Dedza		Mangochi		Total			
	JPGE School	Non-JPGE School	JPGE School	Non-JPGE School	JPGE School	Non-JPGE School	diff	p-value
Overall	27.2%	33.8%	26.3%	32.9%	26.7%	33.3%	-6.6%	0.9030

		Dedza		Mangochi		Total		diff	p-value
		JPGE School	Non-JPGE School	JPGE School	Non-JPGE School	JPGE School	Non-JPGE School		
A woman is more likely to get pregnant halfway between periods	Female	29.3%	45%	32.5%	39%	30.9%	42%		
	Male	25%	22.5%	20%	26.8%	22.5%	24.7%		
A girl can get pregnant the very first time she has sex	Overall	69.1%	58.8%	55%	76.8%	62.1%	67.9%	-5.8%	0.8623
	Female	78%	72.5%	75%	78%	76.5%	75.3%		
	Male	60%	45%	35%	75.6%	47.5%	60.5%		
A girl cannot get pregnant if she washed herself thoroughly after sex	Overall	44.4%	37.5%	40%	50%	42.2%	43.8%	-1.6%	0.6136
	Female	39%	47.5%	55%	46.3%	46.9%	46.9%		
	Male	50%	27.5%	25%	53.7%	37.5%	40.7%		
A condom should always be put on before sexual intercourse starts	Overall	88.9%	73.8%	72.5%	79.3%	80.7%	76.5%	4.2%	0.1784
	Female	85.4%	70%	82.5%	70.7%	84.0%	70.4%		
	Male	92.5%	77.5%	62.5%	87.8%	77.5%	82.7%		
A condom can be used more than once	Overall	71.6%	62.5%	52.5%	54.9%	62.1%	58.6%	3.5%	0.2619
	Female	65.9%	55%	65%	58.5%	65.4%	56.8%		
	Male	77.5%	70%	40%	51.2%	58.8%	60.5%		
Using a condom is a sign of not trusting your partner	Overall	34.6%	51.3%	37.5%	39%	36%	45.1%	-9.0%	0.9509
	Female	43.9%	57.5%	42.5%	39%	43.2%	48.1%		
	Male	25%	45%	32.5%	39%	28.8%	42%		
Correct and consistent use of condoms can protect against getting pregnant	Overall	81.5%	80%	70%	81.7%	75.8%	80.9%	-5.1%	0.8664
	Female	73.2%	82.5%	75%	82.9%	74.1%	82.7%		
	Male	90%	77.5%	65%	80.5%	77.5%	79%		
A male condom should be put on the penis only if the penis is fully erect	Overall	55.6%	53.8%	48.8%	62.2%	52.2%	58%	-5.9%	0.8548

Source: Learner survey

Table 14: Knowledge of HIV

		Dedza		Mangochi		Total		diff	p-value
		JPGE School	Non-JPGE School	JPGE School	Non-JPGE School	JPGE School	Non-JPGE School		
I know where to get an HIV test if I needed one.	Overall	87.7%	82.5%	76.3%	92.7%	82%	87.7%	-5.7%	0.9221
	Female	80.5%	75%	72.5%	90.2%	76.5%	82.7%	-6.2%	
	Male	95%	90%	80%	95.1%	87.5%	92.6%	-5.1%	
I know where to get contraceptives if I ever needed them	Overall	72.8%	70%	73.8%	78%	73.3%	74.1%	-0.8%	0.5634
	Female	68.3%	60%	75%	73.2%	71.6%	66.7%	4.9%	
	Male	77.5%	80%	72.5%	82.9%	75%	81.5%	-6.5%	
Can the risk of HIV transmission be reduced by having sex with only one uninfected partner	Overall	72.8%	86.3%	76.3%	87.8%	74.5%	87%	-12.5%	0.9978
	Female	75.6%	95%	75%	80.5%	75.3%	87.7%	-12.3%	
	Male	70%	77.5%	77.5%	95.1%	73.8%	86.4%	-12.7%	
Can a person reduce the risk of getting HIV by using a condom every time they have sex	Overall	91.4%	85%	77.5%	93.9%	84.5%	89.5%	-5%	0.9107
	Female	85.4%	95%	82.5%	92.7%	84%	93.8%	-9.9%	
	Male	97.5%	75%	72.5%	95.1%	85%	85.2%	-0.2%	

		Dedza		Mangochi		Total		diff	p-value
		JPGE School	Non-JPGE School	JPGE School	Non-JPGE School	JPGE School	Non-JPGE School		
Can a healthy-looking person have HIV	Overall	33.3%	61.3%	32.5%	47.6%	32.9%	54.3%	-21.4%	0.9999
	Female	36.6%	60%	25%	43.9%	30.9%	51.9%	-21%	
	Male	30%	62.5%	40%	51.2%	35%	56.8%	-21.8%	

Source: Learner survey

### Finding 36: Parent to child communication and general awareness interventions have improved parental attitudes towards SRH education and access to commodities for their adolescent girls and boys.

The programme promoted improved parent-to-child communication (PCC) on SRH and HIV issues and attitudes towards education for girls. Table 15 compares results on various attitudinal questions for SRH of adolescents between parents that participated in PCC activities and those that did not. On all attitudinal questions, more parents that participated in PCC activities had positive attitudes towards SRH than those that did not participate in PCC activities. Even on controversial issues such as access to contraceptives, over half (56.18% and 56.78% for girls and boys respectively) of parents that participated in PCC activities said they agreed that “I would give consent to my daughter/son to access family planning services”. This is compared to 40.3% (girls) and 34.99% (boys) for parents that did not participate in PCC activities. This shows the significant contribution of the JPGE programme to shifting attitudes on SRH for adolescents in the programme areas and the effectiveness of PCC activities.

While PCC and community awareness activities contributed to shifting attitudes on SRH, the proportion of parents with positive attitudes was still low with most attitudes being just over 50% thus more support is needed to ensure community wide transformation of SRH attitudes which are important for ensuring adolescents access SRH services.

Table 15 also provides results of extent of communication between parents/caregivers and their adolescent children on puberty and growing up and sexual health. The results show that PCC interventions contributed to more conversations between parents and their adolescent children on these issues. More telling is the proportion of parents that never discuss puberty and growing up and sexual health with their adolescent girls and boys. Parents not exposed to PCC interventions were three two to three times more likely to “never” discuss puberty and growing up and sexual health with their adolescent children. While PCC has increased, majority of parents still discuss sometimes on these issues with less than 20% making this an integral part of their discussions with adolescents.

**Table 15: Parental attitudes on towards SRH for adolescent girls and boys**

Statement	Participated in PCC activities (%)	Did not participate in PCC activities (%)	p-value
<b>Attitudes of parents towards SRH</b>			
Sexual and reproductive health education should be taught at school? <b>(Agree)</b>	73.47	59.54	0.0000
Sex education encourages young people to have sex? <b>(Disagree)</b>	63.72	52.40	0.0000
I do not want my daughter(s) to be taught sex education in school? <b>(Disagree)</b>	62.71	51.41	0.0000
I would give consent to my daughter to access family planning services? <b>(Agree)</b>	56.18	40.30	0.0000

Statement	Participated in PCC activities (%)	Did not participate in PCC activities (%)	p-value
I do not want my son(s) to be taught sex education in school <b>(Disagree)</b>	56.78	53.23	0.0833
I would give consent to my son to access family planning services <b>(Agree)</b>	56.78	34.99	0.0000
I consult (or intend to consult) with girls in my household over when they will be married <b>(Agree)</b>	55.98	49.59	0.0065
I consult (or intend to consult) with boys in my household over when they will be married <b>(Agree)</b>	52.16	46.95	0.0214
<b>Parent to child communication on SRH</b>			
I have discussed with my children issues to do with puberty and growing up			
<i>All the time</i>	10.35	3.98	
<i>Most of the time</i>	6.03	3.98	
<i>Never</i>	14.37	35.32	
<i>Sometimes</i>	69.25	56.72	
I have discussed with my children issues to do with sexual health			
<i>All the time</i>	16.48	10.28	
<i>Most of the time</i>	6.73	4.64	
<i>Never</i>	17.59	37.15	
<i>Sometimes</i>	59.2	47.93	

Source: Parent survey

### Menstrual Health (MH)

**Finding 37: Iron and folic acid supplement had a significant impact on girls' health and education. It contributed to reduced absenteeism, better concentration, and enhanced confidence among female learners.**

About 200,644 adolescent girls received iron and folic acid supplements during the three phases of the programme. The learner survey shows almost all female learners in treatment schools received iron and folic acid supplement - 92.6% treatment compared to 37% in control schools. These supplements have significantly improved the health of adolescent girls as 77.3% of girls in JPGE schools reported feeling healthier by mitigating the physical impacts of blood loss which in turn helped them to participate better in school activities. This was supported by qualitative data for out-of-school and in-school adolescent girls, where respondents highlighted how their health had improved because of the iron folic acid supplements:

*"JPGE programme has improved a lot on our health here at first we girls used to have problems during menstruation but since we started receiving IFA tablets all those problems ended,"* and another said, *"Back then I could feel sick whilst menstruating but since provision of these tablets, it has stopped."*

#### **FGD out-of-school girls Chikowa Salima**

*"Receiving these medicines [iron folic acid tablets] ensured we could come to school even during menstruation because we felt healthier and stronger,"* another responded added, *"With regular supplements, girls do not miss school due to health-related issues during menstruation."* **FGD female learners, Chikowa Salima.**

Combining Iron and Folic Acid (IFA) supplements with health and nutrition education was noted by girls as contributing to their improved diets and health. Health lessons promoted awareness about menstruation, diet, and hygiene practices, which empowered girls to manage their health better. With better health management tools and education, girls felt more confident attending school during menstruation, leading to greater participation in class and extracurricular activities.

*"The supplements and other health lessons have helped us to live healthier lives and avoid frequent illnesses," while others said, "Girls now can take good care of themselves and feel more confident."* **FGD female learners Nkumba Mangochi**

*"We learned about eating balanced diets, which helps us to stay healthy and prevents getting sick often."* **FGD female learners Chikowa, Salima**

*"We received health talks every week about sexual and reproductive health, which has helped us to know more about our health."* **FGD female learners, Mkankula Dedza**

While there was a high uptake of IFA in phase 2 of the programme, phase 3 faced a lower uptake with targets remaining behind by over 50%. The low uptake was noted to be due to the misconception that IFA tablets were medicines for COVID19 and permanent contraceptive drugs<sup>19</sup>.

**Finding 38: Construction of changing rooms for girls during their menses improved access to appropriate facilities for girls during menses but may also have contributed to unintended effects of entrenching stigma associated with menstruation. Support for reusable sanitary pads had insignificant contribution to improved sanitary ware for adolescent girls.**

WASH activities, using the SHASHA toolkit, were implemented in 30 JPGE schools across the four districts reaching a total of 29,612 learners of which 16,896 are girls. The concept was later adopted by the district education offices, with support from the water and health departments, enabling it to reach over 50 additional schools. Among its activities included the rehabilitation of sanitation facilities (new sanitation facilities in 54 schools), 24 schools had 24 toilet blocks for girls and for learners with disabilities rehabilitated and a changing room for Menstrual Health and Hygiene (MHH) built attached to the main toilet block. The changing rooms and toilets were promoting dignity and confidence of girls as they had sufficient facilities to maintain hygiene during their menses as noted by girls from different districts:

*"We received a change room where girls can go to change during their menstruation."* **FGD female learners Chikowa, Salima**

*"We received buckets which help us to clean ourselves during our periods and also for mopping."* **FGD female learners Mkumba, Mangochi**

*"We also received a change room. This is where girls go to change during their menstruation."* **FGD female learners Ngolowindo, Salima**

*"We also received a change room where we can change pads during menstruation to stay clean and smart."; "New toilets have been built to improve sanitation and prevent diseases."* **FGD female learners Makankula, Dedza**

Girl friendly toilets while important to ensure proper MH for girls in school, a Knowledge Attitudes and Practice (KAP) study conducted in 2022 found that, *"...girls find it awkward to use the supported structures for menstrual health and hygiene since the facilities are separated from other toilets. This makes girls uncomfortable to use the change rooms as other learners, especially boys will have a clue of why they went to the facility."* Therefore, while the separate change rooms have been welcomed by girls in some cases, they have worsened stigma surrounding menstruation and overtime will lead to limited use by girls. To address this challenge the programme changed strategy to integrate changing rooms within the girls' toilets.

The project provided reusable sanitary pads and sewing machines for schools to continue producing these sanitary pads. Qualitative data shows the sanitary pads improved girls' confidence as they would not mess their uniform and get laughed at by boys, they were more comfortable and improving their engagement in the classroom. Girls' school absenteeism during menses were also reported to have reduced.

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<sup>19</sup> JPGE Phase III 2022 annual report

*"We also received pads that help us during our menstruation period. These pads help us to prevent blood from overflowing or leaking in our school uniforms and prevent boys from laughing at us," another added, "We received sanitary pads, and now I don't miss classes anymore when my period starts because I could not afford to buy sanitary pads," and another said, "We feel more confident at school now because we have the materials and support we need during our menstruation."* **FGD female learners Chikowa, Salima**

*"These are pads, which we received, and these pads helped us a lot because we don't get worried as we used to when we were in our periods where one could not come to school."* **FGD female learners Nkumba, Mangochi**

*"With the aid of sanitary pads, we are now able to come to school regularly even when we are on our period."* **FGD female learners Ngolowindo, Salima**

While sanitary pads contributed significantly to more inclusive education for girls, quantitative data shows this did not provide a lasting solution. Schools were also not using the sawing machines to continue production of reusable sanitary pads despite learners being trained to use them. This was mainly because of limited financial resources to purchase raw materials for making the pads. In both treatment (69%) and control (62.9%) schools learners used most cloth/towel obtained from home as a sanitary pad. A much smaller proportion was using reusable sanitary pads with more female learners in control schools (12.9%) than in treatment schools (6.9%) using them. The main sources of sanitary pads were self (32.2% treatment learners and 25.4% control), and mother (50.8% treatment and 68.3% control). Despite the provision of sanitary pads at school diminishing, more than double learners from treatment schools (8.5%) compared to control schools (3.2%) access sanitary pads from school demonstrating that there is still some provision of sanitary pads at school but at much lower scale than during provision of the sanitary pads by the programme.

*"Some learners miss classes because they cannot afford sanitary pads, and this causes them to stay at home during menstruation."; "Nowadays, sanitary pads are scarce, and we are requesting UNFPA to continue assisting us with pads."* **FGD female learners Nandemo Mangochi.**

#### **Outcome 4: Reduced violence against girls in primary schools**

**Finding 39: Experiences of violence remain prevalent in schools, with treatment schools reporting higher incidences of physical and sexual violence. However, this increased prevalence may be linked to heightened awareness of what constitutes violation and improved reporting mechanisms introduced by the JPGE programme, which have encouraged more learners to disclose incidents of violence.**

##### Experience of Violence

20.5% of learners in treatment schools reported experiencing violence compared to 14.2% in control schools (similar results were reported in the JPGEI evaluation report). Additionally, treatment schools reported three times as many cases of violence on average (1 report per school) compared to control schools (0.3). While these findings suggest higher rates of violence in treatment schools, the increased reporting may reflect the effectiveness of interventions aimed at raising awareness and encouraging disclosures rather than an actual increase in violence. This distinction emphasizes the role of improved awareness and reporting systems in bringing issues to light. This was also alluded to in the 2021 JPGE narrative report where it was noted that an increase in reporting of cases of sexual violence by girls was attributed to the strengthened reporting and referral systems.<sup>20</sup>

Qualitative insights reinforced the pervasive nature of both physical and sexual violence in schools. For example, learners shared instances of bullying and physical altercations that disrupted their education:

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<sup>20</sup> JPGEII final narrative programme reporting 2021

*"In Standard 1, there were bigger boys who would wait for us before entering the class, they would beat us up, take away our food and we would be afraid to come to school."* **IDI Learner-Male, Mphunzi Primary School, Dedza**

*"At our school, some learners were pushed during fights, and one girl got hurt. The Child Protection Committee handled it well."* **FGD Child Protection Committee, Dedza**

Sexual violence remained a major concern, especially for girls, as illustrated by their experiences of harassment and abuse:

*"Gender-based violence where a lot of children were being raped... example, a certain lady was coming to school, and she met thugs along the way who undressed her. She shouted for help; luckily, some women showed up and helped. This affected her so much that she stopped coming to school."* **FGD female learners Chikowa Salima**

While these experiences reveal significant challenges, they also reflect the programme's ability to foster safer environments and promote greater accountability. For example, learners in treatment schools highlighted how JPGE interventions have empowered them with knowledge and tools to address these issues. Additionally, evidence shows the efforts of JPGE on mitigating violence against children with disabilities. These sentiments were echoed by a traditional leader who highlighted interventions implemented by Ujamaa Pamodzi as key to girl's empowerment especially with regards to basic rights.

*"The Ujamaa sessions have empowered girls with life skills, helping them to understand their rights and report abuse."* **FGD traditional and religious leaders, Mangochi**

*"At first, children used to bully him, but after JPGE, this has stopped."* **IDI caregiver of learner with disability, Mangochi**

The effectiveness of the girls' empowerment initiatives (using the IMpower model) was corroborated by an impact evaluation of the girls' empowerment programme under JPGE that used the randomized control trial approach to determine impact. The evaluation conducted in 2017 by the John Hopkins University found that the girls' empowerment under the JPGE led to a 39.5% decrease in the number of girls (Standards 5 to 8) experiencing sexual violence or abuse. The study also found that schools not part of the programme experienced a slight increase in the incidence of rape, justifying the importance of empowering girls with strategies to reduce the risk of sexual violence.

### Reporting Violence

The programme has enhanced reporting structures, creating avenues for learners to disclose violence and seek help. Treatment schools demonstrated higher levels of formalized reporting systems (96.4% vs. 69.4% in control schools). These systems include suggestion boxes, peer groups, and Child Protection Committees, which have encouraged learners to speak out against violence.

*"Girls feel safer at school now because we have a complaint box at school which we put in our complaints if we are not treated well."* **FGD female learners, Ngolowindo, Salima**

*"Girls are now confident enough to use the suggestion box and report any abuse they experience."* **FGD Child Protection Committee, Mangochi**

*"If we see anything suspicious, we can report to our teachers or through the suggestion box, which is checked by the police."* **IDI learner-female, Mphunzi, Dedza**

*"There is increased reporting of abuse cases because learners now know their rights and where to report."* **KII YFHS Coordinator, Mangochi**

However, only 39.5% of treatment schools maintained incident registers, compared to 24.7% in control schools. This gap highlights the potential for unrecorded cases, which could undermine referral pathways and resolution processes. Despite this, learners in treatment schools were statistically twice as likely to report violence (12.4%)



compared to control schools (6.2%), reflecting the programme's success in encouraging disclosures. Furthermore, increased training for teachers in treatment schools (39%, compared to 9.7% in control schools) on gender-responsive pedagogy, life skills, and comprehensive sexuality education has also played a critical role in addressing violence. Teachers and law enforcement structures were better equipped to respond to reports, fostering trust among learners, albeit with room for improvement in record-keeping and resolution tracking.

*"There was an introduction of the complaining box. If we face any challenge or are being beaten up, we write our complaint in the box. The box is now opened by the police, and there is an investigation that takes place."* (IDI Learner-Life Path, Mphunzi Primary School, Dedza)

#### Referral Pathways

Referral mechanisms, such as Child Protection Committees, Community Victim Support Units (CVSUs), and One Stop Centres, have strengthened support systems for survivors of violence. These pathways ensure that reported cases are addressed through legal, psychosocial, and community-based interventions:

*"Through the Child Protection Committees, we refer cases of violence or abuse to the police or social welfare for further action."* (FGD UNFPA Community Members, Nkumba)

However, gaps in follow-up and case closures remain challenges, so there is need for robust documentation and monitoring to maximize the effectiveness of these systems.

**Finding 40: The JPGE programme has contributed to a reduction in corporal punishment in treatment schools, with qualitative evidence indicating a shift toward positive discipline methods. However, reporting of corporal punishment remains limited, and referral pathways are underutilized.**

Corporal punishment has shown a modest decrease in treatment schools compared to control schools, with 17.4% of learners in treatment schools and 20.4% in control schools reporting its occurrence (*not statistically significant*). This may be a reflection of greater awareness and confidence in addressing these issues among learners and teachers. This reduction is also corroborated by qualitative evidence highlighting a shift in teacher behavior due to programme interventions.

*"Corporal punishment was common in the past, but teachers now understand the need for positive discipline methods through training sessions provided by the programme."* KII Head of School, Ngolowindo Salima)

*"The use of corporal punishment has decreased, as teachers now focus on counselling learners rather than punishing them physically."* FGD Child Protection Committee Dedza

Despite this progress, there are lingering challenges. Reporting of corporal punishment remains relatively low, with higher reporting in treatment schools (7.5%) compared to control schools (4.9%), though this difference is not statistically significant. Qualitative evidence suggests that reporting is often limited to teachers within the school, which undermines the potential for broader accountability and use of formal referral pathways.

*"This is a student digging; he is being punished; this does not make us happy because sometimes we lose time in class because we are being punished for some wrongdoing."* FGD male learners Nandembo, Mangochi

While 70% of reported cases in treatment schools and 83.3% in control schools were resolved, the lack of consistent and formalized referral pathways for corporal punishment cases highlights a critical gap. This highlights the need for strengthening systems to ensure cases are documented and appropriately addressed, rather than handled solely at the school level. Moreover, the programme's training initiatives on positive discipline have proven effective in reducing reliance on punitive measures. However, sustaining this progress

will require ongoing teacher support and monitoring to prevent regression, as well as engaging parents and communities in reinforcing non-violent disciplinary practices.

**Finding 41: There is strong anecdotal evidence that through engagement of traditional leaders and the community the JPGE programme contributed to reduction of child marriages in target communities.**

Almost all FGDs conducted with caregivers, out-of-school girls and learners highlighted how the programme had a significant influence on the reduction of child marriages and the return of married girls to school. Through SBC interventions, the programme engaged chiefs (through the chief's council) and communities (various communication channels including community theatre and radio station etc.) to address child marriages under the banner on raising awareness on the importance of education. This led to several communities putting community bylaws to address child marriages in place. While the community by law provided sufficient deterrence for child marriages, chiefs also took a leading role in addressing child marriages through active engagement in the identification and dissolution of child marriages. To do this they have worked collaboratively with mother groups and law enforcement (police). This has led to arrests and community punishments which in turn are contributing to addressing social norm influences for child marriages as communities fear being arrested or punished. On the other hand, community awareness on the dangers of child marriages and the importance of girls education were contributing to caregivers beginning to move away from the notion that a girl needed to be married off once they reach puberty as the value of the woman was in marriage/in the home or that they earn money from contributions from her husband. While the programme was successful there were sentiments from caregivers especially that the programme needed to engagement men more on SRH issues including the dangers early pregnancy posed to adolescent girls as noted by parents from Mkumba, Mangochi, *"The programme should also focus on males. These are the ones who impregnate girls and reject them in the end. There is a need for a strategy to enlighten them on the dangers of early pregnancy to young girls.*

*"It [JPGE] has helped because there are some children who were once forced to get married but have come back to school after JPGE through mother group intervention. On the same, some parents have also been enlightened on the importance of sending back their children to school after the same mother group visited them... They believed that once a girl has reached puberty age, she has to get married with a man from South Africa so that he should be giving them money, so sometimes it happens that the parents have already identified a husband for you but since the JPGE programme these practices has reduced and girls even if they have children they go back to school."* FGD out-of-school girls, Ngolowindo, Salima.

*"The health talks have changed the mindset of the community. Parents no longer marry off their children because they are scared of the community leaders."* FGD female learners, Ngolowindo, Salima.

*"Laws have been established by traditional leaders in the communities that if anyone found guilty on gender-based violence [including child marriage] issues should be arrested... Laws have been set to end child marriages. Mentor mothers are working hand in hand with traditional leaders and the community to report any child marriages happening around the area."* FGD parents, Ngolowindo, Salima.

*"JPGE worked very hard with Chiefs, and he was told not to allow children under 18 years to get into marriage. We have seen that young girls are not rushing for marriage... Once the chief heard so and so have gone into marriage immediately the chief asks that person to pay penalties as part of the punishment, the parents are also asked to pay goats. They are also immediately taken to the police station for further questioning and stay in a prison cell. Because of this a lot of children and parents are leaving in fear not allowing their children to venture into marriage... Even for boys it is hard for them to ask for a girl because once the message has been reported to the chief, he will act by punishing that boy.... in the past even girls at the age of 12, you could see them married already but this has stopped, because of if you are below 18 years and you are married you will get arrested... In the past when a girl got pregnant the chief would go to offer peace for the families and advice, now they no longer offer advice but report them to police and get arrested. So, to avoid being taken to police a lot of girls are not rushing to marry."* FGD parents, Mkumba Mangochi.

### Outcome 5: Parents and local community engage in education

The programme implemented an integrated SBC strategy that sought to change a variety of attitudes that undermine girls' education. This included mobilising communities to support girls' education (formation of mother groups, revitalising village education committees, establishment of child led local education councils, strengthening of PTAs and school management committees (SMCs), engagement of the chief's council, etc.), and social behaviour change communication through a variety of channels (radio, theatre/drama, roadshows, etc.).

### Finding 42: Parental support for girls' education is improving, and social norm barriers are being challenged leading to successful community led initiatives that enhanced inclusive education.

A large proportion of parents/caregivers had positive attitudes towards girls' education. About 74.3% (74.7% males, 74% females) had positive attitudes. Mangochi (89.2%) had the highest proportion of parents with positive attitudes towards girls' education. More female parents/caregivers (92.5%) than males (85.7%) had positive attitudes towards girls' education in the district. Dedza had the lowest proportion of parents with positive attitudes towards girls' education 64% (64.9% male and 63.5% female). The improvement in attitudes towards girls' education were also corroborated by the qualitative data.

*"Our parents now understand the importance of our education, and they no longer force us to stay at home or get married."* **FGD female learners Chikowa, Salima**

Several community initiatives have been put in place to secure girls' education as a result of the programme interventions. Mother groups were noted in all FGDs and KIIs as a key structure in identifying and facilitating reintegration into school of out-of-school girls. During the three phases 7,782 out-of-school girls were returned to school through interventions of the mother groups with respondents from an FGD in Ngolowindo in Salima agreeing that, *"There is a reduced number of school dropouts among girls. Most out-of-school girls have been re-enrolled in school"*. Of the out-of-school girls that participated in the quantitative survey and were part of the CBE, 96.9% had been assisted to return to formal school by mother groups. Mother groups have been accepted by the community and especially work with community leaders ensuring their authority in facilitating the return of girls to school as noted by one group from Mphunzi Dedza, *"Mother groups have been given powers and make follow-ups on every girl child. Through mother groups who interact and follow-up on girls in communities many girls have been brought back to school."* About 60% of out-of-school girls had received some form of support from mother groups. This support included: support with return to school (32.3%), providing counselling (76.8%), and providing guidance and counselling (43.4%).

The programme had a transformative effect on chiefs' and other traditional leaders' attitudes towards child marriage (see Finding 41) and girls' education. Traditional leaders were raising awareness of the importance of girl's education in their communities a contribution of the programme.

*"On top of that, we usually hold village meetings where we tell communities that school is very important and that if (children) they don't work hard at school their future is doomed. For example, this is done through church or mosque gatherings and also when receiving subsidy coupons... We also spread these messages during funeral gatherings especially a day after burial, but this is not usually done as you know funerals are funerals... As a traditional leader i also take part by sharing knowledge i gain from the programme activities and tell my community to make good use of it since it will be beneficial for all of us in the future."* **KII with traditional leader Nakoma, Mangochi**

*"Sensitization meetings by community leaders and traditional chiefs have helped inform parents about the importance of girl-child education and discouraged early marriages... Mother group teams and traditional leaders went into villages to encourage those who were not coming to school to return."* **FGD female learners Chikowa, Salima**

Supported by the programme, the chiefs have put in place by-laws in support of girl's education with violators facing varying punishments or arrests depending on the case that led to the girl dropping out or not going to school e.g. child marriage as one traditional leader from Mangochi put it, *"For example, we have bylaws where children who get pregnant are told to pay a goat"*. In the parent survey, 79.6% of parents said they had community by-laws that support girl's education and 74.3% said they were being enforced. A large proportion of parents (74.3%) agree that the by-laws have improved girls' education. Among the four districts, parent survey data shows Mangochi had deeper entrenchment of community bylaws in support of education as it had the most parents noting the presence of by-laws (93.1%), and that they were being enforced (88.2%) and were contributing to improvements in girls' education (89.2%). Dedza had the lowest entrenchment with 67.6% noting the presence of bylaws, 62.2% noting they were being enforced and 64% saying they were improving girls' education. Village Education Committees (VECs) were also noted as now being active in supporting girls' education and working collaboratively with the mother groups, and village heads in identifying and supporting girls continue their education.

*"There is a community task force [Village Education Committee] at Group Village Headman level that makes sure that a girl-child is at school.... Any form of abuse to children especially girls, the matter is reported to community task force then to Police for swift action... Parents that force their daughter into early marriage is asked to pay a fully-grown goat to the senior chief."* **FGD male community members Mphunzi, Dedza.**

While social accountability interventions have been successful in the community, they have been less so at school level. Using the Rights-Based Approach (RBA), the social accountability orientations targeted parents/guardians, faith groups, village heads, Child protection representatives, Village Development Committee (VDC) members, mother group representatives, Parents Teachers Association (PTA), School Management Committee (SMC), and health governance structures from communities surrounding JPGE schools on improving the quality of education services (not all schools were covered – by 2022 only 38 schools had been reached). Across all FGDs and KIs there was no mention of parents' or communities' direct influence of school level actions. However, the SMCs and PTA do participate in school development planning process but without follow up to ensure plans are implemented and that the school is held accountable for establishing a gender responsive school environment. Also, the parent survey shows 84% of parents (82% female and 86% male) attend school meetings or activities every time. This high participation shows eagerness of parents to engage the school but with limited influence. Effectiveness of this component could have been improved by including the following elements which were missing:

1. Introduction of tools to assess the quality of education e.g. community score cards and support for community collaborative assessments as well putting in place mechanisms for communities to have access to school level data such as attendance records or performance metrics, to make informed demands for improvements; and
2. Regularly scheduled meetings to review progress e.g. ensuring SMCs engage communities e.g. the Village Education Committees on identified issues, implementation of recommendations from the community and SMCs etc.

**Outcome 6 and 8: Adolescent girls out of school acquire basic literacy and livelihood skills.**

**Finding 43: The literacy programme effectively targeted out-of-school adolescent girls aged 15-24, improving their foundational literacy despite low graduation rates.**

The JPGE literacy programme was strategically aligned with the educational and developmental needs of out-of-school girls aged 15-24, a demographic representing the highest vulnerability and demand for such interventions. Quantitative data showed that 89.7% of participants were from this target age group, and 93.8% of girls aged 15-24 expressed interest in the programme. This overwhelming demand underscores the

programme's relevance in addressing foundational literacy deficits among adolescent girls, a crucial factor for achieving long-term empowerment and reducing educational disparities.

However, the programme faced significant retention challenges, with only 25.6% of enrollees graduating. This low graduation rate points to systemic barriers that hinder the programme's ability to sustain participation. Possible contributing factors could include socio-economic constraints, familial responsibilities, or logistical issues such as the distance to literacy centres. These barriers limited the programme's ability to deliver sustained and comprehensive outcomes. The programme did try to address some of these challenges, especially those related to childcare by linking the CBE centres with Community Based Child Care Centres (CBCCs) to support childcare.

Qualitative data provided a more nuanced understanding of the programme's impact. Despite low graduation rates, participants reported significant gains in their reading and writing abilities, emphasizing the transformative potential of the programme for individuals, even in cases where formal completion was not achieved.

*"Before JPGE, I was not able to write and read, but now I know how to write"* FGD out-of-school girls, Chikowa, Salima

*"The introduction of functional literacy helped me to solve the challenge of not knowing how to read and write"* FGD out-of-school girls, Makankhula, Dedza

*"Through this programme, adolescent girls who never had the opportunity to attend school now know how to read and write. [...] Some have even expressed their happiness at being able to read a book for the first time."* FGD out-of-school girls Nandembo, Mangochi

The literacy programme also had broader implications for participants' confidence and ability to engage with their communities. For many adolescent girls, acquiring basic literacy skills served as a stepping stone to greater opportunities, including potential re-entry into formal education or participation in economic activities. The programme's effectiveness lies in its ability to address a critical gap in literacy for out-of-school girls. However, its limitations in retaining participants underscore the importance of enhancing programme design to ensure sustained engagement and completion including targeted support for young mothers or flexibility in scheduling sessions.

**Finding 44: The programme's integration of life skills and livelihood training enhanced its impact, addressing broader socioeconomic barriers to education.**

The integration of life skills and livelihood training into the JPGE literacy programme expanded its scope, making it more than a traditional educational initiative. This holistic approach acknowledged that literacy alone is insufficient for empowering adolescent girls, particularly in socio-economically disadvantaged communities. By addressing systemic poverty and equipping participants with tools for economic independence, the programme significantly enhanced its relevance and effectiveness.

One of the programme's standout features was the incorporation of financial literacy and savings models, such as ISALs (Internal Savings and Lending) and VSALs (Village Savings and Lending) targeted at out-of-school girls. Participants were trained in managing income and savings, creating a foundation for self-reliance. This shows the programme's success in integrating practical, skill-based training alongside literacy, thereby addressing immediate economic barriers.

*"The programme's life skills training included modules on financial literacy, enabling the girls to participate in VSAL groups and manage their income effectively"* KII government Dedza

Furthermore, the programme facilitated the formation of savings groups, enabling participants to pool resources and reinvest in education or entrepreneurial ventures. The programme can foster community-driven solutions to poverty, enhancing its long-term sustainability.

*"Some out-of-school girls have managed to transition into better livelihoods by forming groups where they engage in saving and lending activities, helping them support themselves"* **FGD community members, Nandembo, Mangochi**

*"Within the functional literacy programme, there are issues to do with life skills, and many of the girls have been linked to local livelihood initiatives, including ISALs."* **FGD out-of-school girls, Makankhula, Dedza**

Additionally, the programme's focus on life skills extended beyond financial literacy to include counselling and social skills, which are crucial for building resilience among vulnerable girls. The inclusion of these components shows an understanding of the multifaceted barriers that out-of-school girls face, including those related to gender norms and economic inequality.

However, while these qualitative outcomes highlight the programme's relevance and transformative potential, the lack of systematic tracking limits the ability to measure long-term impacts. For instance, it remains unclear how many participants transitioned to sustainable livelihoods or achieved economic stability after participating in the programme. Strengthening monitoring and evaluation frameworks to capture these outcomes would provide a more comprehensive understanding of the programme's effectiveness.

Overall, the integration of life skills and livelihood training positioned the JPGE literacy programme as a catalyst for change, enabling adolescent girls to overcome poverty-related barriers and achieve greater independence.

#### **Outcome 9: Government district and national level staff acquire coordination, networking, design and programme implementation skills**

**Finding 45: The JPGE has improved collaborative working of government especially at district level, and improved ability of government staff to develop data driven and gender sensitive programmes, and monitoring and evaluation.**

JPGE-III enhanced the ability of government staff to work collaboratively across sectors, ensuring better alignment of efforts between education, health, and gender-focused initiatives as one Ministry of Education official at national level said, *"We now have regular meetings with health and nutrition sectors to ensure our plans are well-coordinated."* As noted earlier under coherence, Technical Working Groups for education were established in each of the four districts and have strengthened Ministry of education's coordination capacity. While they were all still nascent (as interventions started in 2022) they were at different levels of functionality and may need support to continue. In terms of entrenchment of the TWGs, Mangochi and Salima had greater entrenchment, but Dedza was still lagging and may not continue without further support. Dedza was affected by movement of staff that had initiated the process while the TWG was at its infancy. Salima and Mangochi were able to conduct mapping exercises on service providers to improve complementarity and avoid duplication. In Mangochi the TWG was able to undertake accountability of the School Improvement Grant (SIG) while in both districts (Mangochi and Salima) they were providing leadership in linking with other structures to enhance multi-sectoral management. Kasungu district's TWG maturity is in between Salima and Mangochi and Dedza. The TWG has been able to conduct mapping exercises for service providers. However, across all districts community and school level coordination linking with the school development plans and village development plans is still limited.

There is evidence that the capacity building sessions improved government staff's ability to design data-driven, gender sensitive programmes that address community needs.

*"Our training included how to integrate gender-sensitive planning, which has transformed how we design programmes."* **KII UN**

*"The workshops taught us to incorporate data and evidence into our programme designs, making them more effective."* **KII government national level**

*"Before JPGE, our planning didn't consider community feedback; now, it's a key part of how we design programmes."* **KII UN**

*"We were trained to identify gaps and design interventions that specifically address them."* **KII government Mangochi**

Staff at both district and national levels gained valuable skills in monitoring, evaluation, and resource mobilization, improving their ability to implement education programmes effectively.

*"We are better at monitoring our projects and identifying what works and what doesn't."* **KII government national level**

*"The programme strengthened our capacity to mobilize resources and work with other partners."* **KII UN**

*"Now we track our programmes more efficiently and adjust activities when needed."* **KII government Mangochi**

*"We've become more confident in implementing activities on time and ensuring quality."* **KII government Salima**

**Finding 46:** The programme developed numerous national guidelines, manuals and strategies that support national capacity for programme planning and implementation in girls' education, adolescent sexual and reproductive health, and school feeding.

Over the course of 10 years the programme contributed to development and review of several national documents that include:

- Parents and Children Communication (PCC) manual developed by Ministry of Youth and Sports;
- Girls Education strategy;
- Informal education policy;
- Education Sector Social Behaviour Change and Communication strategy;
- National youth Policy;
- National Youth Friendly Health Services Strategy;
- Adolescent Girls and Young Women Strategy;
- Development of National Guidelines such as the CSE and out-of-school manual and guidelines;
- National Home-Grown School Feeding (HGSF) management manual and guidelines and standard operating procedures;
- WASH standards in Schools;
- School Health and Nutrition (SHN) Policy;
- Education Readmission Policy;
- Safe schools manuals;
- National Safe Space Guidelines;
- adaptation and standardization of Communication for Development (C4D) manuals; and
- Role modelling and mentorship manual.

#### 4.4.2 Contribution to achievement of objectives

**Main question:** To what extent did the cooperation with the local clinics enhance the relevant programme outcomes?

3. Association between exposure to improved access to SRHR services and SRH outcomes (pregnancy, use of condoms, sexual behaviours)

4. Beneficiary feedback on the contribution of enhanced access to SRHR services and information lead to improved SRHR outcomes
5. Pathways by which increased accessibility of SRHR services and information was leading to improved SRHR outcomes

**Finding 47: The cooperation with clinics increased the number of young people accessing youth friendly health services.**

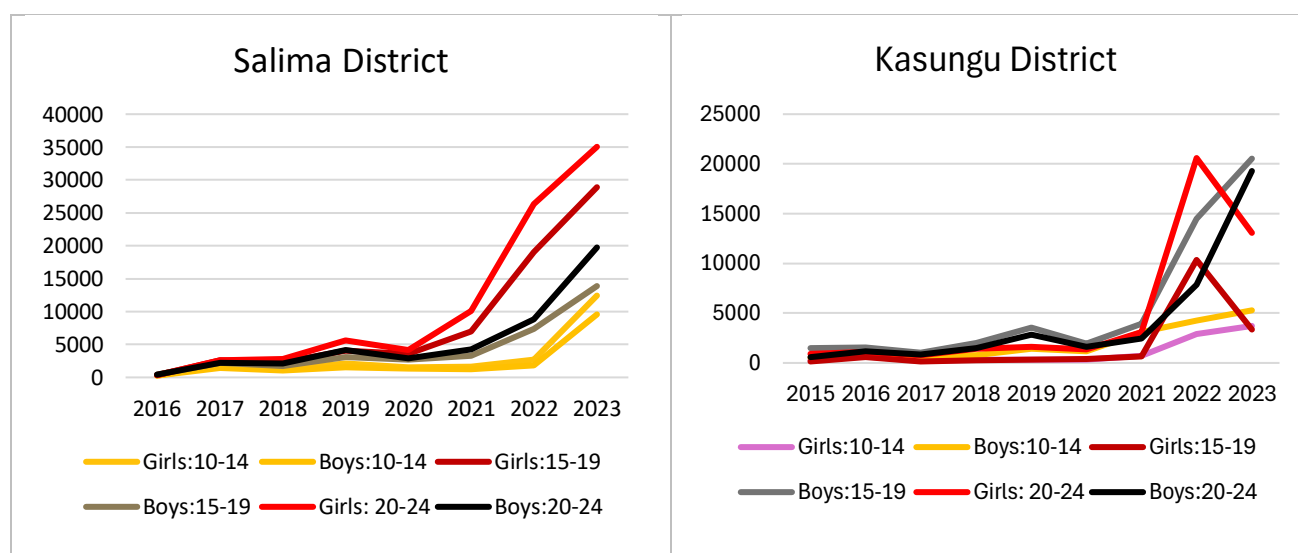
Figure 10 shows the trends in use of youth friendly health services in health facilities supported in the four programme districts by adolescents and young people (AYP). Cooperation with health facilities in terms of renovating, equipping them and training health facility workers improved youth friendly service provision which in turn led to an increase in utilization of these services by AYP. Across all four districts this is evident from the early years of the programme to its scale up in the third phase. In particular, the third phase resulted in an exponential increase in utilization of YFHS in the four districts. In phase one and two 898,001 AYP visits were recorded in health facilities of the programme compared to 1,436,432 visits by AYP in the three years of the third phase. The increase in utilization of services led to improvement of some SRH outcomes including safe sex as highlighted earlier in this section. Programme reports also show that the proportion of girls dropping out of school during pregnancy had dropped to 1% from 4.99% in 2013.<sup>21</sup> By-laws that punish early pregnancies, knowledge about contraceptives and their use and accessibility through youth friendly centres were all noted as contributing to reduced pregnancies in the programme areas.

*"We learned to abstain from sexual relationships and, if necessary, use protection to avoid unintended pregnancies."* FGD female learners Chikowa Salima

*"We now feel comfortable accessing SRH services because our health providers and teachers ensure confidentiality."* FGD out-of-school girls Nandemo Mangochi

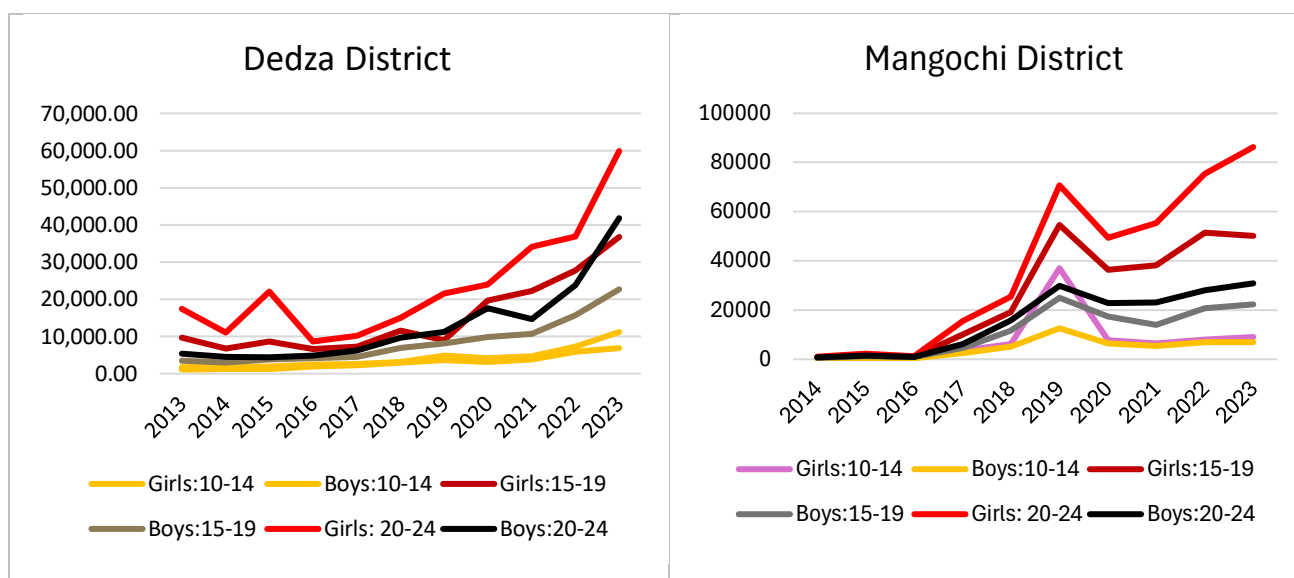
However, correlation tests between the use of health services and condom use yielded no association between the two variables.

**Figure 10: Trends in use of youth friendly services in health facilities**



<sup>21</sup> UNJPGE 2023 annual Report





**Main question:** To what extent did the SRHR and school health component reach the intended target not only limited to adolescent girls above the age 16-17 years of age?

- Exposure to improved CSE by age group (10-14)
- Exposure to community SRHR services (outreach or health facility youth friendly corner) by age group (10-14; 15-19; 20-24)
- Exposure to Menstrual Health interventions (sanitary ware) for adolescent girls in school

#### Finding 48: The programme benefited all age groups of adolescents and young people.

Adolescents of the 10–14-year age group benefited mostly from in-school SRH interventions. This included health clubs, health talks by health facility nurses and in class lessons on CSE. About 51.9% (62.7% males and 37.8% females) of 10–14-year-old adolescents were members of school health clubs with activities on SRH. While more 15–19-year-old learners benefited from health clubs (53.8% (60.4% male and 48.3% female)) the difference was not significant. In terms of IFA, 89.4% of 10–14-year-old female learners compared to 97.1% received IFA supplement. With regards services at facility level, as expected, 10–14-year-olds were disproportionately represented in relation to their population as facility-based service provision is not best suited for them. DHIS data shows that 10–14-year-olds made up 12.32% of those seeking services from health services compared to their population of 40.7% among those 10-24.<sup>22</sup>

10–14-year-old female learners had equal access to sanitation facilities including change rooms for girls during menses – therefore they benefited equally to older adolescents. There were no reported incidents of discrimination or bullying for the use of change rooms at targeted schools.

**Main question:** To what extent did it effectively engage men and boys to avoid backlash on gender equality goals and attitudes towards girls and women?

- Strategies used to engage men and boys
- Effectiveness of strategies used to engage men and boys
- Knowledge and attitudes of men and boys on girls' education

#### Finding 49: The JPGE made deliberate efforts to engage men and boys as allies in promoting gender equality, achieving localized successes in fostering respect, collaboration, and advocacy for girls' education. However,

<sup>22</sup> Malawi National Statistics Office (2019) 2018 Malawi Population and Housing.

**inconsistent implementation and insufficient emphasis on male engagement as a core component limited the programme's ability to sustain transformative change.**

The JPGE's strategies to engage men and boys demonstrated a commendable recognition of their potential to contribute positively to gender equality outcomes. It also builds on lessons from phase of the programme where limited engagement of males had led to a backlash on the programme in communities. Approaches such as mobilizing boys through youth networks, engaging them in health clubs and sports, and positioning men as champions of girls' education were innovative attempts to challenge harmful norms and encourage supportive behaviors. These strategies aligned well with the programme's aim to not only improve girls' educational access but also to create enabling environments where they could thrive without fear of stigma or discrimination.

*"We have also seen in JPGE that men are being involved as champions to promote girls' education, working alongside their families to encourage girls to stay in school." KII, Ministry of Youth, Dedza*

Localized successes were evident in fostering a culture of respect and support. For instance, health talks in some schools led to boys actively discouraging harmful behaviors, such as mocking girls during menstruation. Similarly, sports activities encouraged boys and girls to collaborate as equals, reinforcing mutual respect. In health clubs, boys were exposed to discussions on gender equality which helped them appreciate the importance of girls' education. These achievements illustrate the potential of well-designed male engagement strategies to shift attitudes and behaviors in meaningful ways.

*"There is more respect between boys and girls now. Boys no longer laugh at girls when they face challenges like menstruation, thanks to the health talks we had." FGD male learners Mphunzi, Dedza*  
*"The introduction of sports activities has brought boys and girls together, and this helps us see each other as equals while promoting education for all." FGD male learners Chikowa Salima*

However, evidence revealed some gaps in implementation. While some communities reported noticeable changes, others indicated that male engagement was sporadic, inconsistent, or insufficiently prioritized. For example, key stakeholders in Mangochi expressed that they felt boys were excluded from substantive programme activities, being involved primarily in peripheral roles like mobilization. Additionally, the lack of structured, ongoing engagement limited the programme's ability to institutionalize these shifts. The insufficient emphasis on male engagement as a core component was highlighted as a missed opportunity to reinforce gender-transformative change systematically.

*"...I think this one... Let's rule out the involvement of boys. I think they were out of the picture. Their involvement was only at the time of mobilization, whereby we would engage our youth structures, our youth networks to be in the forefront of mobilizing girls in the communities to come and participate in the programming itself...I think that the strategies could have been better; while men were being engaged, it was not consistent or sufficient. This was an area where more effort was needed." KII, Ministry of Youth, Mangochi*

*"The involvement of men and boys in the programme brought some changes, but the scope was limited, and their contribution was not always clear." KII School Health Coordinator, Mangochi*

**Finding 50: The JPGE contributed to shifts in boys' knowledge and attitudes toward girls' education, fostering a level of understanding of their rights and challenges. Boys became active advocates, encouraging girls to continue their education and addressing barriers such as stigma around menstruation and early marriage.**

The JPGE's targeted interventions had a transformative impact on boys' attitudes toward girls' education. In many programme areas, boys gained awareness of the importance of girls' education and began supporting their peers in practical and meaningful ways. Health talks and gender equality discussions provided platforms for boys to learn about challenges unique to girls, such as menstruation and early marriage. This education

enabled boys to empathize with girls' experiences and address harmful behaviors, such as mocking or stigmatizing girls during menstruation.

*"Through the programme, we learned about the challenges girls face, like menstruation and early marriage. It made us more aware of how to help them stay in school."*

**FGD male learners Chikowa Salima**

*"In the past, boys did not care about girls' education, but now many of us encourage them to stay in school because we know their education benefits everyone."* **FGD male learners Mphunzi Dedza**

Boys' acknowledgment of girls' equal right to education represents a critical shift in previously entrenched gender norms. The programme empowered boys to take an active role in ensuring girls remained in school, recognizing the broader social and economic benefits of educated girls. This aligns with the JPGE's objective of creating gender-inclusive educational environments.

*"We now know that girls have the right to education just like boys. We support them by encouraging them to study and not drop out."* **FGD male learners Mkumba Mangochi**

**Main question:** To what extent behavioural changes have been adopted and observed among participants because of the programme interventions?

1. Knowledge attitudes and practices among learners and caregivers regarding:
2. Education (and girls' education, education for learners with disabilities, involvement of parents in decision making at school, capacity of parents to engage schools)
3. Multi-sectoral approach to education (school meals and nutrition, iron folic acid supplementation, sanitation and hygiene, SRHR and MH,
4. Violence against children (school discipline, exposure to violence in school)
5. Association between observed behaviour outcomes and exposure to programme interventions

**Finding 51: Behavioural changes were observed in community and parental support for support for girls' education, sexual and reproductive health, and addressing child marriages.**

As already mentioned in previous sections, several behavioural outcomes are observed by the evaluation. These are presented in Table 16. Exposure to CSE and life skills for both learners and out-of-school girls empowered girls with agency and equipped them to make informed decisions about their health, education and life. These, combined with an enabling environment supported by parental and community shifting attitudes on girls' education and other drivers for girls dropping out of school (child marriage, early pregnancy etc.) and accessibility of SRH services and a school environment ready to accept returning girls, are leading to more girls returning to school, reduction in child marriages, safer sex, and increased use of contraceptives.

*"I think deeper than before. After I went through JPGE lessons, I think more about my future and my thought are deep."* **FGD out-of-school girls Mphunzi Dedza**

*"These lessons have helped me to make better decisions, like choice of friends. I now chose friends according to their behaviour... The programme taught us of our rights as girls and freedom of speech. I now feel safe at school and at home knowing I can tell on anyone who tries to abuse me and make me feel insecure both at home and at school. This makes me feel safer than before."* **FGD female learners Makankula Dedza**

Correlation tests between SRH behavioural outcomes in the learner and out-of-school survey showed no correlation between the variables.

There is evidence of increased knowledge on nutrition (especially the food groups and food preparation) and some practice at home by out-of-school girls, as well in school adolescents. Some in-school adolescents were

using information on the food groups and food preparation to influence their parents/caregivers to adopt the new knowledge and practices. Investments in WASH infrastructure (boreholes, piped water systems) and other materials (provision of buckets) have improved hygiene in schools but this was not as widely spread perhaps because the intervention only covered 19% of programme schools (38 of 199). However, the WASH intervention could have benefited from stronger integration of hygiene and promote school level planning and provision of support for hygiene and sanitation.

**Table 16: Behavioural outcomes of the JPGE**

Behavioural outcome	Evidence
Out-of-school girls returning to school	<i>"Some girls who drop out of school because of early Marriages are back to school."</i> FGD female learners <b>Nandemo, Mangochi</b>
Parents prioritising girls' education	<i>"It wasn't easy for me to access the services because I made up my mind that i would never go to school again. But I received counselling from mentor mothers that i am still young i can still go to school, the fact that I have a child does not stop me from getting education, so they advised me to re-enroll in school and that is why am back in school."</i> FGD out-of-school
Communities taking action to address factors that make girls drop out of school including child marriage, early pregnancy	<b>Ngolowindo Salima</b> <i>"Parents are increasingly understanding the value of education for girls and are prioritizing their schooling over early marriage or domestic work."</i> FGD female learners <b>Ngolowindo Salima</b> <i>"The health and safety activities have changed the mindset of people in the community they have now known the importance of educating girls."</i> FGD female learners <b>Makankula, Dedza</b> <i>"Many parents are now scared to marry off their children because community leaders have set laws to punish anyone taking part in arranging child marriages"</i> FGD female learners
Child marriages are declining School dropout due to pregnancy and marriage are declining	<b>Ngolowindo Mangochi</b> <i>"These challenges have changed in a way that many girls are enrolled in school now because of the information and counselling they hear from this programme."</i> FGD female learners <b>Makankula Dedza</b>
Adolescent girls practicing safer sex	<i>"About safety for me to take good care of myself it was hard and before these lessons sometimes when i meet a man it was okay to sleep with him without protection but after JPGE lessons I make sure I shouldn't sleep with any man without a condom. Just to add i learnt to value myself because girls are expensive."</i> FGD out-of-school <b>Mphunzi Dedza</b>
Increased uptake of contraceptives	<i>"We faced challenges like lack of soap, food because when one is pregnant it becomes hard to move around and ask for piece work, but when this programme came, we went through some lessons concerning family planning method which says if you don't want to get early pregnancy there is need to use these methods examples of family planning methods are, injection, pills and Norplant. These methods help us manage to no give birth frequently... We also we have knowledge on how one cannot get pregnant. We can visit the hospital and ask for family planning methods like pills and other services such as HIV test. By doing this it helps us to know how we can take good care of our bodies."</i> FGD out-of-school <b>Mphunzi Dedza</b> <i>"Even go to together with young girls who are not even married to receive contraceptives at the clinic because of what the programme [JPGE] is doing."</i> FGD out-of-school <b>Nandemo Mangochi</b> <i>"I did not know the importance of taking contraceptives but through the safe space I know the goodness of using contraceptives like using injection and I am now able to take care of my children, and my body looks healthy than before."</i> FGD out-of-school girls <b>Makankula Dedza</b>
Improvements in food consumption (knowledge and consumption of nutritious diets)	More treatment than control learners consuming five food groups. <i>"Just want to add on food, we learnt about six groups of food, and how healthy wise our bodies can be built. Before these lessons, we were just eating any how but with the knowledge gained we are now trying to eat the six groups of food... Concerning six groups, we were told to have a garden and plant different types of food."</i> FGD out-of-school <b>Mphunzi Dedza</b> <i>"I make sure I eat different kinds of food to make my body and that of my baby strong and healthy."</i> FGD out-of-school <b>Makankula Dedza</b> <i>"My child was not eating food containing all the six food nutrients before the introduction of JPGE programme. "</i> FGD male community members <b>Kandole</b>

Behavioural outcome	Evidence
	<p>"We grow vegetables in school gardens and eat them as part of our meals, which has our diets." FGD male learners Mkumba Mangochi</p> <p>"We share what we learn about the eating a good diet with our parents and try to have change what we eat and how they prepare food to ensure we have nutrition diet." FGD male learners Mphunzi Dedza</p>
Improved hygiene practices in schools (the schools providing soap and learners practicing hand washing)	<p>"Soap is provided to wash hands after using the toilet, which has reduced infections and kept learners healthy." FGD male learners Mkumba Mangochi</p> <p>"The provision of water taps has eliminated the need to fetch water from far-off places, allowing us to wash our hands and drink clean water." FGD male learners Mphunzi Dedza</p>

#### 4.4.3 Perception of programme effectiveness

**Main question:** How do stakeholders (teachers, students, parents) perceive the effectiveness of the interventions in improving educational outcomes?

- Views of stakeholders on the effectiveness of the interventions

**Finding 52:** All stakeholders perceived the programme to be contributing to education outcomes primarily improved attendance, enrolment and reduced dropping out of girls.

As noted in Finding 22 to Finding 43, perception on the effectiveness of the JPGE programme was strong across all categories of stakeholders. stakeholders perceived the interventions to have improved school enrolment, attendance and reduced dropout rates for girls in particular. The main considerations were that:

- IFA and other MH interventions** and school feeding were credited with improving girls' attendance, and engagement in class through improved confidence. School feeding was in particular perceived to have increased enrolment in targeted schools;
- Mother groups support to chiefs and other SBC interventions targeting parents** had increased return of out-of-school girls to formal education system and enrolment of girls.
- CBE interventions** had supported basic literacy and numeracy for out-of-school girls who were now using the capacity to enhance their livelihoods and or re-enter the formal education system.
- Teacher training** was improving quality of teaching in class;
- Complaint mechanisms and SRHR education** created safer, more inclusive learning environments, directly enhancing learners' participation and well-being.

The integrated approach was perceived to be addressing the key drivers undermining education outcomes for girls and therefore the programme was effective:

*"The JPGE programme was sufficient as it addressed critical issues of attendance, performance, and hygiene among learners."* KII Head of School, Mangochi

## 4.5 Impact

### 4.5.1 Higher level development changes

**Main question:** To what extent has the JPGE-III impacted the access to quality and inclusive education for girls and boys, especially those with disabilities and other vulnerabilities, in the districts where it was implemented and at national level?

- Repetition rate for Standard 5-8, disaggregated by sex.
- Transition rates to secondary school in the targeted schools, disaggregated by sex.
- Promotion rates for girls and boys (Standard 5-8).
- Percentage of primary school-age children enrolled in primary school, by sex.

**Finding 53:** While the programme has made contribution to various behavioural outcomes, it had no significant impact on higher level educational outcomes. Exogenous factors such as COVID19, floods and drought may have had an impact on the programme's ability to have an impact on higher level outcomes.

This section presents results of the impact assessment using difference in difference (DiD) analysis of EMIS data between identified control and treatment schools with data from 2013 and 2014. Table 17 provides the average rates of selected higher-level outcomes of the JPGE programme between 2014 and 2023 with the 2023 value compared with the set target of the programme. The analysis shows the programme was not able to meet any of its set targets for higher level outcomes. Despite this, there were improvements in some key indicators. While the female dropout rate started higher than that for males (in standard 5 and 8 and during primary school) in 2014, by 2023 it was much lower than that for males.

**Table 17: Average values of indicators**

	Year 2014		Year 2023		Target
	Control	Treatment	Control	Treatment	
Repetition rate std5 – Males	18.34	17.24	29.51	29.13	15.0
Repetition rate std5 – Females	18.58	17.65	26.95	28.17	13.5
Repetition rate std8 – Males	14.97	13.85	19.95	18.44	13.5
Repetition rate std8 – Females	16.83	16.86	19.53	16.43	13.5
Dropout rate std5 – Males	4.54	4.72	7.43	9.51	
Dropout rate std5 – Females	7.68	7.18	6.16	5.00	
Dropout rate std8 – Males	3.49	4.30	11.81	19.01	
Dropout rate std8 – Females	16.25	19.53	13.42	16.47	
Perc. of primary age school children who drop out during primary school – Males	14.96	16.93	14.69	20.11	4.0
Perc. of primary age school children who drop out during primary school – Females	21.35	20.34	14.86	13.93	3.0
Promotion rate std5 – Males	61.63	63.19	57.40	55.44	
Promotion rate std5 – Females	65.05	62.44	61.63	57.38	
Pass rate – Males	70.03	71.03	78.56	77.77	
Pass rate – Female	58.15	56.99	65.85	67.13	
Dropout rate due to pregnancy	3.61	4.99	3.02	3.97	1.0

Source: EMIS database

Table 18 includes the impact parameters for the selected variables for which the DiD regression was applied. The p-values in the table indicate that the programme had no statistically significant impact on any of the selected indicators. The only exception is the dropout rate in standard 8 for males, where the estimated coefficient is statistically significant at the 5% level. However, the sign of the coefficient is opposite to what was expected. The results were the same when gender and district were considered – that the JPGE had no impact on higher level outcomes. The detailed results of individual regressions is included in Annex 7: Methodology and detailed results of impact assessment.

**Table 18: DiD regression coefficients**

Variables	Regression coefficients	P> t	Std.err	95% coeff. Interval	
Repetition rate std5 – Males	0.6183	0.225	2.7476	-4.776	6.012
Repetition rate std5 – Females	2.0848	0.399	2.4695	-2.763	6.933
Repetition rate std8 – Males	-0.5890	0.842	2.9561	-6.392	5.214
Repetition rate std8 – Females	-3.3367	0.352	3.5797	-10.364	3.691
Dropout rate std5 – Males	1.9035	0.270	1.7227	-1.478	5.285
Dropout rate std5 – Females	-0.6222	0.564	1.0783	-2.739	1.495
Dropout rate std8 – Males	6.5432	0.023	2.8714	0.906	12.180
Dropout rate std8 – Females	-0.9525	0.780	3.4111	-7.650	5.745
Perc. of primary age school children who drop out during primary school – Males	3.5289	0.276	3.2352	-2.822	9.880
Perc. of primary age school children who drop out during primary school – Females	0.0823	0.982	3.6943	-7.160	7.320
Promotion rate std5 – Males	-3.5200	0.314	3.4934	-10.378	3.338
Promotion rate std5 – Females	-1.6636	0.624	3.3882	-8.315	4.988
Pass rate – Males	-2.1211	0.528	3.3566	-8.712	4.470
Pass rate - Female	2.9335	0.465	4.0122	-4.945	10.812
Dropout rate due to pregnancy	-0.4300	0.646	0.9346	-2.260	1.400

Source: EMIS database

There are several reasons for this lack of impact on higher level outcomes. First, some indicators show regression during flooding in 2019 and COVID19 in 2020 and 2021 (See Table 19). This includes promotion rates, dropout rates, and repetition rates. While there was some recovery, it was slower than the pace of change prior to these years. In 2022, when the country was recovering from the effects of COVID19 Salima and Magochi especially, faced a cholera emergency that led to closure of schools and suspension of school feeding. While there is no definitive evidence from the evaluation, the change in trends at these time points can be implied to be a result of these two exogenous factors.

Furthermore, there was higher increase in enrolment in JPGE schools compared to control schools. Enrolment increased by 34% in treatment schools compared to 16% in control schools. This could have put additional pressure on treatment schools, including increasing teacher pupil ratio, and other resources necessary for quality learning. The overall effect is reduced quality of learning without investments in expanding resources to meet the additional demand for schooling.

While the programme addressed improved pedagogy, safety of schools, WASH and MH, there are many other issues undermining quality education and its outcomes including appropriate and adequate infrastructure, teaching and learning resources, and distance to school which were not fully addressed in the programme design and implementation.

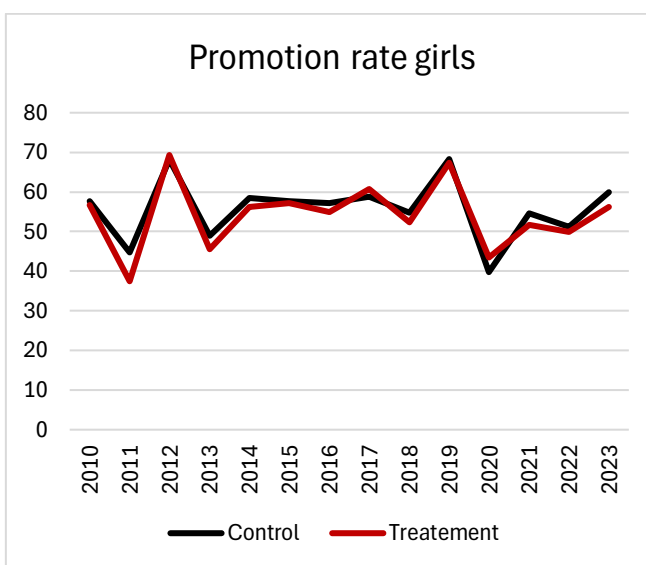
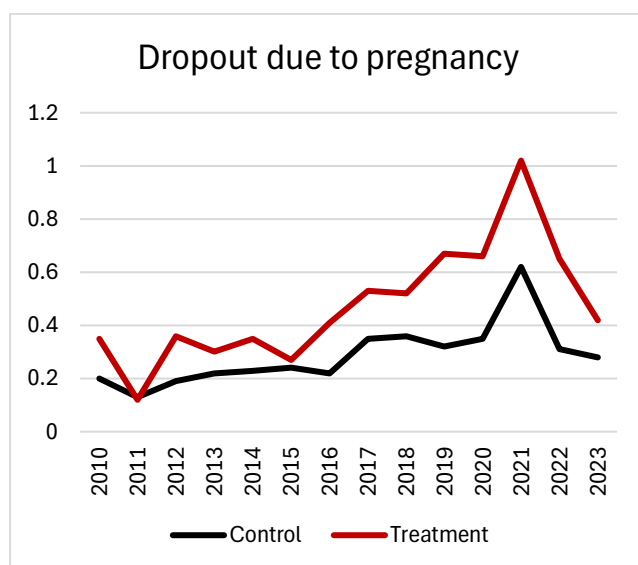
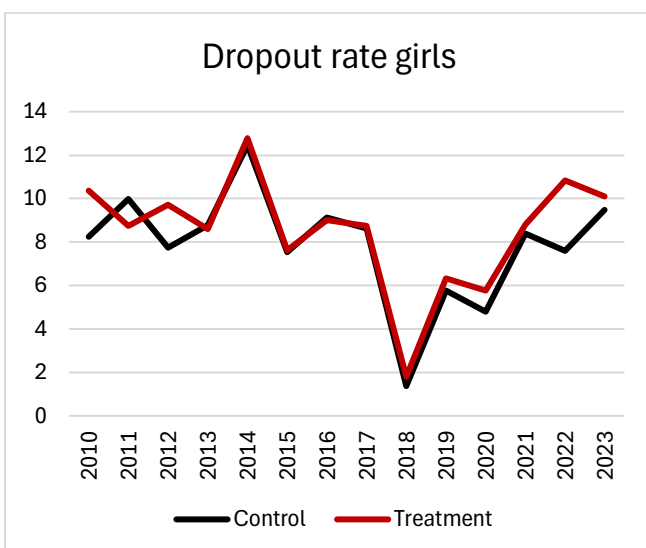
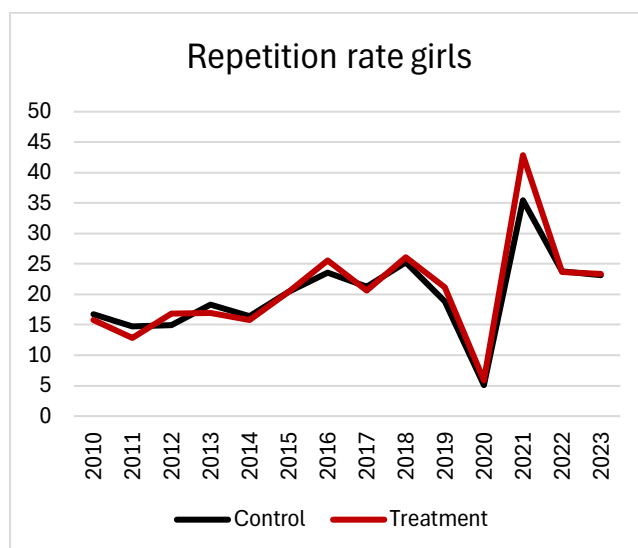
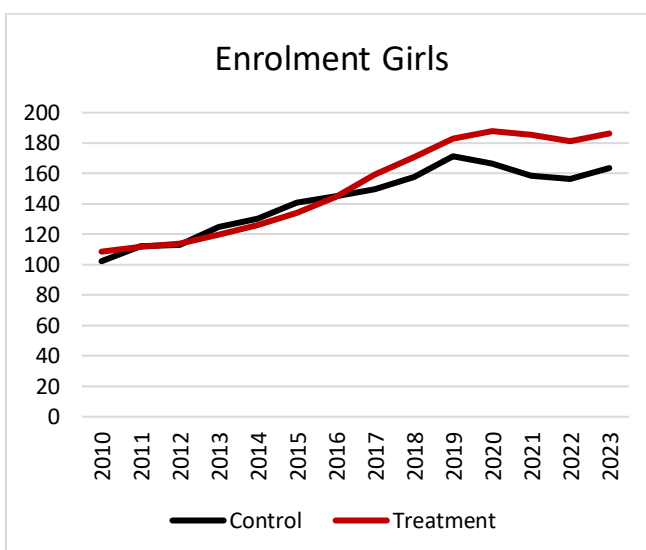
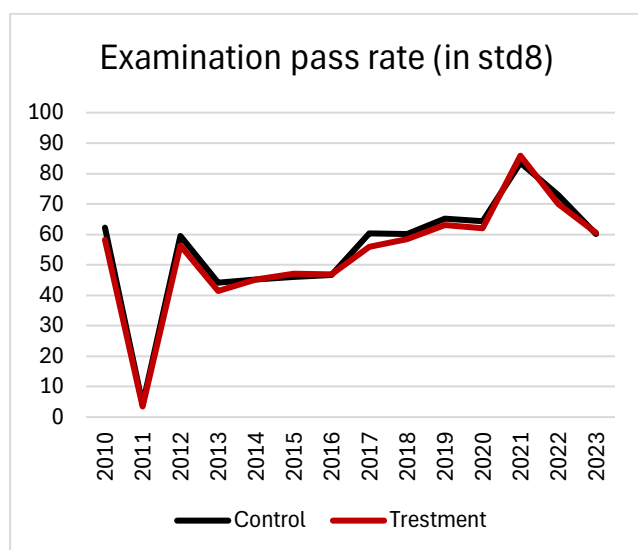
Table 19: Trends in selected higher level education outcomes for girls in standard 5 to 8 in targeted schools

	Examination pass rate (in std8)		Enrolment girls		Repetition rate girls		Dropout rate girls		Dropout due to pregnancy		Promotion rate girls	
	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment
2010	62.28	58.16	102.27	108.58	16.78	15.79	8.24	10.37	0.2	0.35	57.63	56.63
2011	4.13	3.48	112.35	111.69	14.77	12.8	9.99	8.73	0.13	0.12	44.81	37.46
2012	59.45	56.25	112.88	113.71	14.93	16.86	7.74	9.73	0.19	0.36	68.11	69.32
2013	44.05	41.5	124.68	119.79	18.31	16.96	8.76	8.59	0.22	0.3	49.02	45.53
2014	45.15	45.21	130.38	126.13	16.38	15.82	12.46	12.78	0.23	0.35	58.55	56.25
2015	45.94	47.14	140.67	134.12	20.37	20.39	7.53	7.63	0.24	0.27	57.68	57.18
2016	46.76	46.9	145.2	144.59	23.52	25.58	9.13	9.01	0.22	0.41	57.15	54.96
2017	60.3	55.91	149.46	159.51	21.3	20.57	8.62	8.75	0.35	0.53	58.85	60.69
2018	60.04	58.49	157.52	170.5	25.51	26.11	1.37	1.8	0.36	0.52	54.78	52.42
2019	65.26	63	171.3	183.08	18.83	21.15	5.77	6.33	0.32	0.67	68.3	67.35
2020	64.35	62.05	166.61	187.85	5.09	5.87	4.8	5.78	0.35	0.66	39.77	43.45
2021	83.54	85.86	158.56	185.53	35.45	42.86	8.38	8.79	0.62	1.02	54.67	51.76
2022	72.97	70.02	156.44	181.21	23.79	23.68	7.59	10.85	0.31	0.65	51.19	49.87
2023	60.18	60.56	163.63	186.36	23.16	23.39	9.47	10.1	0.28	0.42	59.96	56.2

Source: EMIS database



## Trends in selected higher level education outcomes for girls in standard 5 to 8 in targeted schools



**Main question:** What are the comparative outcomes between beneficiaries of the programme and non-participants in similar settings, overall and across programme phases?

- Differences between beneficiaries (school, learner and out-of-school girls) and control

This question is answered by analysis and findings under Section 4.4.1 and 4.4.2.

**Main question:** How many children, including adolescents, girls and boys, and children with disabilities, have benefitted (and in what way) so far?

- Number of children benefiting from improved quality of education
- Net number of children enrolled in school because of the programme (by age group, sex and disability)
- Number of children and adolescents with pregnancies averted
- Net number of children with improved learning outcomes
- Benefits accruing to adolescent boys, girls and those with disabilities
- Ways in which the programme is adolescent boys, girls and those with disabilities

#### **Finding 54: The project benefited significant proportion of children, adolescents and young people in the four districts with integrated services**

Table 20 provides the number of children reached with interventions of the JPGE over the course of its implementation. The HGSF reached 597,039 learners, other school level interventions on CSE improved gender responsive pedagogy reached 480,882 learners. A total of 33,248 out-of-school girls were enrolled in community based foundational literacy and 7,782 were helped to return to formal school. Of those that participated in CBE 25.6% graduated.<sup>23</sup> The numbers reached with YFHS are impressive, with a total of 2,206,896 adolescents and young people accessing services in the 60 supported health facilities during the three phases of the programme. About 723 learners with disability were reached with support for disability identification and referral for services (e.g. assistive devices) and specialized education services.

**Table 20: Number of children and adolescents reached with various interventions under the JPGE**

Activity	Phase 1		Phase 2		Phase 3		Total	
	Female	Male	Female	Male	Female	Male	Female	Male
Number of learners benefiting from the home-grown school feeding programme	50,069	47,905	125,801	117,048	130,670	125,546	306,540	290,499
Number of learners benefiting from CSE in school, and Gender Responsive Pedagogy (GRP)	Data not available	Data not available	114,580	110,086	130,670	125,546	245,250	235,632
Number of girls enrolled in non-formal foundational literacy (CBE)	8,713		9,953		14,582	2,340	33,248	2,340
Number of out-of-school girls returned to school because of the programme	4,534		3,000		248		7,782	
Number of adolescents and young people benefiting from YFHS	141,661	78,226	453,260	257,265	821,190	455,303	1,416,111	790,785

<sup>23</sup> Results of the out-of-school survey for the summative evaluation

Activity	Phase 1		Phase 2		Phase 3		Total	
	Female	Male	Female	Male	Female	Male	Female	Male
**Number of learners benefiting from remedial lessons			58,760				58,760	
Number of girls receiving IFA supplement			164,488		36,156		200,644	
Number of children benefiting from WASH interventions in school			Data not available	Data not available	16,896	12,716	16,896	12,716
Number of adolescents with disabilities benefiting from identification and referral for services and specialized education services					723		723	
Number of girls equipped with skills to protect themselves from violence through empowerment transformation training	16,078		15,207		Data not available		31,285	

**\*\*Remedial lessons were implemented only in the third phase as a response to COVID19**

Source: JPGE annual reports 2015 to 2023; DHIS2 data; JPGE Phase 1 Endline Evaluation report (2018).

In addition, 6,033 farmers, including 2,478 men and 3,555 women benefited from home grown school feeding programme as suppliers of food commodities to schools under the programme. Income from these 6,033 farmers, including 2,478 men and 3,555 was used in part to meet education needs of girls and boys benefiting an additional 12,066 children and adolescents.<sup>24</sup>

**Main question:** To what extent and in what ways the JPGE-III improved the learning outcomes and life opportunities of boys, girls, and adolescents, especially those with disabilities and other vulnerabilities, in the districts where it was implemented?

- Examination pass rates for boys and girls in Standard 8, disaggregated by sex.
- Percentage of primary school-age children who dropout during primary school, by sex.
- Out-of-school girls completing CBE (by age and disability)
- Out-of-school girls participating in CBE and reintegrated in formal education systems (by age and disability)
- Pathways taken by out of school youth participating in CBE

**Finding 55: The project had negligible effect on learning outcomes e.g. pass rates but provided out of schoolgirls with opportunities for improving their lives.**

As shown Table 19, the increase in examination pass rates between 2013 and 2023 was slightly higher in treatment (+19.06%) than control (+16.13%) schools. However, the DiD regression analysis shows the project contribution was not significant. The trend was no different for boys (See Annex 7: Methodology and detailed results of impact assessment). Although the dropout rate increased between 2013 and 2023 in both treatment and control for boys (-3.59 control and -10.23 treatment) and girls (-0.71 control and -1.51 treatment) girls in treatment schools were slightly more likely to stay in school when compared to boys. Comparison of the likelihood to stay in school shows that girls in control schools were 5.1 times more likely to stay in school compared to boys while in treatment schools they were 6.8 times more likely to do so (See Annex 8: Trends in

<sup>24</sup> Using data from the Malawi Census of 2018, assumes an average of 2 household members in primary education.

education outcomes data on school level indicators). This shows the programme may have contributed to supporting girls to stay in school in comparison to their male counterparts.

As noted earlier, completion of CBE by out of schoolgirls opened up economic opportunities as they gained basic literacy and numeracy skills. Combined with vocational skills, the JPGE provided out-of-school girls and young women the capacity to start and run small businesses which have helped them to be self-reliant. Majority of girls going through the CBE were of the age 15-24 years.

*"Now that I have learned how to read, write, and count, I have started a business, and the profit I make allows me to buy household essentials like fertilizer...Through education I have learnt how to read, write and learnt addition and subtraction. This is helping me in my business as I can give the correct change to a customer unlike in the past when I could not read, write or solve any sum of addition or subtraction... I didn't know how to do business, but through this programme, I've learned to sell vegetables and tomatoes, and now I can take care of my children and my health."* **FGD out-of-school girls Makankula Dedza**

*"Safe space taught us different skills and some of us we saw clothes and sell all through UNFPA safe space ... The safe space has helped as to do business, and we are able to pay school fees to our little brothers and sisters... We are no longer relying on our husbands alone; we are encouraged to do small-scale businesses."* **FGD out-of-school Nandemo Mangochi**

The 7,782 girls helped to return to school were given opportunities to reimagine their lives with opportunities for adopting rewarding career paths as demonstrated in the case study of 1.

#### **Case study 1: Yamikani's Story: A Journey Through Education and Resilience**

Yamikani Giza (not real name) began her educational journey in Standard 1 at her local primary school. From Standard 1 to Standard 6, her parents managed to provide for her basic needs, ensuring she had the resources to stay in school. Yamikani consistently performed well, often securing positions 2, 3, or 4 in class. Her school days were filled with learning and the aspirations of a bright future, despite the occasional challenges of limited resources (uniforms, stationery etc.).

When Yamikani reached Standard 7, her family's financial situation deteriorated. They could no longer afford to buy necessities such as soap, notebooks, pens, and even a school uniform. The absence of these essential items made it increasingly difficult for Yamikani to continue her education. Despite her determination to persevere, societal pressures compounded her struggles. By 2022, she had no choice but to drop out of school.

During this time, Yamikani also faced another significant challenge: persistent marriage proposals from both boys and older men. Despite these pressures, she remained steadfast in her belief that education was her path to a better future, refusing to marry even when her circumstances became dire.

After dropping out, Yamikani's life became even more challenging. Her friends encouraged her to abandon her dreams of education and instead consider marriage. Although tempted to give in to these societal norms, Yamikani resisted. Her days were filled with uncertainty, as she struggled to envision a way back to school.

Fortunately, the local mother group and village headman intervened. They visited Yamikani and her parents multiple times, advocating for her return to school. Despite initial resistance and discouragement from her peers, their consistent encouragement helped Yamikani realize that education was still within her reach.

The turning point came when Jamia learned about the JPGE programme through the mother group. They assured her that resources such as notebooks, pens, soap, and even school uniforms would be provided to support her education. Inspired by their dedication and the promise of assistance, Yamikani made the courageous decision to return to school.

With support from the mother group and community leaders, Yamikani re-enrolled in Standard 8. The programme also provided iron tablets, which improved her health and reduced her absenteeism during menstruation, further enabling her to focus on her studies.

### Case study 1: Yamikani's Story: A Journey Through Education and Resilience

Now back in school, Yamikani is filled with hope and determination. She dreams of becoming a medical doctor, inspired by her desire to help others in her community. To ensure her future success, she also expressed interest in learning vocational skills, such as tailoring, to create a fallback plan if formal employment proves elusive. Yamikani envisions a future where she is independent, capable of supporting herself and her family, and actively contributing to her community's development.

**Main question:** What other key impacts, intended or unintended, have been achieved by the Programme throughout the three phases?

- Intended and unintended impacts

**Finding 56:** The programme did not have major unintended negative effects.

The noticeable negative unintended effect was that girls' changing rooms (constructed by the programme for MH) were reinforcing stigma surrounding menstruation in schools (see Section 4.4.1) leading to some girls shunning to use the change rooms. The main reason was that the toilets were built with the purpose of providing facilities for washing and changing for girls during their menses instead of integrating the aspects into the girls' toilets.

## 4.6 Sustainability

**Main question:** How effectively has the JPGE-III programme built national ownership and capacity?

- Measures to build national ownership and capacity to implement the programme concept
- Effectiveness of measures to build national ownership and capacity to implement the programme concept

**Finding 57:** It is possible to conclude that several JPGE initiatives are sustainable both in the short and long term due to the fact that there is considerable capacity and ownership built over the period of the programme.

The synchronization of JPGE initiatives with the Decentralization Policy context where some education functions have been devolved to the districts to encourage community ownership of the education service in their areas does also significantly contribute to sustainability of the programme in the long term. There is also goodwill across the stakeholders with abounding evidence coming from changes that have taken place amidst them. Issues of resources unavailability after the project comes to an end was frequently mentioned as a major challenge to sustainability of the programme.

Through collaboration with various Government Ministries including Health, Education, Agriculture and others the JPGE programme was able to embed in and align its initiatives with National Policy frameworks and strategies including NESIP, National Girls Strategy, National Feeding Programme, Readmission Policy, Youth Friendly Health Services Strategy and other frameworks. The programme can justifiably be said to have been effectively integrated into the government system, with the government taking a leading role in its implementation. Key interventions included teacher training in inclusive education, which improved classroom quality and reduced dropout rates, and the Home-Grown School Feeding (HGSF) programme that linked school meals to local agricultural production, which fostered community economic empowerment and ownership. JPGE also strengthened the capacity of health facilities to deliver sexual and reproductive health and rights (SRHR) services, as part of improving service delivery to the communities. Even with persistent challenges such as staff turnover and resource unavailability, the programme still contributed to national policy development and enabled multi-sectoral partnerships that ensured and encouraged local engagement and knowledge sharing.

*“Ultimately, JPGE's efforts in policy integration and community-level frameworks laid a solid foundation for the continued support of girls' education, promoting a scalable and sustainable model that national ministries can adopt”. PUNO official*

A coordination structure was established to facilitate this integration, ensuring that the programme aligned with government priorities and processes. At the district level, the programme worked directly with government officials, including an SBC focal person in education both at the national and district levels. This approach ensured that the programme operated within government structures and systems, enhancing sustainability and ownership as it progressed. An example is the recognition and use of the District Education Committee (DEC) during the partners' quarterly meetings at district level even with rotating lead coordination by the members like Plan International in Kasungu and District Communications Trust in Mangochi. The use of existing structures (without creating new ones) at various levels allowed the concerned groups to work within familiar social and cultural setups/environment and therefore create a sense of ownership. The process also involved putting funds through councils therefore strengthening them for implementation of the activities including building capacity and potential for scalability. There was clear mention and referencing from some stakeholders and implementing partners (both at national and district) that they saw the JPGE programme both in its principles, design and implementation as complimenting the mission of their organizations on addressing barriers to girls education and mitigating the effects of these barriers. This meant that the JPGE programme worked to buttress and entrench existing efforts (addressing barriers to girls' education) on the ground - including activities meant to build ownership and capacity - even beyond the project timeline.

Training was a core activity in the programme, this, as frequently mentioned during the KII interviews with the PUNO, Government officials and other implementing stakeholders, was instrumental in building capacity in the programme. Accordingly, effective training was considered by all players in the programme as a prelude to programme sustainability - hence the emphasis both in terms of resources, participants and time committed to it. To ensure efficiency and effectiveness most of the training took on a cascading format from national to the district, community and school levels. For example, at national level, key stakeholders are trained in the key aspects of the home-grown school feeding and this is cascaded all the way to students at school level. The same can be said of enhancing of sexual and reproductive health education through transfer of knowledge among teachers and ensuring students acquire the necessary skills. Some of the expertise employed to train district level structures is drawn from the ministries.

The interviews also revealed that ownership was mostly a factor of deliberate involvement, inclusion, consultation and participation of stakeholders and beneficiaries at the various levels of programme implementation.

*“Community representatives were included in all processes, such as procurement and financing, which fostered trust and collaboration between the community and the schools. This engagement has helped the community to take ownership of the programme. We believe that once the project phases out, the community will contribute to its sustainability”. (MoE Official)*

Of critical importance is the fact the project did not impose itself on the community; instead, the programming of activities aligned with existing community dynamics, which allowed community members and leaders including the PTAs and SMCs some choice of which issues to address in their schools. The project consistently collaborated with the community on any new initiatives in the schools. This included involving the chiefs for initial programme entry and default support into communities for support and eventual entrenchment of ownership of the initiatives. This engagement, which is also considered an act of empowerment, has helped the community to take ownership of the programme. According to officials from the Government, this approach offers an assurance that once the project phases out, the community seek continuity of the initiatives and therefore contribute to the programme's sustainability.

*"The training provided to teachers and district coordinators ensured that they could implement the programme effectively, even after its conclusion." (CSE Teacher, Salima)*

*"We ensured that district education teams were part of the process from planning to implementation, which built their ownership." (District JPGE Coordinator, Salima)*

*"By linking the school feeding programme to government systems, JPGE ensured its sustainability beyond the project timeline." (Ministry of Agriculture, Salima)*

However, various groups including implementing partners mention inadequate financial resources and qualified human resource as some of the challenges that could impede efforts to build ownership and capacity. The human resource aspect was also a factor of transfers/postings away from the primary training area by implementing partners and Government departments.

### **Effectiveness of measures to build national ownership and capacity**

Stakeholders pointed out that the JPGE programme's apparent success reflected a clear match between the expected outcomes/achievements and the guiding principles, instruments and measures put in place to achieve the same. In other words, the designated approaches to achieve the set programme goals were fit for the purpose they were meant to achieve. The fact that gender equality and inclusivity principles were conspicuous principles in the JPGE programme and at the same time embedded in the government frameworks like the NESIP 20-30, the Gender Responsive Pedagogy (GRP) and other national frameworks helped cement ownership and capacity at district and national levels. For example, it is poor pedagogical practices that exacerbate gender inequalities in the classroom (FAWE, 2023). Therefore, by aligning the JPGE measures (through teacher training/orientation) contained in GRP and NESIP effectively addresses existing MoE concerns regarding gender inequality in education. Actually, these are some of the examples stakeholders consistently praised and pointed to in JPGE-III's effectiveness in building national and district-level capacity, particularly in integrating gender equality and child protection into education frameworks. They were also used as reference platforms for gender equality and safety advocacy and campaigns. All these had the effect of changing behaviour and attitudes towards girls' education and of the other vulnerable groups in general.

Interviews with some local authorities also confirmed the incorporation of the JPGE principles into district education action plans-demonstrating further that the JPGE principles played an important role in furthering capacity building at various levels of development planning process in the districts. The JPGE strategy on school feeding from locally produced foods is another example where there was quick synchronization with existing farmer organizations (FOs) capacity development initiatives by the Agriculture Ministry. Apart from equipping farmers with various skills, the MoA also trained SHN teachers who in turn helped setup demonstration plots at their schools further entrenching both capacity and ownership for both short- and long-term gains.

*"The programme empowered us to advocate for policies that support girls' education at the local level." (MAGGA Representative, Dedza)*

*"Districts are now integrating JPGE principles into their plans, especially around child protection and gender equality." (District JPGE Coordinator, Dedza)*

*"Capacity-building sessions helped us understand how to address gender and health issues in schools." (School Health Coordinator, Mangochi)*

*Schools having crop demonstration plots is one way of sustaining the capacity and activities after the programme comes to an end. (Agrobusiness Officer, Kasungu)*

To what extent has the programme succeeded in fostering community-led initiatives to sustain educational improvements?

**Main question:** To what extent has the programme succeeded in fostering community-led initiatives to sustain educational improvements?

- Functionality of community led initiatives (evidence of community led actions, action plans in place and under implementation)
- Challenges faced by community led initiatives to continue with activities beyond the programme
- Durability of results over time

**Finding 58: There is evidence of JPGE project influence on the mind set of stakeholders and beneficiaries resulting in development of own initiatives.**

Some communities have also demonstrated the ability to adapt and adopt the initiatives to suit their own local circumstances. The communities have also made effort through capacity building and group work to ensure that their initiatives work and bear fruits. These functionality support activities by communities service the primary JPGE activities and those locally/community-led initiatives. The institution of by-laws to force/ensure youths go to school would be cited as one such example. In Salima, a family would be asked to give out goat/s as a penalty for keeping their school-age children at home. The by-laws have also been utilized in some communities to protect young girls from older men seeking sexual favours or engaging in sexual activities with the minors. Other community-led initiatives included formation of school management committees with mandates to oversee various issues in the school including safety, school feeding and students class performance. The school management committees were cited to have also promoted more parental involvement and participation in the education of their children and in management decision-making at school. This agrees with JPGE principle of community involvement in addressing of girls' barriers to education. A learner at Makankhula primary school said there is more appreciation of the importance of education by parents due to their close involvement in their education. Partnerships with MAGGA and Story Workshop Trust, and local advocacy groups, also played a critical role in supporting functionality of the community-led initiatives and JPGE's sustainability efforts in general. Many of these initiatives are still functional, with communities actively engaging in education support and child protection activities.

*"The PTA in our school continues to monitor attendance and engage with parents about the importance of keeping girls in school."* (PTA Member, Salima)

*"Through our campaigns, communities are now more proactive in preventing early marriages."* (Story Workshop Trust, Project Officer)

*"The communities are now more engaged in supporting schools, thanks to the advocacy we conducted."* (MAGGA Representative, Dedza)

**Finding 59: Continued commitment and passion to the cause for the quality education, health and general livelihood of the youths by community leaders including chiefs are some of the more important factors in the sustainability and functionality of the community-led initiatives.**

Withdrawal of support and engagement by implementing partners were mentioned as some of the likely factors that might lead to demotivation of the leaders. There was also mention of the fear and likelihood of eventual unavailability of resources and absence of continued technical support for the JPGE intervention programme in general and related local-community initiatives. The interviews revealed that even where communities were able to mobilize their own resources to support their initiatives, the scope for the activities would not be at the same level as those supported by the JPGE programme. The extent to which the programme activities are consistently carried out and internalized by the implementing parties and beneficiaries may also determine the durability of the achievements of the programme over time.

*"The lack of resources makes it hard for us to continue some of the activities we started under JPGE."* (MAGGA Representative, Dedza)

*"Without additional support, it will be difficult for communities to maintain the momentum we've built."* (Ujamaa Pamodzi, District Project Coordinator)

*"Committees need ongoing support to address systemic challenges like infrastructure and teaching materials."* (School Health Coordinator, Salima)



**Main question:** How conducive is the political, economic, and social environment to sustain the gains and results after implementation?

- Political, economic and social factors that will support sustainability of the gains and results of the JPGE programme after implementation
- Political, economic and social factors that will hinder sustainability of the gains and results of the JPGE programme after implementation

#### 4.6.1 Political, economic, and social factors supporting sustainability

**Political Alignment:** There was mention of support, cooperation and in some instances of participation from local leaders (JPGE activities are seen as centres of unity/common interest among community members and their leaders). Interventions seen and understood as aligning with both economic and social norms. Also, the programme's general alignment with national policies such as Girls' Education Strategy, Readmission Policy, School Feeding Policy, Inclusion Policy may be perceived as complimenting government initiatives and supporting its Agenda and will certainly attract and ensures continued political support. The main challenge may come in with a possible change of government, where apart from change in national leadership, there may also be changes in the local leadership. Changes in political leadership may sometimes affect and influence the priorities in government policies and programmes.

*"The programme fits well into the government's priorities, particularly around girls' education and feeding programmes." (UNICEF, UN Management)*

**Community Buy-In:** Advocacy campaigns have resulted in widespread support for girls' education among chiefs, religious leaders, and parents. To the extent of enacting by-laws to support the JPGE initiatives.

*"Chiefs and religious leaders are now strong advocates for girls' education, which is a big change from before." (MAGGA Representative, Salima)*

**Social Norm Shifts:** Social behaviour change campaigns have led to reduced early marriages and improved attitudes toward girls' education. This has enhanced positive attitudes towards gender equity and equality in the long term.

*"The community now understands why it's important to keep girls in school, even after they have children." (PTA Member, Mangochi)*

#### 4.6.2 Political, economic, and social factors hindering sustainability

**Economic Challenges:** The discussion during KIs pointed to economic hardships resulting from unforeseen or unexpected natural events-including national and global economic dynamics (issues of inflation and market unpredictability etc.) as important sources of economic challenges. Communities and schools also lack sufficient resources to maintain some of the programme components independently including procurement of teaching and learning materials. There was also mention of cases where due to resource unavailability schools may not be able to purchase all the foods as produced by the farmers or indeed cases of overproduction and absence of other markets to absorb the same. Even though the market volatility was a challenge sometimes, the agriculture experts mentioned FOs capacity building in post-harvest crop preservation and market survey skills which would mitigate against crop loss and expand opportunities for new markets.

*"Feeding programmes are expensive, and without funding, schools will struggle to keep them running." (WFP, PUNO Representative)*

**Political Instability:** Changes in government and local leadership may influence priority direction at these levels with potential to undermine the programme's progress and continuity. Local politics may also undermine long term implementation of project activities at school level where for instance trained teachers at participating schools are posted away to other schools.

*"If the Government shifts its focus, some of the gains we've made might not last."* (District JPGE Coordinator, Salima)

**Cultural Resistance:** Even with progress achieved with JPGE alignment with cultural norms during the design and implementation of intervention activities some traditional practices, such as early marriages and initiation ceremonies (during school calendar) still persist in certain communities. This has the potential to undermine progress and affect sustainability effort. .

*"Not all communities are supportive of girls' education, especially in the more remote districts."* (Story Workshop Trust, Project Officer)

**Main question:** To what extent can the benefits of the programme continue after JPGEIII funding ceases?

Likelihood of benefits continuing:

- Capacity for Operations and maintenance of equipment
- Likelihood of retention of teacher capacity within targeted schools
- Strength of multi-sectoral education coordination at district level (functionality and ability to continue)

JPGE-III invested in training stakeholders to maintain programme infrastructure, such as WASH facilities and feeding programmes. However, stakeholders expressed concerns about the sustainability of operations without external resources to support maintenance and updating of the infrastructure and the WASH facilities.

*"Teachers and coordinators were trained to maintain facilities, but without resources, it will be hard to sustain them."* (School Health Coordinator, Salima)

Teacher training, particularly in CSE, was seen as a lasting benefit for many teachers, with many of them continuing to use JPGE principles in their lesson planning and delivery.

*"The training on comprehensive sexuality education has had a lasting impact on how we teach."* (CSE Teacher, Dedza)

*"Even after the programme ends, I'll continue using what I've learned to advocate for girls' education."* (Headteacher, Mangochi)

The programme strengthened district-level education coordination mechanisms, which stakeholders believe are likely to continue, provided they receive ongoing support.

*"The district education committee is now stronger, but we still need resources to maintain coordination."* (District JPGE Coordinator, Salima)

## 5 CONCLUSION, LESSONS LEARNED, RECOMMENDATIONS

### 5.1 Conclusion

The Joint Programme for Girls' Education (JPGE) successfully addressed critical barriers to education, demonstrating strong alignment with national policies, community needs, and international development goals. Coordination between the agencies ensured the integrated approach was realized at beneficiary levels. The presence of the UN agencies at district level through the district coordinators enhanced coordination of the integrated approach. In many ways the JPGE represents good practice in UN joint programme coordination. However, there were instances where the joint programme could have been enhanced to support inter-agency accountability.

While the programme had insignificant impact on higher level education outcomes, it made important contributions to changing community perceptions and attitudes to girls' education, improving girls' empowerment and increasing in safer sex. The programme improved capacities of schools and the Ministry of Education to implement multi-sectoral programmes. Communities own the programme and have engaged actively in programme activities including leading community-based initiatives to address (1) child marriages, (2) early pregnancies and (3) child protection. However, other social accountability initiatives to support school level accountability have been less effective for various reasons including:

- The absence of tools to assess the quality of education e.g. community score cards and support for community collaborative assessments as well putting in place mechanisms for communities to have access to school level data such as attendance records or performance metrics, to make informed demands for improvements; and
- Absence of regularly scheduled meetings to review progress e.g. ensuring SMCs engage communities e.g. the Village Education Committees on identified issues, implementation of recommendations from the community and SMCs etc.

The CBE component was successful and led to not only 7,782 girls returning to school but providing opportunities for adolescent girls to receive peer support and education on a variety of issues including childcare, contraception, nutrition, gender-based violence, vocational skills and entrepreneurship. Some out-of-school young women had started income generating activities because of the programme making them less reliant on their husbands which in the long term reduces economic Intimate Partner Violence (IPV). Mother groups are a good practice model and demonstrated they can be effective but only if they have a strong link with traditional leaders from where they can draw their power to execute their duties.

The HGSF was successful and improved school attendance, and enrolment. Making it government and community led enabled the building of capacities for its management among government and communities, guaranteeing capacity in scale up. However, strengthened monitoring of the programme was required to address some issues raised by children and community members of quality of the food, favoritism and exclusion of some children.

CSE, life skills education and support for YFHS was increasing access to SRHR services among adolescent and young people and adoption of safe sex practices. For example, the evaluation shows the programme areas had higher proportions of adolescents and young people adopting consistent condom use when compared to national average populations that are doing so in the same age range and comparable localities. There was also a slight reduction in dropouts due to pregnancies when compared to non programme areas. However, more could have been achieved by strengthening

integration with social mobilization interventions for adolescents and young people within communities to enhance access to services.

The safe school component which included girls' empowerment and strengthening community referral and justice systems has had mixed results. A randomized control trial of the programme concluded that the girls' empowerment under the JPGE led to a 39.5% decrease in the number of girls (Standards 5 to 8) experiencing sexual violence or abuse. This evaluation found that girls' empowerment was evident e.g. treatment schools had three times more reports on average on violence compared to control schools (1 report in treatment schools compared to 0.3 in control schools) and that more than 70% of girls could report a case of violence. However, the evaluation found no subsequent reduction in violence in the programme schools except corporal punishment. The difference could be changes in the model between phase I and III which may have limited its effectiveness. Despite higher cases of violence in treatment schools, qualitative data showed that girls are generally safer because schools were putting in place measures to address violence in the school environment.

Capacity to continue the multi-sectoral programme is still weak within the Government despite willingness to continue based on the benefits observed.

Disability inclusion was generally weak in the programme. The programme did put measures to strengthen disability inclusion in phase III through training teachers in inclusive education and the on e-CPD platform. However, education facilities, and classes remained a challenge for persons with disabilities.

## 5.2 Lessons learned

The following lessons have been drawn from findings of the evaluation.

**Lesson 1:** Aligning programme objectives with national policies, strengthens relevance and long-term impact. This alignment ensures interventions directly address systemic barriers like poverty, food insecurity, and adolescent health while advancing national and global development goals. Regular engagement with government stakeholders during programme design and implementation phases fosters ownership and accelerates institutionalization. Structured mechanisms to harmonize programme objectives with evolving national priorities ensure adaptability and continued relevance.

**Lesson 2:** Strong collaboration across sectors—education, health, agriculture, youth, gender and social protection—ensures interventions comprehensively address interconnected challenges. Clearly defined roles, responsibilities, and coordination mechanisms reduce duplication and enhance programme coherence. Multi-sectoral platforms at the district and national levels enable better planning, resource sharing, and problem-solving. Regular joint monitoring and evaluation sessions are, however, crucial to identify bottlenecks and reinforce accountability. Leveraging sector-specific expertise creates synergies that deliver more impactful, sustainable solutions.

**Lesson 3:** Training educators, health workers, and community facilitators equips them with the essential skills to deliver inclusive, high-quality services that address systemic barriers. Embedding these training programmes within national systems ensures continuity of knowledge transfer, reduces reliance on external technical support, and fosters long-term capacity development. For instance, teacher training in gender-responsive pedagogy has been transformative, improving classroom dynamics and promoting equity and inclusion. However, such programmes often target a limited number of teachers, leaving many schools without access to these critical skills. To address this gap, training initiatives must be scaled up and integrated into national teacher training programmes. Embedding such training as part of pre-service education, complemented by in-service refresher courses, ensures wider and sustained impact. Ongoing mentorship, coupled with regular professional development opportunities, is also essential to reinforce skills application, retain trained personnel, and ensure that inclusive practices are continuously refined and implemented across the education system.

**Lesson 4:** Programmes achieve higher uptake and sustainability when they actively engage local leaders, parents, and grassroots organizations from the outset. Co-creating interventions with communities ensures that activities align with cultural norms and address genuine needs. Leveraging the influence of traditional and religious leaders to advocate for education and health outcomes enhances community buy-in and reduces resistance to behavioral changes. Continuous dialogue and feedback loops with community members further strengthen relevance and responsiveness, fostering long-term commitment.

**Lesson 5:** Flexibility in implementation ensures services like school feeding remain uninterrupted during emergencies, such as school closures or natural disasters. Adaptive measures like take-home rations and cash transfers mitigate the immediate impact of disruptions on beneficiaries. However, these measures require robust monitoring and accountability systems to prevent resource misuse. Community sensitization and clear guidance on how to utilize such support further enhance effectiveness. Flexibility should also include rapid reallocation of resources and tailored interventions to address emerging needs.

**Lesson 6:** Addressing systemic inequities effectively requires a deliberate focus on the needs of children with disabilities. While strides have been made in addressing gender-specific barriers and geographic isolation, the limited attention to disability inclusion has left many children unable to fully access education. The absence of disability-friendly infrastructure such as ramps, accessible toilets, and specialized learning aids continues to exclude children with disabilities from participating equitably in school settings. Education programmes must make deliberate efforts to integrate disability-focused approaches at every stage—from design to

implementation—ensuring schools are equipped with inclusive infrastructure in addition to educator training to identify and support learners with diverse needs. Collaborations with disability-focused organizations, families, and communities are essential to address stigma and ensure interventions reflect the lived experiences of children with disabilities.

Embedding disability inclusion into national education frameworks, accompanied by regular monitoring and feedback mechanisms, ensures that no child is left behind. Without such intentionality, systemic barriers for children with disabilities will persist, limiting the impact of broader equity-focused interventions for this group.

**Lesson 7:** Effective programme delivery hinges on minimizing delays in fund disbursement and streamlining procurement and logistics. Inefficiencies, particularly in rural areas, disrupt activity timelines and reduce impact. Improved financial planning, coupled with localized procurement strategies, reduces costs and ensures resources reach beneficiaries on time. For example, sourcing food for school feeding programmes directly from smallholder farmers strengthens local economies while reducing transportation delays. Near real-time tracking of resource flow adds an extra layer of accountability and transparency.

**Lesson 8:** Embedding interventions within government structures and local institutions ensures programmes endure beyond external funding cycles. Empowering local structures, such as school management committees and farmer cooperatives, builds resilience and reduces dependence on external actors. Integrating smallholder farmers into school feeding supply chains not only improves programme sustainability but also boosts local livelihoods. Providing technical and financial support to community organizations fosters long-term independence and enhances their capacity to sustain programme outcomes.

**Lesson 9:** It is important to set up robust monitoring and evaluation frameworks to better position programmes to adapt and improve. Regular collection of data and integration of feedback loops allow for real-time adjustments, ensuring interventions remain responsive to beneficiary needs. Lessons learned from implementation should be systematically documented and shared with stakeholders to inform future programming. Programmes of this magnitude should prioritize cross-agency collaboration in M&E processes to enhance transparency and build trust among partners while creating a strong foundation for scaling successful models.

### 5.3 Recommendations

This section presents recommendations from evaluation. The recommendations were co-created by the ERG through the validation meetings for the report. The ERG were given two opportunities to review the recommendations at the first and second draft stages. The evaluation recommendations are presented by evaluation criterion. Recommendations on relevance are connected to Coherence under Recommendation C1a. Sustainability is covered under Overarching related to scale up and under Coherence Recommendation C4.

Criteria	Finding	Recommendation	Priority	When	Who is Responsible
Overarching	Scaling up: Findings 26, 32 and 41	<b>Recommendation O1:</b> Several community-led interventions have demonstrated they can be effective drivers for girls education and SRHR and can be sustainable and therefore need to be scale up. These interventions include the safe space model, the mother group model, and support to traditional leaders in leading efforts on education and abolishing child marriages through community by-laws	High	Medium to long term (1-5 years)	Ministry of Education, Ministry of Youth, Ministry of Health, UNFPA, UNICEF, WFP
Coherence	<b>Finding 7:</b> The evaluation did not find any significant partnerships with other actors in the districts beyond the government ministries.	<p><b>Challenge:</b> Limited partnerships reduced the potential reach and effectiveness of interventions.</p> <p><b>Recommendation C1:</b> Form district-level consortiums involving NGOs, CSOs, and private sector actors to co-deliver education and health interventions, with shared resource mobilization responsibilities.</p> <p><b>Recommendation C1a:</b> Recommendation 4: While a programme is not expected to address all the challenges, deliberate efforts to seek collaborations with others addressing other drivers such as poverty/livelihoods, and school infrastructure as examples would have enhanced the programme's impact on higher level education outcomes. The programme addressed multiple causes of poor education outcomes for girls, but some significant drivers remained unaddressed and contributed to the programme having insignificant impact on these outcomes e.g. poverty, infrastructure.</p>	Medium	Medium-term (1–2 years)	UNICEF, UNFPA (SRHR), Ministry of Health, Ministry of Education, local councils

Coherence	<b>Finding 8:</b> Limited partnerships were identified, but several coordination platforms helped ensure programme alignment and avoided duplication.	<p><b>Challenge:</b> Coordination platforms lacked formal accountability and sustainability mechanisms.</p> <p><b>Recommendation C2:</b> Introduce performance-based reviews for coordination platforms and assign district-level Government leads to ensure accountability and continuity.</p>	High	Immediate	UNICEF, district councils, Ministry of Education, UNFPA (SRHR coordination), WFP (nutrition coordination)
Coherence	<b>Finding 9:</b> Several provisions supported PUNO coordination, but challenges in implementation and accountability undermined effectiveness.	<p><b>Challenge:</b> Weak inter-agency accountability mechanisms led to inefficiencies.</p> <p><b>Recommendation C3:</b> Transition PUNO-led platforms into Government-led ones, ensuring regular reporting to district councils and developing a phased exit strategy for UN agencies to build government ownership.</p> <p><b>Recommendation C3a:</b> Commitment from the agencies and government counterparts is required to ensure coordination structures are operational. The steering committee remained on paper as it never met throughout the programme because of the complexity of converging availability of senior management in government and that of the agencies.</p> <p><b>Recommendation C3b:</b> A future programme should establish a programme management unit (PMU) to support coherent implementation and monitoring and evaluation. This PMU would be staffed with participating agency staff reporting to a JPGE Coordinator from the lead agency. It would also include at least one M&amp;E staff to establish a coherent monitoring system for the programme.</p> <p><b>Recommendation C3c:</b> A future programme should strengthen the participation of the Resident Coordinator's office (RCO) in national technical coordination structures of the programme to strengthen their knowledge and support for implementation of the joint programme modality</p>	Medium to High	Medium-term (1–2 years)	UNICEF, UNFPA, WFP, Ministry of Education, Ministry of Agriculture, district councils



<b>Coherence</b>	<b>Finding 12 and 13:</b> Over its life, JPGE influenced several policies and strategies but missed deeper integration at the national level.	<p><b>Challenge:</b> JPGE practices were not fully embedded in national policies.</p> <p><b>Recommendation C4:</b> Advocate for integrating JPGE's approaches (e.g., gender-responsive pedagogy and inclusive education practices) into long-term sector strategies like the Education Sector Strategic Plan (ESSP).</p>	High	Immediate	Ministry of Education, Ministry of Agriculture, UNICEF, UNFPA (gender-responsive pedagogy), WFP (nutrition initiatives)
<b>Efficiency</b>	<b>Finding 14:</b> JPGE-III's timeliness varied, with school feeding programmes delivered reliably, while other critical interventions faced delays.	<p><b>Challenge:</b> Delays in programme implementation reduced impact, particularly in remote areas.</p> <p><b>Recommendation E1:</b> Strengthen local-level planning by decentralizing fund disbursement to district councils and enabling real-time reporting through a digital tracking system shared among stakeholders.</p>	High	Immediate	UNICEF, WFP (funds for school feeding), Ministry of Finance, district councils
<b>Efficiency</b>	<b>Finding 15:</b> Critical gaps emerged in disability-inclusive infrastructure and SBC campaign coverage, limiting transformative and inclusive impacts.	<p><b>Challenge:</b> Infrastructure and SBC campaign gaps reduced inclusivity.</p> <p><b>Recommendation E2:</b> Prioritize funding for disability-inclusive facilities in ongoing government school improvement programmes and integrate targeted SBC campaigns into health and education outreach services to maximize reach.</p> <p><b>Recommendation E2a:</b> A future programme needs to improve disability inclusion by increasing investments in teacher training in inclusive education, and teaching resources and aids. This should be supported by an expansion of disability screening for students and partnerships or collaborations with disability organizations for assistive devices.</p>	High	Medium-term (1–2 years)	UNICEF, UNFPA (SBC campaigns), Ministry of Education, local councils
<b>Efficiency</b>	<b>Finding 16:</b> Stakeholders perceived JPGE interventions positively but noted gaps in the adequacy and timeliness of delivery.	<p><b>Challenge:</b> Delivery gaps undermined intervention outcomes.</p> <p><b>Recommendation E3:</b> Establish a rapid response team for logistical challenges in future programmes and adopt annual pre-implementation readiness reviews to ensure all materials and resources are delivered before project activities commence.</p>	Medium	Short-term (1 year)	UNICEF, WFP (logistics for school nutrition), local implementing partners
<b>Efficiency</b>	<b>Finding 17:</b> Resources were strategically allocated but delayed fund	<b>Challenge:</b> Fund delays disrupted timelines and reduced efficiency.	High	Immediate	UNICEF, WFP, Ministry of Finance, district councils

	disbursement disrupted activities, particularly in rural areas.	<b>Recommendation E5:</b> Develop a time-bound fund release protocol and assign accountability for disbursement delays, while piloting direct transfers to districts for high-priority programmes to reduce bottlenecks.			
<b>Effectiveness - Outcome 1</b>	<b>Finding 23:</b> JPGE improved foundational literacy and numeracy, but gaps in supporting infrastructure limited the full potential of these gains.	<p><b>Challenge:</b> Literacy and numeracy improvements were hindered by inadequate infrastructure.</p> <p><b>Recommendation EF1:</b> Prioritize investment in improved classroom facilities and ensure access to quality teaching materials through district-level partnerships.</p>	Medium	Medium-term (1–2 years)	Ministry of Education, UNICEF
<b>Effectiveness - Outcome 2</b>	<b>Finding 26:</b> The JPGE school feeding programme improved attendance and reduced absenteeism, although issues with food quality and distribution undermined its effectiveness.	<p><b>Challenge:</b> Inadequate monitoring of food quality and distribution reduced programme impact.</p> <p><b>Recommendation EF2:</b> Strengthen school feeding monitoring by training food committees and supporting with digital tracking tools that provide constant and reliable information to ensure consistent and equitable access to quality meals.</p> <p><b>Recommendation EF2a:</b> The Home-Grown School Feeding Programme has potential for scale up. Local capacity for delivering the programme is sufficient but needs to address Government's ability to fund the programme through supporting the Ministry of Education to motivate for funding from treasury. This needs to be evidence driven with sufficient cost benefit analyses given the possible scale and complexity.</p>	High	Short-term (1 year)	WFP, district councils, Ministry of Agriculture and Ministry of Education
<b>Effectiveness - Outcome 2</b>	<b>Finding 27:</b> The JPGE programme introduced take-home rations during emergencies but faced challenges with misuse of cash transfers.	<p><b>Challenge:</b> Misuse of emergency cash transfers affected programme outcomes.</p> <p><b>Recommendation EF3:</b> Establish clear cash transfer protocols with community oversight committees to monitor usage and provide targeted training to recipients to ensure appropriate use of funds.</p>	Medium	Short-term (1 year)	UNICEF, Ministry of Education, implementing partners
<b>Effectiveness- Outcome 3 and 7</b>	<b>Finding 28:</b> The programme contributed to safer sex practices but more so among adolescent boys than girls.	<p><b>Challenge:</b> Gender disparities in SRH practices remain significant.</p> <p><b>Recommendation EF4:</b> Expand SRH education campaigns tailored to adolescent girls, leveraging peer educators and community health workers to bridge knowledge gaps and promote gender equity.</p>	Medium	Medium-term (1–2 years)	Ministry of Health, UNICEF, UNFPA

	<b>Finding 28:</b> Despite the increase in safe sexual practices STI infections were increasing. The evaluation could not determine the cause for STI increase in this context.	<b>Challenge:</b> No sufficient evidence to determine the causes for increase in STIs in programme areas despite an increase safe sex. <b>Recommendation EF5:</b> Commission a study to understand the causal factors for increasing STI cases.	High	Medium (1-2 years)	Ministry of Health, UNFPA, and UNICEF
<b>Effectiveness Outcome 3 and 7</b>	<b>Finding 32:</b> Safe spaces were effective in providing basic literacy, economic empowerment, improving SRH and nutrition practices but the narrow focus on out of schoolgirls could have missed an opportunity to expand the influence of these platforms on a broad category of adolescent girls.	<b>Challenge:</b> While safe spaces were primarily targeted at out-of-school adolescent girls and young women, they have the potential to benefit in-school girls as well, particularly those in 15–19-year age range.  <b>Recommendation EF6:</b> Scale up the safe spaces but ensuring the target group is broadened to in-school 15–19-year-old girls. This would increase numbers and return on the investment.	Medium	Medium to long term (1-5 years)	UNFPA, Ministry of Health
<b>Effectiveness- Outcome 3 and 7</b>	<b>Finding 33:</b> Mobile clinics extended reach for awareness and service provision but had a low coverage for adolescents.	<b>Challenge:</b> Mobile clinics only reached 33% of out of school and 12.4% in-school adolescents and young people.  <b>Recommendation EF7:</b> Future support for mobile clinics should ensure the investment is integrated with other complementary interventions that address stigma (through youth friendly social mobilization approaches) and enhance access to SRH/HIV services for young people. Combining mobile clinics with other interventions such as in-school SRHR service provision, community-based awareness programme, youth friendly health initiatives and peer support networks can create a holistic approach ensuring better utilization and greater impact. Mobile clinics	High	Medium (1-2 years)	Ministry of Health, UNFPA
<b>Effectiveness - Outcome 5</b>	<b>Finding 42:</b> Parental support for girls' education improved, and community-led initiatives enhanced inclusive education.	<b>Challenge:</b> Community engagement needs sustained support.  <b>Recommendation EF8:</b> Strengthen parent-to-child communication programmes through school-based workshops and expand community mobilization campaigns addressing social norms to reinforce positive educational practices.	Medium	Medium-term (1–2 years)	UNICEF, UNFPA and local implementing partners

<b>Effectiveness - Outcome 6 and 8</b>	<b>Finding 43:</b> The literacy programme effectively targeted out-of-school adolescent girls aged 15–24 but faced low graduation rates.	<p><b>Challenge:</b> Retention rates for out-of-school girls remain low.</p> <p><b>Recommendation EF9:</b> Introduce mentorship programmes and financial support mechanisms, such as seed funding for income-generating activities, to improve retention and graduation rates.</p>	High	Immediate	UNICEF, Ministry of Education
<b>Effectiveness - Outcome 9</b>	<b>Finding 45:</b> JPGE improved collaborative government capacity at district level, enabling gender-sensitive and data-driven programme implementation.	<p><b>Challenge:</b> Sustaining government-led implementation remains a challenge.</p> <p><b>Recommendation EF10:</b> Provide continuous capacity-building for government staff at district and national levels, focusing on embedding gender-sensitive and data-driven planning into institutional frameworks.</p>	High	Immediate	UNICEF, UNFPA, Ministry of Education, district councils
<b>Impact</b>	<b>Finding 53:</b> While JPGE contributed to behavioural outcomes, it had no significant impact on higher-level educational outcomes due to external shocks.	<p><b>Challenge:</b> External shocks such as COVID19 and floods disrupted education outcomes.</p> <p><b>Recommendation IM1:</b> Incorporate resilience-focused interventions in future programmes, such as scalable remote learning systems, flexible school calendars, and enhanced psychosocial support during crises.</p>	High	Immediate	UNICEF, Ministry of Education, local governments, WFP (resilience in nutrition during crises)

## ANNEXES

### Annex 1: Terms of Reference



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## Annex 2: Evaluation framework

OECD-DAC Criterion Relevance - Is the intervention doing the right things?			
The 'relevance' criterion focuses on the intervention's design. It refers to the extent to which the objectives and design of a development intervention are consistent with the (global, country and institution-specific) requirements, needs, priorities and policies of beneficiaries and stakeholders (individuals, groups, organizations, and development partners). It also identifies the ability of the intervention's design to adapt to a change in circumstances. "Relevance" is assessed in relation to 1) the time of the intervention design and 2) from today's perspective.			
Assessment dimensions	Evaluation questions	Evaluation indicators	Evaluation methods
Alignment with policies and priorities	How well did the JPGE-III fit into the national policies, government priorities and norms of UN in Malawi?	Alignment of JPGE programme objectives with national policies, government priorities	Document review Key informant interviews (KIIs) with Government and UN staff
		Alignment of the objectives and implementation approaches to priorities of the participating UN agencies	
		Alignment of the programme objectives	
		Contribution of the JPGE programme to policy and programmatic changes by government in the education sector e.g. incorporation of JPGE programme concepts in government and sector policies, strategies and plans.	
Alignment with the needs and capacities of the beneficiaries and stakeholders	To what extent did the programme identify the needs of adolescent girls and boys (especially those with disabilities and other vulnerabilities) and the relevant barriers to their education in Malawi?	Expressed needs of adolescent girls and boys addressed by the programme	FGDs with learners Document review (studies in Malawi on barriers) and programme documents KIIs with IPs and health facility workers KII Government, IP and UN staff, Disabled Persons Organizations (DPOs)
		Expressed needs of adolescents living with disability addressed by the programme	
		Needs not fully addressed and affecting girls' education in targeted communities	
		Programme provisions that addressed the needs of adolescents in remote areas	KII Government, IP and UN staff, Review of programme documents
		Programme provisions that addressed gender related barriers to education for adolescent girls	FGDs with learners Document review (studies in Malawi on barriers) and programme documents KII government, IP and UN staff,

OECD-DAC Criterion Relevance - Is the intervention doing the right things?			
			Review of programme documents
	How well were the programme's objectives and interventions tailored to the cultural context and values of the communities in Malawi?	Level of involvement and feedback from local communities in shaping the programme	KII traditional and religious leaders FGDs with community members KII Government, IP and UN staff Document review (programme document, programme completion reports)
		Perceptions of communities on the programme's alignment with the cultural and religious context and values in targeted areas	
		Programme provisions that support the programme's response to the cultural and religious context and local values	
		Results of programme provisions that support the programme's response to the cultural and religious context and local values	
	How flexible was the programme in adapting to emergent educational needs and challenges during its implementation?	Emerging education needs and challenges	KII Government, IPs and UN staff KII School staff KII Health facility staff Document review (programme document for each phase, programme completion reports, minutes of Steering committee etc.) FGD Learners (boys, girls and those living with disability)
		Specific instances where the programme modified its interventions to better meet the needs of students and educators	
		Perceptions of stakeholders on the pace of change to address emerging education needs and challenges	
		Adequacy of measures to respond to emerging education needs and challenges	
	OECD-DAC Criterion Coherence - How well does the intervention fit?		
This criterion refers to the intervention's compatibility with other interventions in a country, sector or institution as well as with international norms and standards. <b>Internal coherence</b> addresses the synergies and division of tasks between the intervention and other interventions of the participating UN agencies and the intervention's consistency with the relevant international norms and standards to which UNICEF and the UN adheres. <b>External coherence</b> considers the intervention's complementarity, harmonization and coordination with the interventions of other partners, donors and international organizations. The "coherence" criterion relates both to the intervention's design as well as to the results it achieves.			
Assessment dimensions	Evaluation questions	Evaluation indicators	Evaluation methods

OECD-DAC Criterion Relevance - Is the intervention doing the right things?			
Internal coherence	How efficient and effective was the collaboration among various ministries involved in the programme, and whether the programme situated in the correct department to achieve the best results?	Examples of collaborations between government ministries	KII Government, IPs and UN staff Document review (programme document for each phase, programme completion reports, minutes of Steering committee etc.)
		Extent to which collaborations are structured and systematic	KII Government, IPs and UN staff
		Contribution of the unit with the JGPE coordinator in efficient programme implementation	
		Institutional bottlenecks faced by the unit charged with implementation within the Ministry of Education and other ministries	
External coherence	To what extent were the JPGE III partner's interventions interlinked and coherent with policies and related programmes of other partners operating within the same context?'	Mechanisms put in place to enhance interlinkages with other interventions (within the agencies and government ministries, between the JPGE programme and other programmes in adolescent SRHR, nutrition and education and at national and district levels)	KII Government, IPs and UN staff (participating and non-participating), CSO education platforms, adolescent sexual and reproductive health platforms Document review (programme document for each phase, programme completion reports, minutes of steering committee etc.)
		Perceptions of effectiveness of the interlinkages with other education/nutrition/adolescent SRHR interventions in programme areas	
	What was the role and relationship of the JPGE-III with other actors' interventions?	Key relationships established with other actors' programme in education, nutrition, and adolescent SRHR	KII Government, IPs and UN staff (participating and non-participating), CSO education platforms, adolescent sexual and reproductive health platforms Document review (programme document for each phase, programme completion reports, minutes of Steering committee etc.)
		Role of the JPGE in creation and operationalizing the relationships	
	What is the extent of partnership, coordination, and complementarity with	Linkages created with the GPE and specific government programmes	KII Government, IPs and UN staff (participating and non-participating), CSO education platforms,



OECD-DAC Criterion Relevance - Is the intervention doing the right things?			
	the interventions of the Malawi government and other relevant actors and multilateral initiatives, like the Global Partnership for Education?	Structured mechanisms for coordination established and their functionality	adolescent sexual and reproductive health platforms Document review (programme document for each phase, programme completion reports, minutes of Steering committee etc.)
	Are there aspects of the operation that conflict with the interventions of or one UN programming or other actors?	Effectiveness of institutional arrangement and implementation structure for managing the joint programme among the UN agencies	KII Government, IPs and UN staff, Resident/Deputy Resident Representative Document review (programme document for each phase, programme completion reports, minutes of Steering committee, evaluation reports, etc.)
		Extent to which interventions of the three agencies were integrated	
		Challenges undermining integration and efficiency of the joint programme modality	
	What were the strengths and gaps in achieving coherence and adding value while avoiding duplication of effort?	Strengths in achieving coherence (structures, systems and relationships)	KII Government, IPs and UN staff (participating and non-participating), CSO education platforms, district council etc. Document review (programme document for each phase, programme completion reports, minutes of Steering committee, evaluation reports, etc.)
		Weaknesses in achieving coherence (structures, systems and relationships)	
		Potential overlaps with existing initiatives and challenges in coordination	
	How have lessons learned from JPGE-III been integrated into other similar programmes either at district level or nationally	Adoption of best practices and strategies from JPGE-III in local educational programmes	KII Government, IPs and UN staff (participating and non-participating), CSO education platforms, district council etc. Document review (programme document for each phase, programme completion reports, minutes of Steering committee, evaluation reports, etc.)
		Scaling successful interventions to broader educational policies	
	How has the programme influenced changes in national educational policies or practices beyond the immediate programme goals?	JPGE-III contribution to reforms in educational policies, emphasizing gender equality and inclusive education	
OECD-DAC Criterion Efficiency - How well are resources being used?			
This criterion describes the extent to which the intervention delivers results in an economic and timely way (relationship between input and output, outcome and impact level). The evaluation dimension “ <b>production efficiency</b> ” refers to the appropriateness of the relationship between inputs and outputs. The evaluation dimension “ <b>allocation efficiency</b> ” refers to the appropriateness of the relationship between the inputs and the results achieved (project/development objective; outcome/impact level) by the intervention. The "efficiency" criterion relates both to the intervention’s design and implementation and to the results it achieves.			

OECD-DAC Criterion Relevance - Is the intervention doing the right things?			
Assessment dimensions	Evaluation questions	Evaluation indicators	Evaluation methods
Implementation efficiency	Were the programme activities executed on time, in expected quantity and quality?	Timeliness of delivery of interventions (comparison of work plan and actual implementation)	Document review (programme annual work plans, annual programme reports and programme completion reports, National Steering Committee minutes)  KII Government, IPs and UN staff, School heads, health workers  FGDs with learners
		Stakeholder feedback on timelines of implementation	
		Challenges affecting timely implementation	
		Numbers reached with interventions against the plan	
		Perceptions of stakeholders on the quality of interventions/commodities/equipment	
		Perceptions of stakeholders on the adequacy of the interventions to make the changes	
Allocation efficiency	Were the resources (funds, human resources, time, expertise, etc.) allocated strategically to achieve the intended outcomes?	Proportion of budget allocation for programme outcomes against level of change needed on indicators (cost of delivering outcome)	Document review (programme projects, annual work plans, annual programme reports and programme completion reports, National Steering Committee minutes)  KII Government, IPs and UN staff, School heads, health workers
		Perceptions of stakeholders on budget allocation for the outcomes for achievement of the programme objectives	
		Cost per beneficiary for each outcome	
	What proportion of allocated resources were underutilized or overspent, and what were the causes?	Level of under expenditure annually for the programme	Document review (JPGE programme and annual budgets; financial reports)  KII Government, IPs and UN staff,
		Level of under over expenditure annually for the programme (by outcomes and interventions	
		Reasons for under or over expenditure	
	What processes can be optimized for greater efficiency in future iterations of the programme?	Suggestions from stakeholders on processes that could be optimized for greater efficiency in future iterations	Document review (JPGE programme and annual budgets; financial reports)  KII Government, IPs and UN staff,
		Interventions with the inefficient cost units	
	Effectiveness - Is the intervention achieving its objectives?		
'Effectiveness' refers to the extent to which the intervention has achieved, or is expected to achieve, its objectives (at outcome level), including any differential results across beneficiary and stakeholder groups. It examines the achievement of objectives in terms of the direct, short-term and medium-term results.			

OECD-DAC Criterion Relevance - Is the intervention doing the right things?

Assessment dimensions	Evaluation questions	Evaluation indicators	Evaluation methods
Achievement of the (intended) objectives	To what extent were key interventions contributing to achieving planned outcome results?	<p>Proportion of programme indicators with targets fully met or exceeded</p> <p>Association between observed outcomes and key interventions (exposure to CSE, SRH services, improved quality of education, school feeding, etc.) – using bi- and multi-variate analysis</p>	<p>Secondary data analysis of EMIS, DHIS</p> <p>Learner survey</p> <p>School survey</p> <p>Out-of-school survey</p> <p>Parent and caregiver survey</p> <p>Regression analysis</p> <p><b>KIIs</b> with health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers,</p> <p><b>FGDs</b> with mentor mothers, local education council, smallholder farmers, community members (male), community members (female), out-of-school girls (15 – 19 and 20 – 24), school level, learners – girls, learners – boys, learners with disability, caregivers of learners with disability, child protection committee, school health clubs, school meals committee, school health coordinators</p> <p><b>MSC stories</b> with learners, out-of-school girls</p>
Contribution to achievement of objectives	To what extent did the cooperation with the local clinics enhance the relevant programme outcomes?	Association between exposure to improved access to SRHR services and SRH outcomes (pregnancy, use of condoms, sexual behaviours)	<p>Secondary data analysis of EMIS, DHIS</p> <p>Learner survey</p> <p>School survey</p> <p>Out-of-school survey</p> <p><b>FGDs</b> with learners, communities, out-of-school adolescent girls, mentor mothers</p> <p><b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers</p> <p><b>MSC stories</b> with learners, out-of-school girls</p>

OECD-DAC Criterion Relevance - Is the intervention doing the right things?

		Beneficiary feedback on the contribution of enhanced access to SRHR services and information lead to improved SRHR outcomes	<b>FGDs</b> with learners, communities, out-of-school adolescent girls, mentor mothers <b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers <b>MSC stories</b> with learners, out-of-school girls
		Pathways by which increased accessibility of SRHR services and information was leading to improved SRHR outcomes	<b>FGDs</b> with learners, communities, out of school adolescent girls, mentor mothers <b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers <b>MSC stories</b> with learners, out-of-school girls
To what extent did the SRHR and school health component reach the intended target not only limited to adolescent girls above the age 16-17 years of age?	Exposure to improved CSE by age group (10-14)	Learner survey	
	Exposure to community SRHR services (outreach or health facility youth friendly corner) by age group (10-14; 15-19; 20-24)	School survey Out-of-school survey	
	Exposure to Menstrual health management interventions (sanitary ware) for adolescent girls in school	<b>FGDs</b> with learners, communities, out-of-school adolescent girls, mentor mothers <b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers <b>MSC stories</b> with learners, out-of-school girls	
To what extent did it effectively engage men and boys to avoid backlash on gender equality goals and attitudes towards girls and women?	Strategies used to engage men and boys	<b>KII</b> Government, IPs and UN staff, traditional leaders, school heads <b>Document review</b> (programme document for each phase, programme completion reports, minutes of steering committee, evaluation reports, etc.) <b>FGDs</b> with communities (men and women), learners (boys), learners (girls) Learner survey Parent/caregiver survey	
	Effectiveness of strategies used to engage men and boys		
	Knowledge and attitudes of men and boys on girls' education		
To what extent behavioural changes have been adopted and observed among	Knowledge attitudes and practices among learners and caregivers regarding:	Learner survey Parent/caregiver survey	

OECD-DAC Criterion Relevance - Is the intervention doing the right things?			
	participants because of the programme interventions?	<ul style="list-style-type: none"> <li>• <b>Education</b> (and girls' education, education for learners with disabilities, involvement of parents in decision making at school, capacity of parents to engage schools)</li> <li>• <b>Multi-sectoral approach to education</b> (school meals and nutrition, iron folic acid supplementation, sanitation and hygiene, SRHR and MH,</li> <li>• Violence against children (school discipline, exposure to violence in school</li> </ul>	<p>Out-of-school girls survey</p> <p><b>FGDs</b> with mentor mothers, local education council, community member (male), community members (female), out-of-school girls (15 – 19 and 20 – 24), school level, learners – girls, learners – boys, learners with disability, caregivers of learners with disability, child protection committee, school health clubs, school meals committee,</p> <p><b>KIIs</b> School health coordinators, CSE teachers, school heads</p>
		Association between observed behaviour outcomes and exposure to programme interventions	<p>Learner Survey</p> <p>Parent/Caregiver survey</p> <p>Out-of-school girls survey</p> <p>Bivariate and multi-variate regression analysis</p>
Perception of programme effectiveness	How do stakeholders (teachers, students, parents) perceive the effectiveness of the interventions in improving educational outcomes?	Views of stakeholders on the effectiveness of the interventions	<p><b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers, School health coordinators</p> <p><b>FGDs</b> with mentor mothers, local education council, smallholder farmers, community member (male), community members (female), out-of-school girls (15 – 19 and 20 – 24), school level, learners – girls, learners – boys, learners with disability, caregivers of learners with disability, Child protection committee, school health clubs, school meals committee</p> <p><b>MSC stories</b> with learners, out-of-school girls</p>
OECD-DAC Criterion Sustainability - Will the benefits last?			
The 'sustainability' criterion relates to continued long-term benefits (at the outcome and impact level) or the probability of continued long-term benefits – considering observed or foreseeable risks – over time, particularly after assistance has ended.			

OECD-DAC Criterion Relevance - Is the intervention doing the right things?

Assessment dimensions	Evaluation questions	Evaluation indicators	Evaluation methods
Contribution to supporting sustainable capacities	How effectively has the JPGE-III programme built national ownership and capacity?	Measures to build national ownership and capacity to implement the programme concept	KII Government, IPs and UN staff <b>Document review</b> (programme document for each phase, programme completion reports, minutes of Steering committee, evaluation reports, etc.)
		Effectiveness of measures to build national ownership and capacity to implement the programme concept	
	To what extent has the programme succeeded in fostering community-led initiatives to sustain educational improvements?	Functionality of community led initiatives (evidence of community led actions, action plans in place and under implementation)	KII Government, IPs and UN staff <b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers, school health coordinators <b>FGDs</b> with mentor mothers, local education council, child protection committee, school health clubs, school meals committee, community members
		Challenges faced by community led initiatives to continue with activities beyond the programme	
Durability of results over time	How conducive is the political, economic, and social environment to sustain the gains and results after implementation?	Political, economic and social factors that will support sustainability of the gains and results of the JPGE programme after implementation	KII Government, IPs and UN staff <b>KIIs</b> with health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers, school health coordinators <b>FGDs</b> with mentor mothers, local education council, child protection committee, school health clubs, school meals committee, out-of-school girls, learners, community members
		Political, economic and social factors that will hinder sustainability of the gains and results of the JPGE programme after implementation	
	To what extent can the benefits of the programme continue after JPGEIII funding ceases?	Likelihood of benefits continuing: <ul style="list-style-type: none"> <li>Capacity for operations and maintenance of equipment</li> <li>Likelihood of retention of teacher capacity within targeted schools</li> <li>Strength of multi-sectoral education coordination at district level (functionality and ability to continue)</li> </ul>	KII Government, IPs and UN staff  <b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers, school health coordinators

**OECD-DAC Criterion Relevance - Is the intervention doing the right things?**

**OECD-DAC Criterion Impact (higher-level development results) - What difference does the intervention make?**

Based on recognizable higher-level development changes (at impact level), the criterion of "higher level development results (at impact level)" relates to the extent to which the intervention has already produced significant positive or negative, intended or unintended results at the overarching level (contributions to the observed changes), or is expected to do so in the future. This includes any differential results across different stakeholders and beneficiaries. This criterion refers to the results of the development intervention.

Assessment dimensions	Evaluation questions	Evaluation indicators	Evaluation methods
Higher-level (intended) development changes	To what extent has the JPGE-III impacted the access to quality and inclusive education for girls and boys, especially those with disabilities and other vulnerabilities, in the districts where it was implemented and at national level?	<ul style="list-style-type: none"> <li>• Repetition rate for Standard 5-8, disaggregated by sex.</li> <li>• Transition rates to secondary school in the targeted schools, disaggregated by sex.</li> <li>• Promotion rates for girls and boys (Standard 5-8).</li> <li>• Percentage of primary school-age children enrolled in primary school, by sex.</li> </ul>	Secondary data analysis EMIS datasets
	How many children, including adolescents, girls and boys, and children with disabilities, have benefitted (and in what way) so far?	Number of children benefiting from improved quality of education Net number of children enrolled in school because of the programme (by age group, sex and disability) Number of children and adolescents with pregnancies averted Net number of children with improved learning outcomes	Secondary data analysis EMIS datasets DiD analysis
		Benefits accruing to adolescent boys, girls and those with disabilities	<b>KII</b> School heads, CSE teachers, school health coordinators <b>FGDs</b> with learners, communities, out of school adolescent girls, mentor mothers <b>MSC stories</b> with learners, out of schoolgirls
		Ways in which the programme is adolescent boys, girls and those with disabilities	
	To what extent and in what ways the JPGE-III improved the learning outcomes and life opportunities of boys, girls, and adolescents, especially those with	Examination pass rates for boys and girls in Standard 8, disaggregated by sex. Percentage of primary school-age children who dropout during primary school, by sex.	Secondary data analysis of EMIS datasets Out-of-school survey  FGDs with out-of-school girls, mentor mothers

OECD-DAC Criterion Relevance - Is the intervention doing the right things?			
	disabilities and other vulnerabilities, in the districts where it was implemented?	<p>Out-of-school girls completing CBE (by age and disability)</p> <p>Out-of-school girls participating in CBE and reintegrated in formal education systems (by age and disability)</p> <p>Pathways taken by out of school youth participating in CBE</p>	<b>MSC stories</b> with learners out-of-school girls
	What other key impacts, intended or unintended, have been achieved by the Programme throughout the three phases?	Intended and unintended impacts	<p><b>KII</b> Government, IPs and UN staff</p> <p><b>KIIs</b> with Health facility (Nurse in charge of youth friendly service provision), traditional leaders, Heads of schools, CSE teachers, school health coordinators</p> <p><b>FGDs</b> with mentor mothers, local education council, child protection committee, school health clubs, school meals committee, out-of-school girls, learners, community members</p> <p><b>MSC stories</b> with learners, out-of-school girls</p>
	Could the programme have had a larger impact if it was implemented in different districts?	<p>Profile of districts targeted for the programme (extent of obstacles to overcome to achieve outcomes, education management)</p> <p>Benefits that could be achieved by targeting alternative districts (pre-conditions for success)</p>	<p><b>KII</b> Government, IPs and UN staff</p> <p>Document review education sector reviews</p>
	What are the comparative outcomes between beneficiaries of the programme and non-participants in similar settings, overall and across programme phases?	Differences between beneficiaries (school, learner and out-of-school girls) and control	<p>T-tests to ascertain differences between means of outcome variables</p> <p>DiD analysis for EMIS data to ascertain level of attribution of the project</p> <p>Learner survey</p> <p>Out-of-school survey</p> <p>School survey</p>



### Annex 3: Results framework

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
<b>Strategic Objective 1:</b> Adolescent girls remain and complete primary school education leading to transition to secondary school	Examination Pass rates for boys and girls in Standard 8 disaggregated by sex	EMIS/School records	Annually	All agencies											X
	Repetition rate for Standard 5 - 8 disaggregated by sex	EMIS/School records	Annually	All agencies											X
	Transition rates to Secondary school in the targeted schools disaggregated by sex	MANEB Records, enrolment registers in secondary schools	Annually	All agencies											X
	Dropout rates and numbers for girls and boys (standard 5 - 8)	EMIS/School records	Annually	All											X
	Promotion rates for girls and boys (standard 5- 8)	EMIS/School records	Annually	All											X

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	Percentage of learners in Grade 7 that attain at least minimum competency in (i) literacy (ii) numeracy, by Sex	Malawi Learning Assessment (MLA)		UNICEF UNFPA WFP											
	Percentage of primary school- age children enrolled in primary school, by Sex	Annual school census (EMIS) and Multiple Indicator Cluster Survey (MICS)													
	Percentage of primary school- age children who dropout during primary school, by Sex	Annual school census (EMIS)													
<b>Strategic Objective 2: Out-of- school adolescent girls acquire basic life skills to allow them to tackle adult life</b>	% and number of vocational skills beneficiaries who completed/passed vocational skills training programme	Vocational school records; Programme reports	Annually	UNICEF											
	% and number of vocational skills graduates generating	Market labour survey	Annually	UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	own income (self-employment or paid employment)														
<b>Outcome 1:</b> Adolescent girls and boys are effectively taught and learn in an all-inclusive and gender sensitive environments															
<b>Output 1:</b> Enhanced gender-responsive, life skills based and CFS teaching methodologies	Number of teachers oriented to Child Friendly School methodologies	Programme Reports; Training Reports	Quarterly	UNICEF											
	Number of targeted schools with at least 50% of the Teachers oriented on CFS methodologies	Programme Reports	Annually	UNICEF											
	Indicator 5a) Teacher attendance rate	Programme Reports		UNICEF											
	Indicator 5b). % of schools with evidence of learner-centred and gender responsive	Programme Reports		UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	teaching methods in schools														
	1.1.1 Number of schools meeting minimum National Education Standards (NES) in targeted districts, with a focus on special needs	National Inspection Survey		UNICEF											
	1.1.2 Number of teachers in targeted districts trained in a) inclusive, JRP, life skills, and CCE b) diagnostic assessment and structured pedagogy /remediation in foundational literacy and numeracy	District Report		UNICEF											
	1.1.3 Number of teachers that have applied diagnostic assessment and structured pedagogy /remediation in foundational literacy and numeracy	Targeted inspection survey		UNICEF											
	1.1.4 Number of schools where head teachers have	District Inspection Survey		UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	structured mentorship and coaching support to fellow teacher														
	3.1 Number of districts with revised district education plan aligned to NESIP (2020 -2030) as part of the overall district plans.														
<b>Output 2: Enhanced optimal learning environment provided for boys and girls</b>	Number of targeted schools with operational Teacher Resource Centres	Project reports	Annually	UNICEF											
	Number of targeted schools with functional box library centres	Project reports	Annually	UNICEF											
	A Girls Education Scholarship fund to support vulnerable girls for post primary education established and functional in all the 3 districts	Programme reports	Annually	UNICEF											
	Number of vulnerable girls provided with education scholarships for secondary education	Programme reports	Annually	UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
<b>Outcome 2: Enhanced access to nutritious meals by boys and girls in targeted schools for improved learners school attendance</b>	Average number of school days per month when at least four food groups were provided	School feeding records	Annually	WFP											
	Attendance rate for boys and girls in Standard 5-8	EMIS/School records	Annually	WFP											X
	Attendance rate for orphans and vulnerable children (OVC) in Standard 5 - 8	EMIS/School records	Annually	WFP											
<b>Output 1: Girls and boys in primary schools are timely provided with nutritious school meals and Take-Home Ration</b>	Number of learners (boys and girls) receiving diversified meals	School feeding records	Quarterly	WFP											X
	Number of girls and orphan boys receiving take home rations (food and cash)	Programme reports	Quarterly	WFP											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
Output 2: Increased capacity of district government staff, communities and smallholder farmers around the targeted schools in management of school meals programme	Number of farmers registered under the Farmer Organizations contributing to the aggregation system towards food supplies to the schools	Programme Reports, School feeding records	Quarterly	WFP											
	Number of the registered farmer organizations in the targeted communities supplying diversified food commodities for school feeding programme	Programme Reports	Quarterly	WFP											
	1d) Proportion of food purchased from aggregation systems in which smallholders are participating,			WFP											
	Indicator 1.1c) Quantity of food purchased locally from			WFP											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	smallholder aggregation system (MT); as a % of project purchases.														
	1e) Average number of school days per month when at least 4 food groups were provided			WFP											
	Indicator 1.1b): Quantity of food/cash assistance distributed, disaggregated by type, as a % of planned			WFP											
	1.1d) Proportion of respondent organizations (FOs) trained in market access and post-harvest handling skills.			WFP											
	3.4 Percentage of targeted smallholders selling through programme-supported farmer aggregation systems			WFP											
<b>Outcome 3: Adolescent girls and boys in the targeted schools and out</b>	Proportion of girls that need SRH services accessing youth-friendly health services	Evaluation reports; YFHS facility records	Mid-term	UNFPA											



Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
of school have access to SRH information and services															
	Number of pregnancies reported in the targeted schools	School records, Programme Reports	Quarterly	UNFPA											
	1.5 Percentage of girls enrolled in targeted schools who have fallen pregnant during the school year	Annual School Census (DEMIS,		UNFPA											
	Indicator 3d) # of pregnancies for girls in standard 5 to 8.	Programme reports		UNFPA											
	Number of STI cases of young people recorded in the targeted facilities	HMIS; Facility records	Quarterly	UNFPA											
<b>Output 1: Enhanced capacity of health workers to provide comprehensive SRH services, information and education.</b>	Number of health facilities in the targeted zones that have at least 2 trained health workers providing Youth Friendly Health services according to national guidelines and standards	Monitoring reports, Training reports programme	Quarterly	UNFPA											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	Number of health facilities conducting outreach activities on SRH in the targeted schools at least once every quarter	Health facility records, Health facility outreach reports	Quarterly	UNFPA											
<b>Output 2: Enhanced capacities of targeted schools to facilitate access to SRH information and services for in school adolescents</b>	Number of schools with over 50% of teachers trained in Comprehensive Sexuality Education	Monitoring Reports, Programme Reports	Annually	UNFPA											
	% of teachers trained in CSE teaching life skill subject in the targeted schools	Monitoring Reports, Programme Reports	Annually	UNFPA											
	Number of targeted schools linked to accredited YFHS sites	Programme reports	Annually	UNFPA											
<b>Outcome 4: Reduced violence against girls in primary schools</b>	% of boys and girls that reported to experience physical violence in school within the past 12 months	Evaluation reports-MTR Report	Mid-term	UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	% of girls that reported to experience sexual violence in school within the past 12 months	Evaluation reports-MTR Report	Mid-term	UNICEF											
	% of girls and boys that are aware of any formal violence protection structures within their school or communities	Evaluation reports-MTR Report	Mid-term	UNICEF											
	% of girls and boys that ever experienced any form of violence at school or home who reported to formal structures	Evaluation reports-MTR Report	Mid-term	UNICEF											
	Indicator 4a). # of incidents of sexual and physical violence against children reported at schools (disaggregated by sex)	Programme reports		UNICEF											
Output 1: Girls and boys in targeted schools are empowered to participate in	Number of targeted schools that have formal structures for reporting of violence cases	Programme reports	Annually	UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
their own protection															
Output 2: Survivors of violence in schools have access to effective referral pathways.	Number of targeted schools that are linked to at least one community-based violence protection structures (i.e. CVSUs, One-Stop Centres for GBV, child protection committees, etc.)	Programme reports, monitoring reports	Annually	UNICEF											
Output 3: Key protection stakeholders have relevant capacity to prevent and respond to violence against boys and girls.	% of reported violence cases in schools referred to formal community-based violence protection structures for redress	School records, monitoring reports	Annually	UNICEF											
	% of reported violence cases against pupils in the targeted schools that are followed up by relevant authorities and concluded	School records, Service provider records	Annually	UNICEF											
	Indicator 4b). # of children (standard 5-8) that are enrolled in	Programme reports		UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	preventative empowerment programmes (disaggregated by sex)														
	Indicator 4c.) # of girls accessing sexual assault survivors anonymous service.	Programme reports		UNICEF											
	Output 4.1 School Improvement Plans in place which respond to gender inequalities and protection issues (quality / enabling environment)			UNICEF											
	Indicator 4.1a). % of schools with school improvement plan developed (with student input)	Programme reports		UNICEF											
	Indicator 4.2a). % of schools with a code of conduct developed														
Outcome 5: Parents and local community engage in education	Number and % of targeted communities implementing community by-laws in support of girls' education	Programme reports, evaluation reports	Annually	UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
<b>Output 1: Strengthened community and school-based education supporting structures and institutions to support girls' education</b>	Number of out-of-school girls in the targeted communities mobilized and supported by mother groups to enroll/return to school	Programme reports, Mother group records	Quarterly	UNICEF											
	Number of targeted schools that have functional trained mother groups	Programme reports	Annually	UNICEF											
	Number of targeted schools that have functional PTAs	Programme Reports	Annually	UNICEF											
	Indicator 1.1e) Proportion of PTAs trained on hygiene, nutrition and sanitation														
	Indicator 1.1f) Proportion of SMC trained on hygiene, nutrition and sanitation														
	Indicator 1.1g) Proportion of food committees trained on hygiene, nutrition and sanitation.														

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	Indicator 1.1h) % of schools with all 3 structures (warehouse, kitchen and feeding shelter) in place.														
	Output 5.1 Teachers, PTA's, SMC's and mother groups in the targeted schools are trained on life skills based and gender responsive methodologies (SUPPLY / ENABLING ENVIRONMENT)														
	Indicator 5.1a). No of teachers reached out of total number of teachers in the targeted schools.	Programme Reports		UNICEF											
	Indicator 5.1b) % PTAs reached out of total number of PTAs in the targeted schools	Programme Reports		UNICEF											
	Indicator 5.1c) % of SMCs reached out of total number of SMCs in the targeted schools	Programme Reports		UNICEF											
	Indicator 5.1d). % of mother groups reached	Programme reports		UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	out of total number of mother groups in the targeted schools														
	Indicator 5.1e). % of targeted schools with equipped girls learning/resource centre			UNICEF											
	Outcome 7: Empowered and committed communities who value quality education for all children, especially girls.			UNICEF											
	7a. Proportion of trained community members aware of the values of education			UNICEF											
	7b. Proportion of chiefs actively acting towards improving access and quality of education for girls			UNICEF											
	Output 7.2 Motivated head teachers in each zone show best practices in terms of girls' education in their schools			UNICEF											



Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	7.2a # Communities awarded (with lowest number of pregnancies/ dropouts)			UNICEF											
	Output 7.3 Chiefs develop and implement bylaws in support of girls education			UNICEF											
	Number of bylaws on girls' education established and implemented			UNICEF											
	3.1 Number of districts with revised district education plan aligned to NESIP (2020 -2030) as part of the overall district plans.			UNICEF UNFPA WFP											
	3.2 Proportion of parents, caregiver and stakeholders understanding and promoting enrolment of girls in education	Social behaviour tracking tool (survey)		UNICEF											
	3.3 Number of parents with capacities and skills to provide support to learning for school going children,	Quarterly reports		UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	especially those with disabilities and special education needs														
<b>Outcome 6: Adolescent girls out of school acquire basic literacy and livelihood skills</b>	Number of adolescent girls that complete a 9-month literacy programme	AGLIT Project Records; Programme Reports	Annually	UNICEF											
	Number of adolescent girls that complete complementary basic education	Programme Reports	Annually	UNICEF											
<b>Output 1: Out-of-schools adolescent girls provided with 9 months functional literacy course</b>	Number of out-of-school girls enrolled in functional literacy programme	Programme reports, CBE enrolment records	Semi-annually	UNICEF											
	Number of functional literacy centres operational	Programme reports, Monitoring Reports	Semi-annually	UNICEF											
<b>Output 2: Out-of-school adolescent girls completing Complementary Basic Education</b>	Number of out-of-school girls enrolled in complementary basic education	Programme reports, CBE enrolment records	Semi-annually	UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
<b>linked to formal basic education</b>															
	Output 2.1 Out-of-school girls identified and provided with education opportunities														
	Indicator 2.1a) Number of girls receiving non-formal education														
	Number of complementary basic education centres established	Programme reports	Semi-annually	UNICEF											
	% of out-of-school girls graduating from complementary basic education integrated into formal education	Programme reports, CBE enrolment records	Annually	UNICEF											
	Indicator 2.1b) Number of girls brought back to CBE or functional literacy programmes (out of those not in school)														
	Indicator 2.1c) # of girls graduating from CBE or														

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	functional literacy programmes														
	Indicator 2.1c) % of enrolled girl's graduating from CBE or functional literacy classes														
<b>Outcome 7: Out-of-school adolescent girls acquire SRH and life skills.</b>	Proportion of girls that need SRH services accessing youth - friendly health services	Evaluation reports, YFHS facility records	Mid-term	UNFPA											
	Proportion of sexually active adolescent girls reporting to use a condom during last sexual encounter	Programme evaluation reports	Mid-term	UNFPA											
<b>Output 1: Increased access to integrated youth-friendly services for out-of-school adolescent girls.</b>	Number of Youth Friendly Health Services facilities that are functional	Programme Reports, Monitoring Reports	Quarterly	UNFPA											
	Number of young people accessing YFHS in the targeted facilities	HMIS, Programme Reports	Quarterly	UNFPA											
	Number of young people accessing	Facility delivery	Quarterly	UNFPA											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	integrated YFHS through outreach services	records, Programme Reports													
	2.2.2 Number of adolescent girls and boys accessing comprehensive youth friendly health services in health facilities	Health facility records		UNICEF UNFPA											
	2.2.3 Number of community based YHFS and SRHR trainers trained in targeted districts	Training attendance registers		UNFPA											
	2.2.4 Number of girls and boys in targeted districts reached with quarterly outreach and mobile clinics on SRHR and YHFS services	Health facility records		UNFPA											
	2.2.5 Number of out of school adolescent girls receiving comprehensive adolescent nutrition package (IFA supplementation and deworming, promotion of dietary diversification,	DHO report		UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	promotion of intake of fortified foods)														
	2.2.1 Number of health facilities offering a minimum package of services in JPGE districts	Health facility records		UNICEF UNFPA											
	Indicator 3b). % of girls accessing youth friendly health services.	Mid-term review		UNFPA											
	1.6 Number of targeted schools providing a minimum package of integrated services (SRHR, health and nutrition, WASH services, diversified nutritious meals)	District reports (School registers, IFA		UNICEF UNFPA WFP											
	3.1.1 Number of people reached with education, health and nutrition, SRHR, GBV messages through the implementation of a joint Social Behaviour Change Communication	Activity report, SBCC survey tool		UNICEF UNFPA WFP											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	strategy SBCC messages														
	3.1.2 Number of parents/guardians and children reached with integrated comprehensive parent child communication programme			UNFPA											
	1.2.3 Number of adolescent girls receiving IFA and albendazole tablets			UNICEF											
	1.2.4 Number of adolescent girls and boys participating in ASRH interventions	Annual, semi-annual and quarterly reports		UNFPA											
	1.2.5 Number of learners in targeted districts accessing safe water	District Monitoring tool		UNICEF											
	1.2.6 Proportion of girls completing 2 doses of HPV dose annually	School and DHO reports		UNICEF											
	1.2.7 Percentage of school children in targeted schools with increased knowledge	Social behaviour change tracking tool		WFP UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	and skills in nutrition (and nutrition related topics e.g. primary health, sanitation and hygiene), sanitation and hygiene knowledge and practices														
	1.2.8 Number of children and adolescents reached with life skills and Sexuality education	School registers		UNFPA											
	2.2 Proportion of girls and boys aged 10-24 who demonstrate positive behaviours and attitudes towards SHRH	Behaviour Change Communication tool		UNFPA											
	2.3 Number and % of girls and boys in target areas enrolled in life skills programme that complete programme	Annual, semi-annual and quarterly reports		UNFPA											
	Number of targeted communities with at least one functional YFHS community-based distribution agent	Programme Reports	Semi-annually	UNFPA											



Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
<b>Overall Goal</b>	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
<b>Output 2: Increased knowledge amongst out-of-school adolescents in Sexual and Reproductive Health issues.</b>	Number of out-of-school adolescents trained in comprehensive sexuality education	Programme Reports, Training Reports	Semi-annually	UNFPA											
<b>Outcome 8: Adolescent girls out of school acquire basic livelihood skills</b>	Number of vocational skills graduates engaged in self-employment	Market Labour Survey Reports, Programme Reports, Monitoring Reports	Annually	UNICEF											
<b>Output 1: Functional literacy graduates linked to vocational training community colleges</b>	Number of functional literacy graduates trained in vocational skills at vocational training community colleges	Programme Reports, Training Reports	Semi-annually	UNICEF											
	Number of functional literacy graduates completing vocational skills training course	Programme Reports	Semi-annually	UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	Number of livelihood skills graduates receiving start-up equipment	Programme Reports	Semi-annually	UNICEF											
	Number of vocational skills graduates trained in entrepreneurship skills	Programme Reports, Training Reports	Semi-annually	UNICEF											
	Outcome 6: Adolescent girls are informed and empowered to participate and take on leadership positions within the school and the community.			UNICEF											
	Indicator 6a). % of girls (Std 5-8) participating in clubs in school.			UNICEF											
	Indicator 6b). % of girls (Std 5-8) who hold positions of leadership in school clubs.			UNICEF											
	Indicator 6c.) % of schools that have health, social and economic asset-building programmes that reach out to adolescent girls at risk			UNICEF											

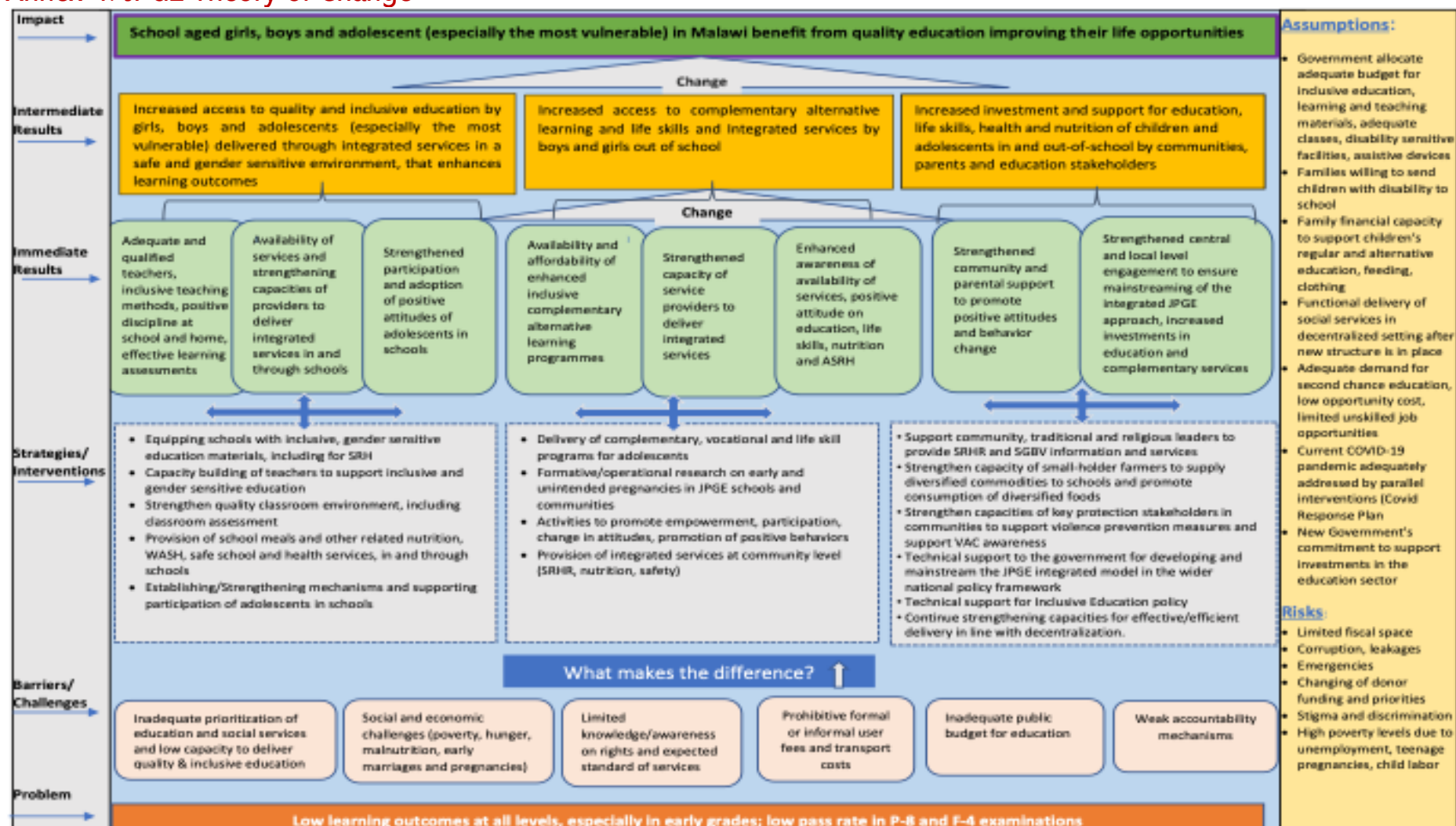
Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	of child marriage and other SRHR problems														
	Indicator 6d.) Proportion of girls who report violence (physical, sexual and psychological)			UNICEF											
	Indicator 6e). % of girls who think that a partner/husband is justified in hitting or beating his wife/partner under certain circumstances	Mid-term Review		UNICEF											
	Output 6.1 Girls participate in, organize and lead in-school clubs (dance, drama, debate, sports)	Indicator removed due to difficulties in collecting data.		UNICEF											
	Indicator 6.1a). No of clubs established/strengthened			UNICEF											
	Indicator 6.1b). Proportion of trained girls that have	Programme Reports		UNICEF											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	knowledge on sanitary pads production														
	Indicator 6.1c). Number of functional girls' networks in the target areas	Programme Reports		UNICEF											
<b>Outcome 9: Government district and national level staff acquire coordination, networking, design and programme implementation skills</b>	Number of non-targeted schools adopting a comprehensive model of HGSE, safe school and SRH	Programme Reports	Annually	All agencies											
<b>Output 1: Strengthen Government programme coordination for replication of programme</b>	HGSE management manual and guidelines developed and distributed	Programme Reports, copies of the manual	Annually	WFP											
	Safe schools manual developed and distributed	Programme Reports, copies of the manual	Annually	UNICEF											
	Adolescent sexual and reproductive health	Programme Reports,	Annually	UNFPA											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
	manual developed and distributed	copies of the manual													
	Indicator 3c) # of laws and policies that allow adolescents access to sexual and reproductive health services;	Programme Reports		UNFPA											
	Indicator 3a) % of girls (Std 5-8) who reported cases of corporal punishment in the past 1 year			UNFPA											
	3.2.1 Number of adopted guidelines/standard ds /policy changes facilitating the integration of the JPGE model in national implementation framework	Policy Briefs		UNICEF UNFPA WFP											
	3.2.2 Number of plans that support the implementation of the JPGE model at national and local level are in place	Road map strategy/ Reviewed Strategic Plan/ and Costed School Feeding		UNICEF UNFPA WFP											

Result Level	Key Performance Indicators	Data Source	Frequency	Responsible UN Agency	JPGE 1				JPGE 2			JPGE 3			
Overall Goal	Poverty Reduction through improved quality education for adolescent girls in Mangochi, Dedza and Salima districts				2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	All Years
		Operational Plan													

## Annex 4: JPGE Theory of Change



## Annex 5: Bibliography

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## Annex 6: List of National Level Participants interviewed

First Name	Last Name	Institution/Entity	Functional Title
Shadrack	Omol	UNICEF	Representative
Lilian	Sakala	UNICEF	JPGE Focal
Chifundo Evance	Kazembe	UNICEF	M&E Focal
Simon Jan	Molendijk	UNICEF	Chief of Education
Mathias	Kafunda	UNICEF	Thematic Education Governance
Patnice	Jana	UNICEF	Thematic Social Behaviour Change
Chimwemwe	Jemitale	UNICEF	Thematic School age nutrition
Nelida	Rodrigues	UNFPA	Representative
Ezizgeldi	Hellenov	UNFPA	Deputy Representative
Cecilia	Alfandika	UNFPA	Programme Specialist (Adolescent and Youth)
Abigail	Simkoko	UNFPA	Programme Analyst (M&E)
Paul	Turnbull	WFP	Country Representative
Nicole	Carn	WFP	Head of Programmes
Fortune	Maduma	WFP	JPGE Coordinator
Sandra	Kamvazina	WFP	School Meals Programme Activity Manager
Grace	Milner	Ministry of Education	Director Basic Education
Lucy	Magagula	Ministry of Education	Deputy Director of Inclusive Education
Maureen Maguza	Tembo	Ministry of Education	Deputy Director, Department of School Health and Nutrition
Albert	Saka	Ministry of Education	National JPGE Coordinator
Hans	Katengeza	Ministry of Health	Deputy Director
Pearson	Soko	Ministry of Agriculture	Director, Department of Agriculture and Extension Services
Martha	Mwale	Ministry of Agriculture	Chief, Department of Agriculture and Extension Services
Judie	Msusa	Ministry of Youth	Director of Youth
Chikondi	Kwalimba	Ministry of Youth	Functional Literacy Focal Point
Prince	Mtelera	Development Communications Trust	
Tenaw	Bawoke	Banja la Mtsogolo	Director

## Annex 7: Methodology and detailed results of impact assessment

The equation of the logistic regression for the PSM is

$$\text{Eq. A1: } \text{logit}(\text{prog\_dummy}_i) = \beta_0 + \beta_1 \times \text{dorate\_8\_m}_i + \beta_2 \times \text{rrate\_std8\_m}_i + \beta_3 \times \text{ptr\_std8}_i + \epsilon_i$$

where  $i$  denotes the  $i$ -th school. The variable  $\text{prog\_dummy}_i$  is a dummy variable denoting whether the  $i$ -th school is a target school or a candidate control school,  $\text{dorate\_8\_m}_i$  is the dropout rate in standard 8 for males of the  $i$ -th school,  $\text{rrate\_std8\_m}_i$  is the repetition rate in standard 8 for males in the  $i$ -th school, and  $\text{ptr\_std8}_i$  is the pupil teacher ratio for standard 8 in the  $i$ -th school.

Table A6.1: estimated coefficients of the logistic regression

	Estimate	SE	tStat	pValue
(Intercept)	-1.4402	0.11816	-12.189	0
dorate_8_m <sub>i</sub>	0.074562	0.03995	-1.8664	0.061986
rrate_std8_m	0.005784	0.0044497	-1.2999	0.19365
ptr_std8	0.011808	0.0044329	2.6637	0.0077292

Number of observations: 980, error degrees of freedom: 976

Chi<sup>2</sup>-statistic vs. constant model: 9.64, p-value = 0.0219

Figure A6.1 shows that there is a large common support in the p-score, while Error! Reference source not found. reports the one-to-one matching.

Figure A6.1: Density of the p-scores before and after matching

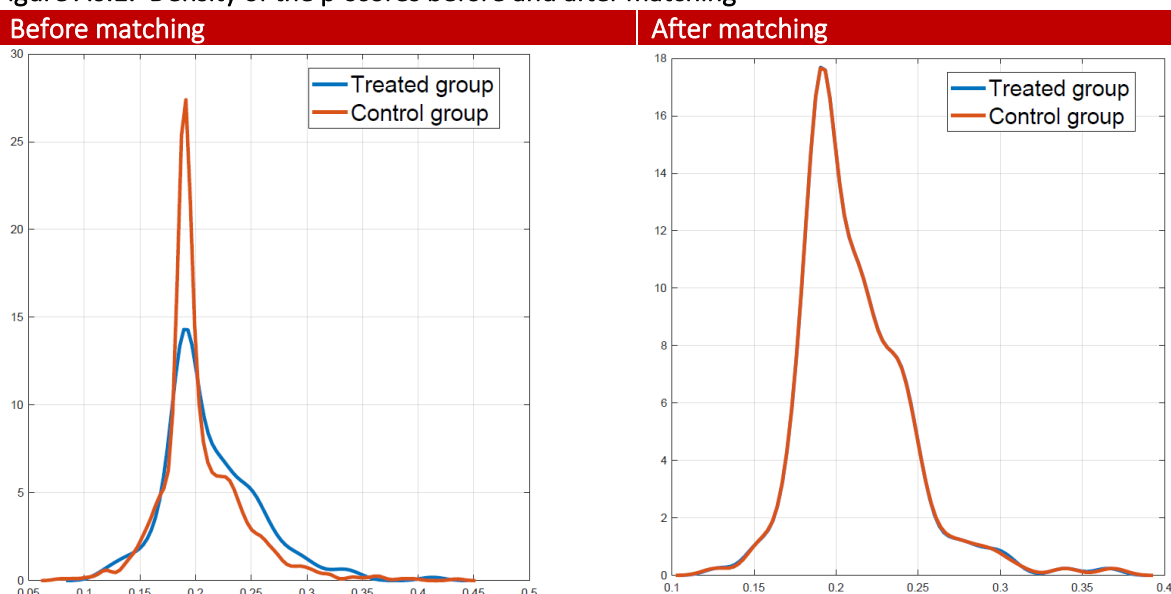
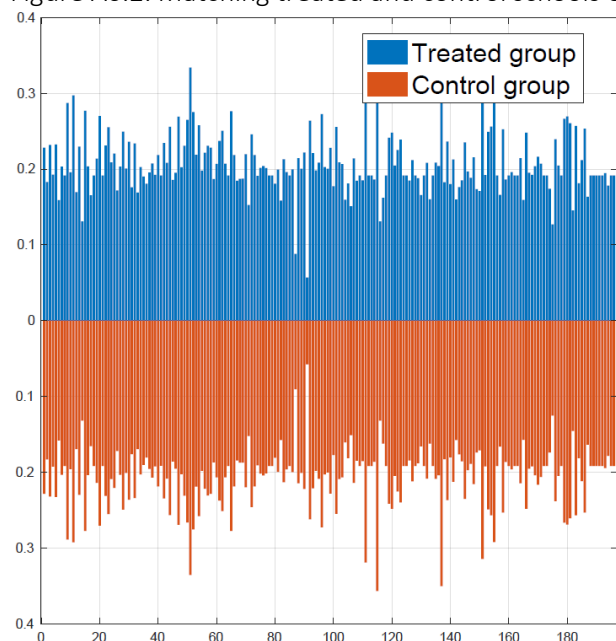


Figure A6.2: Matching treated and control schools on the p-score



The final distribution of sampled schools by district is included in Table A6.2

Table A6.2: Distribution of sampled treated and control schools

	Dedza	Kasungu	Mangochi	Salima	Total
Target schools	41	28	74	53	196
Control schools	51	75	48	23	196

#### Estimated coefficients of the DiD regressions

##### Repetition rate in standard 5 for males

Table A6.3: Repetition rate in standard 5 for males (rrate std5 m).

	Estimate	SE	tStat	pValue
(Intercept)	18.52	2.1209	8.7319	1.60E-17
Intervention_x_Target	0.61826	2.7476	0.22502	0.82203
Intervention	11.278	1.9721	5.7187	1.55E-08
Target	-1.1061	2.0016	-0.55259	0.58071
Dedza	-1.5815	2.1335	-0.74129	0.45875
Kasungu	0.52909	2.1562	0.24538	0.80623
Mangochi	0.2183	2.0032	0.10898	0.91325

Number of observations: 761, Error degrees of freedom: 754

Root Mean Squared Error: 18.9

R-squared: 0.0883, Adjusted R-Squared: 0.081

F-statistic vs. constant model: 12.2, p-value = 4.35e-13

The impact parameter (*intervention* × *target*) is not significant at any standard level.

## Repetition rate in standard 5 for Females

Table A6.4: Repetition rate in standard 5 for females (rrate std5 f).

	Estimate	SE	tStat	pValue
(Intercept)	20.427	1.9062	1.07E+01	4.88E-25
Intervention_x_Target	2.0848	2.4695	0.84425	3.99E-01
Intervention	8.4393	1.7724	4.76E+00	2.30E-06
Target	-1.6966	1.799	-0.94306	3.46E-01
Dedza	-2.4112	1.9175	-1.2575	0.20898
Kasungu	-2.7488	1.9379	-1.4184	0.15648
Mangochi	-0.48167	1.8004	-0.26753	0.78914

Number of observations: 761, Error degrees of freedom: 754

Root Mean Squared Error: 17

R-squared: 0.0775, Adjusted R-Squared: 0.0701

F-statistic vs. constant model: 10.6, p-value = 2.87e-11

The impact parameter (*intervention* × *target*) is not significant at any standard level.

## Repetition rate in standard 8 for males

Table A6.5: Repetition rate in standard 8 for males (rrate std8 m).

	Estimate	SE	tStat	pValue
(Intercept)	13.789	2.2704	6.07E+00	2.00E-09
Intervention_x_Target	-0.58903	2.9561	-0.19926	8.42E-01
Intervention	5.1887	2.1238	2.44E+00	1.48E-02
Target	1.5143	2.1379	0.70831	4.79E-01
Dedza	-3.7907	2.3052	-1.6444	0.10052
Kasungu	8.4358	2.3102	3.6515	0.000279
Mangochi	-4.938	2.1434	-2.3038	0.02151

Number of observations: 750, Error degrees of freedom: 743

Root Mean Squared Error: 20.2

R-squared: 0.0781, Adjusted R-Squared: 0.0707

F-statistic vs. constant model: 10.5, p-value = 3.37e-11

The impact parameter (*intervention* × *target*) is not significant at any standard level.

## Repetition rate in standard 8 for females

Table A6.6: Repetition rate in standard 8 for females (rrate std8 f).

	Estimate	SE	tStat	pValue
(Intercept)	18.457	2.7493	6.71E+00	3.78E-11
Intervention_x_Target	-3.3367	3.5797	-0.93213	3.52E-01
Intervention	2.8221	2.5718	1.10E+00	2.73E-01
Target	1.1763	2.5889	0.45437	6.50E-01
Dedza	-6.6358	2.7915	-2.3771	0.0177
Kasungu	3.2396	2.7975	1.158	0.24722
Mangochi	-4.8936	2.5956	-1.8854	0.059769

Number of observations: 750, Error degrees of freedom: 743

Root Mean Squared Error: 24.5  
R-squared: 0.0276, Adjusted R-Squared: 0.0198  
F-statistic vs. constant model: 3.52, p-value = 0.00193

The impact parameter (*intervention* × *target*) is not significant at any standard level.

#### Dropout rate in standard 5 for males

**Table A6.7: Dropout rate in standard 5 for males (drate std5 m).**

	Estimate	SE	tStat	pValue
(Intercept)	4.1085	1.3482	3.05E+00	2.39E-03
Intervention_x_Target	1.9035	1.7227	1.1049	2.70E-01
Intervention	2.9605	1.2384	2.39E+00	1.71E-02
Target	-1.0815	1.267	-0.8536	3.94E-01
Dedza	4.3853	1.3403	3.272	0.001118
Kasungu	-4.1472	1.3567	-3.0567	0.002318
Mangochi	3.4289	1.2647	2.7112	0.00686

Number of observations: 745, Error degrees of freedom: 738

Root Mean Squared Error: 11.7

R-squared: 0.104, Adjusted R-Squared: 0.0967

F-statistic vs. constant model: 14.3, p-value = 1.99e-15

The impact parameter (*intervention* × *target*) is not significant at any standard level.

#### Dropout rate in standard 5 for females

**Table A6.8: Dropout rate in standard 5 for females (drate std5 f).**

	Estimate	SE	tStat	pValue
(Intercept)	9.0713	0.84379	10.751	3.84E-25
Intervention_x_Target	-0.62218	1.0783	-0.57701	0.56411
Intervention	-1.5907	0.77568	-2.0507	0.040649
Target	-0.81817	0.79316	-1.0315	0.30263
Dedza	-0.39192	0.83829	-0.46752	0.64027
Kasungu	-2.1336	0.84918	-2.5125	0.0122
Mangochi	-1.7132	0.79102	-2.1658	0.030643

Number of observations: 744, Error degrees of freedom: 737

Root Mean Squared Error: 7.35

R-squared: 0.0332, Adjusted R-Squared: 0.0254

F-statistic vs. constant model: 4.22, p-value = 0.000346

The impact parameter (*intervention* × *target*) is not significant at any standard level.

#### Dropout rate in standard 8 for males

**Table A6.9: Dropout rate in standard 8 for males (drate std8 m).**

	Estimate	SE	tStat	pValue
(Intercept)	2.8717	2.2076	1.3008	0.19372
Intervention_x_Target	6.5432	2.8714	2.2787	0.022969
Intervention	8.4336	2.0659	4.0823	4.95E-05

	Estimate	SE	tStat	pValue
Target	-0.55727	2.0851	-0.26726	0.78935
Dedza	3.2288	2.2335	1.4456	0.14871
Kasungu	-3.4336	2.2388	-1.5337	0.12554
Mangochi	4.7497	2.0831	2.2801	0.022884

Number of observations: 746, Error degrees of freedom: 739

Root Mean Squared Error: 19.6

R-squared: 0.121, Adjusted R-Squared: 0.114

F-statistic vs. constant model: 16.9, p-value = 2.24e-18

The impact parameter (*intervention* × *target*) is significant at 5% level, but the sign of the coefficient is opposite to what is expected.

#### Dropout rate in standard 8 for females

**Table A6.10: Dropout rate in standard 8 for females (drate std8 f).**

	Estimate	SE	tStat	pValue
(Intercept)	20.431	2.7196	7.5125	1.90E-13
Intervention_x_Target	-0.95247	3.4111	-0.27923	0.78016
Intervention	-3.1611	2.4733	-1.2781	0.20167
Target	1.9872	2.6094	0.76153	0.44661
Dedza	-6.05	2.6523	-2.281	0.022866
Kasungu	-6.6174	2.6305	-2.5157	0.012118
Mangochi	0.8102	2.4753	0.32731	0.74354

Number of observations: 664, Error degrees of freedom: 657

Root Mean Squared Error: 21.8

R-squared: 0.0346, Adjusted R-Squared: 0.0258

F-statistic vs. constant model: 3.93, p-value = 0.000729

The impact parameter (*intervention* × *target*) is not significant at any standard level.

#### Percentage of primary age school children who drop out during primary school for males

**Table A6.11: Percentage of primary age school children who drop out during primary school for males (avdropout m)**

	Estimate	SE	tStat	pValue
(Intercept)	0.13845	0.024978	5.5429	4.12E-08
Intervention_x_Target	0.035289	0.032352	1.0908	0.27571
Intervention	-0.0037	0.023207	-0.15953	0.8733
Target	-0.01019	0.023709	-0.42991	0.66739
Dedza	0.10318	0.025019	4.1239	4.14E-05
Kasungu	-0.0916	0.025277	-3.624	0.00031
Mangochi	0.087012	0.0236	3.6869	0.000243

Number of observations: 756, Error degrees of freedom: 749

Root Mean Squared Error: 0.222

R-squared: 0.119, Adjusted R-Squared: 0.112

F-statistic vs. constant model: 16.8, p-value = 2.68e-18

The impact parameter (*intervention* × *target*) is not significant at any standard level.

## Percentage of primary age school children who drop out during primary school for females

Table A6.12: Percentage of primary age school children who drop out during primary school for females (avdropout f).

	Estimate	SE	tStat	pValue
(Intercept)	0.26786	0.028513	9.3941	6.64E-20
Intervention_x_Target	0.000823	0.036943	0.02228	0.98223
Intervention	-0.0649	0.026462	-2.4526	0.014407
Target	-0.03078	0.026964	-1.1414	0.25405
Dedza	-0.0257	0.028674	-0.89619	0.37044
Kasungu	-0.09968	0.028927	-3.4459	0.000601
Mangochi	-0.03711	0.02693	-1.3778	0.16866

Number of observations: 764, Error degrees of freedom: 757

Root Mean Squared Error: 0.255

R-squared: 0.0336, Adjusted R-Squared: 0.026

F-statistic vs. constant model: 4.39, p-value = 0.000227

The impact parameter (*intervention* × *target*) is not significant at any standard level.

## Promotion rate in standard 5 for males

Table A6.13: Promotion rate in standard 5 for males (prate std5 m).

	Estimate	SE	tStat	pValue
(Intercept)	58.287	2.6946	21.631	3.86E-81
Intervention_x_Target	-3.52	3.4934	-1.0076	0.31396
Intervention	-4.23	2.504	-1.6893	0.091569
Target	3.8413	2.5481	1.5075	0.1321
Dedza	3.3792	2.7096	1.2471	0.21274
Kasungu	7.1635	2.7354	2.6188	0.009001
Mangochi	-1.7456	2.5447	-0.68595	0.49296

Number of observations: 763, Error degrees of freedom: 756

Root Mean Squared Error: 24.1

R-squared: 0.0353, Adjusted R-Squared: 0.0276

F-statistic vs. constant model: 4.61, p-value = 0.00013

The impact parameter (*intervention* × *target*) is not significant at any standard level.

## Promotion rate in standard 5 for females

Table A6.14 Promotion rate in standard 5 for females (prate std5 f).

	Estimate	SE	tStat	pValue
(Intercept)	62.663	2.6135	23.976	6.34E-95
Intervention_x_Target	-1.6636	3.3882	-0.49099	0.62358
Intervention	-3.3925	2.4286	-1.3969	0.16284
Target	0.067308	2.4714	0.027235	0.97828
Dedza	1.1405	2.628	0.43399	0.66442
Kasungu	7.7157	2.653	2.9082	0.003741
Mangochi	-4.3093	2.4681	-1.746	0.08122

Number of observations: 763, Error degrees of freedom: 756



Root Mean Squared Error: 23.4  
R-squared: 0.0465, Adjusted R-Squared: 0.039  
F-statistic vs. constant model: 6.15, p-value = 2.61e-06

The impact parameter (*intervention* × *target*) is not significant at any standard level.

#### Promotion rate in standard 8 for males

Table A6.15: Promotion rate in standard 8 for males (pass rate m).

	Estimate	SE	tStat	pValue
(Intercept)	71.126	2.6379	26.963	9.30E-108
Intervention_x_Target	-2.1211	3.3566	-0.6319	0.52768
Intervention	10.046	2.4088	4.1706	3.45E-05
Target	-0.64129	2.5109	-0.2554	0.79849
Dedza	5.037	2.6281	1.9166	0.055735
Kasungu	-9.259	2.6092	-3.5486	0.000415
Mangochi	0.5197	2.471	0.21032	0.83348

Number of observations: 651, Error degrees of freedom: 644  
Root Mean Squared Error: 21.4  
R-squared: 0.0957, Adjusted R-Squared: 0.0873  
F-statistic vs. constant model: 11.4, p-value = 4.31e-12

The impact parameter (*intervention* × *target*) is not significant at any standard level.

#### Promotion rate in standard 8 for females

Table A6.15: Promotion rate in standard 8 for females (pass rate f)

	Estimate	SE	tStat	pValue
(Intercept)	56.367	3.1558	17.861	3.03E-58
Intervention_x_Target	2.9335	4.0122	0.73115	0.46495
Intervention	9.0367	2.8775	3.1405	0.001764
Target	-2.6064	2.9995	-0.86895	0.3852
Dedza	8.8234	3.1455	2.8051	0.005183
Kasungu	-5.5993	3.1225	-1.7932	0.073406
Mangochi	2.8855	2.959	0.97513	0.32986

Number of observations: 650, Error degrees of freedom: 643  
Root Mean Squared Error: 25.5  
R-squared: 0.0795, Adjusted R-Squared: 0.0709  
F-statistic vs. constant model: 9.26, p-value = 9.51e-10

The impact parameter (*intervention* × *target*) is not significant at any standard level.

#### Dropout rate due to pregnancy

Table A6.16: Dropout rate due to pregnancy (prgd dropout).

	Estimate	SE	tStat	pValue
(Intercept)	0.045277	0.007213	6.2768	5.82E-10
Intervention_x_Target	-0.0043	0.009346	-0.45997	0.64567
Intervention	-0.00596	0.006694	-0.89103	0.37319

	Estimate	SE	tStat	pValue
Target	0.006984	0.006821	1.0238	0.30625
Dedza	-0.01101	0.007254	-1.5175	0.12955
Kasungu	-0.01975	0.007318	-2.6991	0.007108
Mangochi	0.007577	0.006813	1.1121	0.26644

Number of observations: 764, Error degrees of freedom: 757

Root Mean Squared Error: 0.0646

R-squared: 0.037, Adjusted R-Squared: 0.0293

F-statistic vs. constant model: 4.84, p-value = 7.27e-05

The impact parameter (*intervention* × *target*) is not significant at any standard level.

Table 21: Average differences in rates for male students

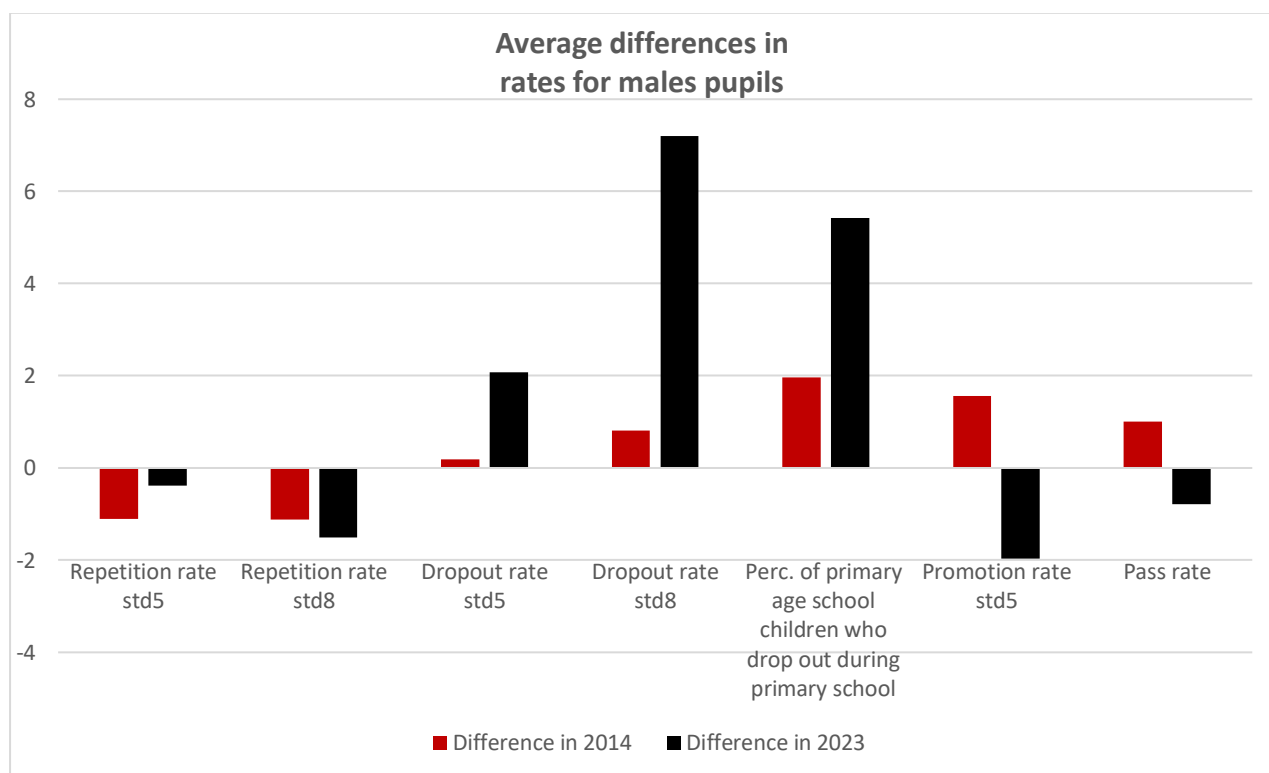
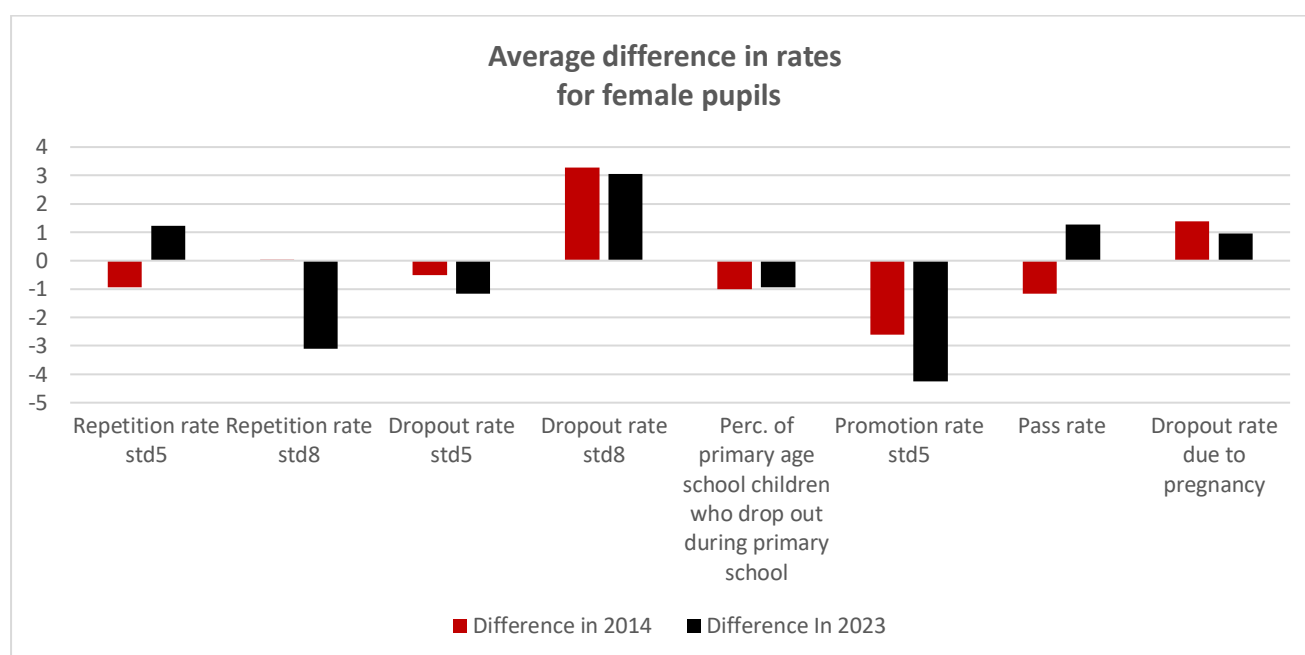


Table 22: Average differences in rates for female students



## Annex 8: Trends in education outcomes

### Boys

Indicator	Examination pass rate (in std8)		Enrolment boys		Repetition rate boys		Dropout rate boys		Promotion rate boys	
	sex M									
	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment
2010	69.22	60.82	105.22	102.39	17.27	15.7	5.7	6.22	60.01	58.95
2011	5.3	4.39	112.98	110.93	13.9	13.84	8.02	7.74	43.71	39.8
2012	68.49	68.95	120.44	118.4	17.28	18.91	6.5	6.2	71.87	69.84
2013	52.73	51.51	129.28	127.12	19.15	16.28	6.65	5.63	53.14	51.43
2014	54.49	56.89	132.17	132.97	15.38	14.41	3.99	3.98	57.05	58.28
2015	56.32	60.15	139.53	140.04	19.19	20.13	5.91	4.82	57.23	57.94
2016	59.69	60.05	143.72	146.62	22.48	24.28	6.66	5.44	56.43	56.04
2017	72.63	68.03	143.04	152.39	20.73	22.29	6.63	6.06	57.53	57.05
2018	76.71	73.03	144.42	155.36	26.18	29.23	0.12	0.13	53.86	51.2
2019	78.39	75.96	162.64	166.48	18.8	21.18	5.17	4.73	68.84	67.35
2020	88.51	88.44	154.49	165.6	6.27	7.05	3.31	3.08	35.19	38.17
2021	85.84	88.85	148.23	162.59	37.26	43.38	5.99	6.17	51.44	49.99
2022	83.13	82.04	137.33	153.96	24.28	22.44	7.06	9.43	49.49	47.24
2023	71.77	70.59	143.39	161.17	23.58	23.28	10.24	15.86	59.69	57.66

## Girls

Indicator	Examination pass rate (in std8) sex F		Enrolment girls		Repetition rate girls		Dropout rate girls		Dropout due to pregnancy		Promotion rate girls	
	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment
2010	62.28	58.16	102.27	108.58	16.78	15.79	8.24	10.37	0.2	0.35	57.63	56.63
2011	4.13	3.48	112.35	111.69	14.77	12.8	9.99	8.73	0.13	0.12	44.81	37.46
2012	59.45	56.25	112.88	113.71	14.93	16.86	7.74	9.73	0.19	0.36	68.11	69.32
2013	44.05	41.5	124.68	119.79	18.31	16.96	8.76	8.59	0.22	0.3	49.02	45.53
2014	45.15	45.21	130.38	126.13	16.38	15.82	12.46	12.78	0.23	0.35	58.55	56.25
2015	45.94	47.14	140.67	134.12	20.37	20.39	7.53	7.63	0.24	0.27	57.68	57.18
2016	46.76	46.9	145.2	144.59	23.52	25.58	9.13	9.01	0.22	0.41	57.15	54.96
2017	60.3	55.91	149.46	159.51	21.3	20.57	8.62	8.75	0.35	0.53	58.85	60.69
2018	60.04	58.49	157.52	170.5	25.51	26.11	1.37	1.8	0.36	0.52	54.78	52.42
2019	65.26	63	171.3	183.08	18.83	21.15	5.77	6.33	0.32	0.67	68.3	67.35
2020	64.35	62.05	166.61	187.85	5.09	5.87	4.8	5.78	0.35	0.66	39.77	43.45
2021	83.54	85.86	158.56	185.53	35.45	42.86	8.38	8.79	0.62	1.02	54.67	51.76
2022	72.97	70.02	156.44	181.21	23.79	23.68	7.59	10.85	0.31	0.65	51.19	49.87
2023	60.18	60.56	163.63	186.36	23.16	23.39	9.47	10.1	0.28	0.42	59.96	56.2

Total (Boys and Girls)  
Indicator

	Pass rate		Enrolment		Repetition rate		Dropout rate		Promotion rate	
	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment	Control	Treatment
2010	65.93	59.49	207.49	210.97	17.14	15.75	6.92	8.3	58.87	57.79
2011	4.72	3.93	225.34	222.63	14.31	13.28	8.98	8.24	44.13	38.63
2012	64.04	62.6	233.32	232.1	16.08	17.88	7.11	7.97	70.05	69.58
2013	48.39	46.5	253.96	246.91	18.82	16.62	7.65	7.11	51	48.48
2014	49.82	51.05	262.54	259.1	15.88	15.11	8.02	8.18	57.8	57.27
2015	51.13	53.64	280.2	274.17	19.8	20.21	6.68	6.21	57.45	57.56
2016	53.23	53.48	288.91	291.2	23	24.86	7.86	7.23	56.92	55.5
2017	66.46	61.97	292.5	311.9	21.01	21.43	7.59	7.41	58.31	58.87
2018	68.38	65.76	301.94	325.86	25.73	27.67	0.74	0.96	54.13	51.81
2019	71.83	69.48	333.94	349.56	18.82	21.17	5.47	5.53	68.77	67.26
2020	76.43	75.24	321.1	353.44	5.65	6.46	4.03	4.43	37.5	40.81
2021	84.69	87.35	306.78	348.12	36.35	43.12	7.18	7.48	53.05	50.87
2022	78.05	76.03	293.77	335.17	24.04	23.06	7.33	10.14	50.24	48.56
2023	65.97	65.57	307.02	347.54	23.42	23.34	9.8	12.98	59.94	56.93

## Annex 9: Ethical clearance letter



### Research Ethics Approval

4 October 2024

Ngonidzashe Marimo, MA  
Muthengo Development Solutions (MDS)  
39 Tunsgate Lane, Mount Pleasant  
Harare, Zimbabwe

RE: Ethics Review Board findings for: *Evaluation of the UN Joint Programme on Girls Education (2014 – 2024) Malawi* (HML IRB Review 978MALW24)

Dear Ngonidzashe Marimo,

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 17 September – 04 October 2024. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval**.

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH  
Chair & Human Subjects Protections Director, HML IRB

cc: Abiba Lincy Phegamengo Longwe-Ngwira, Olivia Yambeni, Penelope Lantz, JD

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## Annex 10 : Tools

### Learners' information and Assent form

#### Summative evaluation of the UN Joint Programme for Girls Education in Malawi

Project Title: Summative evaluation of the UN Joint Programme for Girls Education in Malawi

Target audience: Learner Survey

**Introduction:** Hello, my name is \_\_\_\_\_ and I am from \_\_\_\_\_.

#### **Purpose of the Interview:**

We are conducting interviews with key stakeholders of the Joint UN girls Education programme implemented in four districts of Dedza, Kasungu, Mangochi, and Salima. The Joint Programme on Girls' Education (JPGE) is a collaborative effort by the Government of Malawi with technical support from three United Nations agencies (UNFPA, UNICEF and WFP) and financial support from the Royal Norwegian Embassy. The programme started in 2014 and is currently in its third phase (2021-2024). The evaluation aims to determine the extent to which the JPGE programme has achieved its intended objectives over the course of its three phases (Phase 1, 2014-2017; Phase 2 2018-2020; and Phase 3 2021-2024). The evaluation will assess the performance of the programme during the entire programme period and provide a summative perspective on lessons learned, and recommendations that could inform future similar programmes.

#### **Why You Are Being Invited:**

You have been selected to participate because your school has benefited from the programme. We value your unique perspective and believe your input will provide critical insights into how the JPGE has performed and how performance could be further improved.

#### **What Participation Involves:**

If you agree to participate, the interview will take approximately 45 to 60 minutes.

#### **Voluntary Participation:**

Your participation in this interview is entirely voluntary. You are free to decline to answer any question or to withdraw from the interview at any time without providing a reason, and there will be no negative consequences for doing so.

#### **Confidentiality:**

We assure you that all information provided during the interview will remain confidential. Your name and any identifying details will not be shared in any reports or publications resulting from this study. The information you provide will only be used for the purpose of the evaluation.

#### **Benefits of Participation:**

While there are no direct personal benefits from participating, your input will help programmes aiming to increase participation and improve girls' education outcomes in Malawi. Your contributions will support the development of more effective girl's education programme strategies.

#### **Risks:**

There are no known risks associated with participating in this interview. However, if you feel uncomfortable at any point, you may stop the interview or skip any question.



**How the Information Will Be Used:**

The data collected during these interviews will be compiled and analysed to produce an evaluation report on the performance of the JPGE in Malawi. This report will be used by policymakers, donors, and programme to enhance the design and delivery of future programmes supporting girls' education.

**Questions:**

If you have any questions or concerns about the interview or how the information will be used, please do not hesitate to ask. We are happy to provide further details and clarify any points.

**Consent:**

Before we begin, I would like to confirm that you understand the purpose of this interview, what is involved, and your rights as a participant. If you agree to participate, we will proceed with the interview. If at any time you wish to stop or withdraw, just let me know.

**Assent Statement:**

By signing below, you are confirming that:

- You have read and understood the information provided above.
- You understand the purpose of the study and what is involved in the interview.
- You understand that your participation is voluntary, and you can withdraw at any time.
- You assent to participate in this interview.

---

**Participant****Name:**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

**Interviewer****Name:**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

## Consent form for Parents/Caregivers of Learners in Learner Survey

**Project Title:** Summative evaluation of the UN Joint Programme for Girls Education in Malawi

**Target audience:** Parents or caregivers

**Introduction:** Hello, my name is \_\_\_\_\_ and I am from \_\_\_\_\_.

### **Purpose of the interview:**

We are conducting interviews with key stakeholders of the Joint UN girls Education programme implemented in four districts of Dedza, Kasungu, Mangochi, and Salima. The Joint Programme on Girls' Education (JPGE) is a collaborative effort by the Government of Malawi with technical support from three United Nations agencies (UNFPA, UNICEF and WFP) and financial support from the Royal Norwegian Embassy. The programme started in 2014 and is currently in its third phase (2021-2024). The evaluation aims to determine the extent to which the JPGE programme has achieved its intended objectives over the course of its three phases (Phase 1, 2014-2017; Phase 2 2018-2020; and Phase 3 2021-2024). The evaluation will assess the performance of the programme during the entire programme period and provide a summative perspective on lessons learned, and recommendations that could inform future similar programmes.

### **Why you are being invited:**

Your child, [name of child] has been selected to participate in the evaluation because their school is a beneficiary of the programme. We value your child's unique perspective and believe their input will provide critical insights into how the JPGE has performed and how performance could be further improved.

### **What participation Involves:**

If you agree for your child to participate, they will participate in an interview that will last between 45-60 minutes whose aim is to collect data on the performance of the programme that has included provision of school feeding, life skills training, provision of tablets and computers to support education and training of teachers to improve quality of teaching. The questions will collect data on their knowledge of nutrition, food consumption, protection at school, quality of teaching, and sexual and reproductive health rights.

### **Voluntary participation:**

Your child's participation in the interview is voluntary. Your child will be free to decline to answer any question or to withdraw from the interview at any time without providing a reason, and there will be no negative consequences for doing so.

### **Confidentiality:**

We assure you that all information provided during the interview will remain confidential. Your child's name and any identifying details will not be shared in any reports or publications resulting from this study. The information your child provides will only be used for the purpose of the evaluation.

### **Benefits of participation:**

While there are no direct personal benefits from participating, your input will help programmes aiming to increase participation and improve girls' education outcomes in Malawi. Your contributions will support the development of more effective girls' education programme strategies.

### **Risks:**

There are no known risks associated with participating in this interview. However, if you feel uncomfortable at any point, you may stop the interview or skip any question.

**How the information will be used:**

The data collected during these interviews will be compiled and analysed to produce an evaluation report on the performance of the JPGE in Malawi. This report will be used by policymakers, donors, and programme to enhance the design and delivery of future programmes supporting girls' education.

**Questions:**

If you have any questions or concerns about the interview or how the information will be used, please do not hesitate to ask. We are happy to provide further details and clarify any points.

**Consent:**

Before we proceed to involving your child in this interview, I would like to confirm that you understand the purpose of this interview, what is involved, and your rights as a participant. If you agree for your child to participate, we will proceed with the interview. If at any time you wish to stop or withdraw, just let me know.

**Assent statement:**

By signing below, you are confirming that:

- You have read and understood the information provided above.
- You understand the purpose of the study and what is involved in the interview.
- You understand that your child's participation is voluntary, and you can withdraw at any time.
- You assent to participate in this interview.

---

**Participant**

**Name:**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

**Interviewer**

**Name:**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

## Key Informant Interviews and Community Members Information Sheet and Consent Form

**Project Title:** Summative evaluation of the UN Joint Programme for Girls Education in Malawi

**Target audience:** Key informant interviews with adults

**Introduction:** Hello, my name is \_\_\_\_\_ and I am from \_\_\_\_\_.

### **Purpose of the interview:**

We are conducting interviews with key stakeholders of the Joint UN girls Education programme implemented in four districts of Dedza, Kasungu, Mangochi, and Salima. The Joint Programme on Girls' Education (JPGE) is a collaborative effort by the Government of Malawi with technical support from three United Nations agencies (UNFPA, UNICEF and WFP) and financial support from the Royal Norwegian Embassy. The programme started in 2014 and is currently in its third phase (2021-2024). The evaluation aims to determine the extent to which the JPGE programme has achieved its intended objectives over the course of its three phases (Phase 1, 2014-2017; Phase 2 2018-2020; and Phase 3 2021-2024). The evaluation will assess the performance of the programme during the entire programme period and provide a summative perspective on lessons learned, and recommendations that could inform future similar programmes.

### **Why you are being invited:**

You have been selected to participate because of your role and knowledge of the programme. We value your unique perspective and believe your input will provide critical insights into how the JPGE has performed and how performance could be further improved.

### **What participation involves:**

If you agree to participate, the interview will take approximately 45 to 60 minutes.

### **Voluntary participation:**

Your participation in this interview is entirely voluntary. You are free to decline to answer any question or to withdraw from the interview at any time without providing a reason, and there will be no negative consequences for doing so.

### **Confidentiality:**

We assure you that all information provided during the interview will remain confidential. Your name and any identifying details will not be shared in any reports or publications resulting from this study. The information you provide will only be used for the purpose of the evaluation.

### **Benefits of participation:**

While there are no direct personal benefits from participating, your input will help programmes aiming to increase participation and improve girls' education outcomes in Malawi. Your contributions will support the development of more effective girls' education programme strategies.

### **Risks:**

There are no known risks associated with participating in this interview. However, if you feel uncomfortable at any point, you may stop the interview or skip any question.

### **How the information will be used:**

The data collected during these interviews will be compiled and analysed to produce an evaluation report on the performance of the JPGE in Malawi. This report will be used by policymakers, donors, and programme to enhance the design and delivery of future programmes supporting girls' education.

**Questions:**

If you have any questions or concerns about the interview or how the information will be used, please do not hesitate to ask. We are happy to provide further details and clarify any points.

**Consent:**

Before we begin, I would like to confirm that you understand the purpose of this interview, what is involved, and your rights as a participant. If you agree to participate, we will proceed with the interview. If at any time you wish to stop or withdraw, just let me know.

**Consent statement:**

By signing below, you are confirming that:

- You have read and understood the information provided above.
- You understand the purpose of the study and what is involved in the interview.
- You understand that your participation is voluntary, and you can withdraw at any time.
- You consent to participate in this interview.

---

**Participant**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

**Name:**

**Interviewer**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

**Name:**

## Information and Consent Form for Out-of-school adolescents, Parent/Caregivers Survey, School heads

**Project Title:** Summative evaluation of the UN Joint Programme for Girls Education in Malawi

**Target audience:** Out-of-school adolescents, Parent/Caregivers Survey, School heads

**Introduction:** Hello, my name is \_\_\_\_\_ and I am from \_\_\_\_\_.

### **Purpose of the interview:**

We are conducting interviews with key stakeholders of the Joint UN girls Education programme implemented in four districts of Dedza, Kasungu, Mangochi, and Salima. The Joint Programme on Girls' Education (JPGE) is a collaborative effort by the Government of Malawi with technical support from three United Nations agencies (UNFPA, UNICEF and WFP) and financial support from the Royal Norwegian Embassy. The programme started in 2014 and is currently in its third phase (2021-2024). The evaluation aims to determine the extent to which the JPGE programme has achieved its intended objectives over the course of its three phases (Phase 1, 2014-2017; Phase 2 2018-2020; and Phase 3 2021-2024). The evaluation will assess the performance of the programme during the entire programme period and provide a summative perspective on lessons learned, and recommendations that could inform future similar programmes.

### **Why you are being invited:**

You have been selected to participate because you are beneficiary of the programme. We value your unique perspective and believe your input will provide critical insights into how the JPGE has performed and how performance could be further improved.

### **What participation involves:**

If you agree to participate, the interview will take approximately 45 to 60 minutes.

### **Voluntary participation:**

Your participation in this interview is entirely voluntary. You are free to decline to answer any question or to withdraw from the interview at any time without providing a reason, and there will be no negative consequences for doing so.

### **Confidentiality:**

We assure you that all information provided during the interview will remain confidential. Your name and any identifying details will not be shared in any reports or publications resulting from this study. The information you provide will only be used for the purpose of the evaluation.

### **Benefits of participation:**

While there are no direct personal benefits from participating, your input will help programmes aiming to increase participation and improve girls' education outcomes in Malawi. Your contributions will support the development of more effective girls' education programme strategies.

### **Risks:**

There are no known risks associated with participating in this interview. However, if you feel uncomfortable at any point, you may stop the interview or skip any question.

**How the information will be used:**

The data collected during these interviews will be compiled and analysed to produce an evaluation report on the performance of the JPGE in Malawi. This report will be used by policymakers, donors, and programme to enhance the design and delivery of future programmes supporting girls' education.

**Questions:**

If you have any questions or concerns about the interview or how the information will be used, please do not hesitate to ask. We are happy to provide further details and clarify any points.

**Consent:**

Before we begin, I would like to confirm that you understand the purpose of this interview, what is involved, and your rights as a participant. If you agree to participate, we will proceed with the interview. If at any time you wish to stop or withdraw, just let me know.

**Consent statement:**

By signing below, you are confirming that:

- You have read and understood the information provided above.
- You understand the purpose of the study and what is involved in the interview.
- You understand that your participation is voluntary, and you can withdraw at any time.
- You consent to participate in this interview.

---

**Participant****Name:**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

**Interviewer****Name:**

(Signature) \_\_\_\_\_

Date: \_\_\_\_\_

## STUDENT QUESTIONNAIRE

SECTION A: IDENTIFIER		
A1	District	1. Salima 2. Mangochi 3. Dedza 4. Kasungu
A2	TA	
A3	Education zone	
A4	Name of School/CBE	
A5	Respondent	1 = In school adolescent 2 = Out-of-school adolescent

Introduction and informed consent:  
USE ASSENT FORM TO SEEK ASSENT FROM THE LEARNER.

SECTION B: RESPONDENT'S AND HOUSEHOLD DEMOGRAPHIC CHARACTERISTIC		
B1	Age (between 10-19 years) of respondent	
B2	Class (standard, between 5 and 8)	
B3	Sex of respondent	1= Male 2= Female
B4	What is your relationship with the household head?	1= Self 2= Parent 3= Uncle/aunt 4= Grandparent 5= Other [specify]
B5	Is the household head the same person who takes care of your school and other needs?	1= Yes 2= No

### Section C: Food Consumption

No.	Question	Response		SKIP Rule
C1	Please tell if the following always, sometimes or hardly ever happens.			
	When I get hungry at school, I have food to eat?	1= Always 2= Sometimes 3= Hardly ever		
C2	Since the day you opened school, were you given any food at school?	1= Yes 2= No		
C3	How many days in a week were you given food at school?	_____ number of times (integer)		
C4	<b>HMDD:</b> In the past one week, which food did you receive at school and how many days did you consume such food? (Tick all applicable)			
C4.1	ANY LOCAL FOODS, e.g. <i>nsima</i> , <i>phala</i> , bread, rice noodles, biscuits, or any other foods made from millet, sorghum, maize, rice, wheat, or ANY OTHER LOCALLY AVAILABLE GRAIN?	0= No 1= Yes	Number of days consumed in the past week _____ days	



No.	Question	Response		SKIP Rule
C4.2	Any potatoes, yams, manioc, cassava or any other foods made from roots or tubers?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.3	Any vegetables?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.4	Any fruits?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.5	Any beef, pork, lamb, goat, rabbit wild game, chicken, duck, or other birds, liver, kidney, heart, or other organ meats?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.6	Any eggs?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.7	Any fresh or dried fish or shellfish?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.8	Any foods made from beans, peas, lentils, or nuts?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.9	Any cheese, yogurt, milk or other milk products?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.10	Any foods made with oil, fat, or butter?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.11	Any sugar or honey?	0= No 1= Yes	Number of days consumed in the past week _____days	
C4.12	Any other foods, such as condiments, coffee, tea?	0= No 1= Yes	Number of days consumed in the past week _____days	
C5	During the last term have you ever had to miss school because there was no food at home?	1= Yes 2= No		If no SKIP to C7
C6	How many days of school did you miss because there was no food at home?	_____ number of days		

No.	Question	Response	SKIP Rule
C7	Tell me all the food you ate yesterday (in the last 24 hours) RESEARCH ASSISTANT SHOULD NOTE ALL FOODS AND CLASSIFY THEM ACCORDING TO THE FOOD GROUPS		
C7.1	Vegetables	1= Yes 2= No	
C7.2	Legumes,	1= Yes 2= No	
C7.3	Oils and fats	1= Yes 2= No	
C7.4	Animal protein	1= Yes 2= No	
C7.5	Fruits		
C8	Can you name the 6 food groups?		
C8.1	Staples	1= Yes 2= No	
C8.2	Vegetables	1= Yes 2= No	
C8.3	Legumes,	1= Yes 2= No	
C8.4	Oils and fats	1= Yes 2= No	
C8.5	Animal protein	1= Yes 2= No	
C8.6	Fruits	1= Yes 2= No	
C9	What is a balanced diet? POSSIBLE ANSWER: CONSUMPTION OF AS MUCH AS POSSIBLE FOOD FROM ALL THE FOOD GROUPS	0= Doesn't know 1= Knows	
C10	How does school feeding help learners stay in school? POSSIBLE ANSWER DEMONSTRATING KNOWLEDGE: <ul style="list-style-type: none"> <li>• PROVIDES A STRONG INCENTIVE TO STAY IN SCHOOL</li> <li>• SUPPORTS HEALTH DEVELOPMENT OF LEARNERS BY IMPROVING NUTRITION STATUS</li> <li>• STUDENTS ARE LIKELY TO HAVE FEWER ABSENCES AND ATTEND CLASS MORE FREQUENTLY.</li> </ul>	0= Doesn't know 1= Knows	

#### Section D: Health and Sexual, and Reproductive Health and Rights

No.	Question	Response	SKIP Rule
D1	Name at least three critical times for washing hands?	1= After using a latrine 2= Before handling food 3= After changing a child's nappy 4= After touching animals 5= Before feeding a baby 6= After taking care of sick person 7= Don't know 8= Other [specify]	
D2	What are the ways to maintain good health and hygiene/ be hygienic? <b>CHECK ALL THAT APPLY</b>	1= Handwashing with soap 2= Treat drinking water (boil, filter, chemical treatment e.g. chlorination) 3= Consistent use of latrines 4= Cook food well 5= Store water properly 6= Store food properly 7= Bathing/ taking a bath 8= Clean the environment 9= Don't know 10= Other [specify]	
D3	In your opinion, when do you think are the critical times to wash your hands? <b>CHECK ALL THAT APPLY</b>	1= After using a latrine 2= Before handling food 3= After changing a child's nappy 4= After touching animals 5= Before feeding a baby 6= After taking care of sick person 7= Don't know 8= Other [specify]	
D4	In the past 3 months what have you used for hygiene during your menses?	1= Cloth/towel 2= Disposable sanitary pads 3= Re-usable sanitary pads 4= Tampon 5= Toilet paper 6= Cotton wool 7= Pieces of mattress 8= Menstrual cup 9= Cow dung 10= Other natural materials (mud, leaves) 11= Others [specify]	Skip if B3= 1
D5	Which material have you used more frequently [over three times in the past 3 months]? <b>SELECT ALL THAT APPLY</b>	1= Cloth/towel 2= Disposable sanitary pads 3= Re-usable sanitary pads 4= Tampon 5= Toilet paper 6= Cotton wool 7= Pieces of mattress cotton/form rubber 8= Menstrual cup 9= Cow dung	Skip if B3= 1

No.	Question	Response	SKIP Rule
		10= Other natural materials (mud, leaves) 11= Others [specify]	
D6	In the last 6 months, who has provided you with sanitary materials?  <b>SELECT ALL THAT APPLY</b>	1= Myself 2= Mother 3= Father 4= Sister 5= Friend 6= Senior woman teacher 7= Traditional midwives 8= Community health care providers 9= NGO [specify] 10= Relative [specify] 11= Other [specify]	Skip if B3= 1
D7	Where are the sanitary materials obtained from?	1= At home 2= Market 3= Shop 4= Supermarket 5= Tuck-shop 6= Clinic 7= School 8= Bush 9= CARE 10= I don't know 11= Other sources [specify]	Skip if B3= 1
D8	For each method that you frequently use, what side effects, if any, do you experience relating to the type of sanitary materials you use? <b>MULTIPLE RESPONSE</b>	1= None 2= Rash 3= Itchiness 4= Skin darkening 5= Other [specify]	Skip if B3= 1
D9	Were you trained on sanitary pads production?	1= Yes 2= No	Skip if B3= 1
D10	Who trained you?	1= In class teaching 2= School health clubs 3= Friends 4= Parents/guardians 5= NGO	Skip if B3= 1
D11	Young people learn about puberty - I mean the ways in which boys' and girls' bodies change during the teenage years - from many sources. They may learn from teachers at school, parents, brothers and sisters, from friends, from doctors or they may learn from books, films and magazines.  <b>What has been the most important source of information for you on this topic? And the second most important?</b>		
D11.1	Most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister	

No.	Question	Response	SKIP Rule
		6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/Videos	
D11.2	Second most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/Videos	
D12	<p>Now I want to ask you a similar question about sources of information on the sexual and reproductive systems of men and women - I mean where eggs and sperm are made and how pregnancy occurs.</p> <p><b>What has been the most important source of information on this topic? And the second most important?</b></p>		
D12.1	Most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
D12.2	Second most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
D13	<p><b>What has been your most important and second most important source of information for sexually transmitted infections, HIV, what they are and how to prevent them and to get treated?</b></p>		
D13.1	Most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister	

No.	Question	Response	SKIP Rule
		6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
D13.2	Second most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
D14	In the past 12 months have you been to your local clinic/hospital to receive services or information on sexual and reproductive health?	1= Yes 2= No	
D15	If you need the same service/information how likely are you to visit this clinic/hospital on a scale of 1-10. Where "01" is Not at all likely and "10" extremely likely.  SHOW CARD 2	Rating scale 1-10	
D16	On a scale of 1 to 10 How likely is that you would recommend this clinic/hospital to a friend or colleague seeking the same service? Where "1" is Not at all likely and "10" extremely likely.  SHOW CARD 2	Rating scale 1-10	
D17	Have you ever heard of youth friendly corners? <b>PROBE:</b> place in a clinic or hospital especially made for young people to discuss issues of sexual and reproductive health or go seek treatment or other services in a discreet environment.	1= Yes 2= No	
D18	In the last 24 months have you visited this youth friendly corner?	1= Yes 2= No	
D19	What were the reasons for the visit. <b>CIRCLE ALL THAT APPLY</b>	1= HIV-Testing and Counselling (HTC) 2= Contraception 3= Emergency contraception 4= Screening and treatment of STI 5= Pregnancy and related problems 6= Puberty (menstruation, wet dreams)	

No.	Question	Response	SKIP Rule
		7= ART 8= Post Exposure Prophylaxis 9= Cervical cancer screening 10= Antenatal Care (ANC) 11= Safe delivery 12= Post Natal Care (PNC) 13= Post Rape Care 14= Male circumcision 15= Post abortion care services 16= Life skills service provision 17= Information and general counseling 18= None 19= Other [specify]	
D20	If you need the same service/information how likely are you to go to the youth friendly corner on a scale of 1-10. Where "01" is Not at all likely and "10" extremely likely.  SHOW CARD 2	Rating scale 1-10	
D21	In the last 12 months have you attended a mobile clinic where nurses discussed sexual and reproductive health?	1= Yes 2= No	
D22	<b>Please tell me whether you Fully agree, partly agree, neither agree nor disagree, disagree, fully disagree with the following statements.</b>		
D22.1	I am confident to seek information on sexual (correct use of condoms, prevention of STIs) and reproductive health (including pregnancy and family planning) from the staff at the clinic at the local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
D22.2	I would be very comfortable to receive treatment for an STI at the local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
D22.3	I would be very comfortable getting tested for HIV at the local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
D22.4	I would be comfortable collecting contraceptive methods from my local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
D15	I knew about menstruation before my first period.	1= Yes 2= No	Skip if B3= 1

No.	Question	Response	SKIP Rule
D26	I know where to get an HIV test if I need one.	1= Yes 2= No	
D27	I know where to get contraceptives if I ever needed them	1= Yes 2= No	
D28	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	1= Yes 2= No	
D29	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	1= Yes 2= No	
D30	Can a healthy-looking person have HIV?	1= Yes 2= No	
D31	<b>Now I would like to tell you a series of statements. Please tell me if you agree or disagree with the statements.</b>		
D31.1	A woman is more likely to get pregnant halfway between periods	1= Agree 2= Disagree	
D31.2	A girl can get pregnant the very first time she has sex	1= Agree 2= Disagree	
D31.3	A girl cannot get pregnant if she washed herself thoroughly after sex	1= Agree 2= Disagree	
D31.4	A condom should always be put on before sexual intercourse starts	1= Agree 2= Disagree	
D31.5	A condom can be used more than once	1= Agree 2= Disagree	
D31.6	Using a condom is a sign of not trusting your partner	1= Agree 2= Disagree	
D31.7	Correct and consistent use condoms can protect against getting pregnant	1= Agree 2= Disagree	
D31.8	A male condom should be put on the penis only if the penis is fully erect or stiff	1= Agree 2= Disagree	
D32	Have you ever had sexual intercourse?	1= Yes 2= Never had sexual intercourse	If no, Skip to E1
D33	How old were you when you first had sex? <b>RECORD AGE IN COMPLETED YEARS</b>		
D34	The first time you had sex; did you use a condom?	1= Yes 2= No	
D35	In the past twelve months how many times did you have sexual intercourse? <b>Validation : Numerical value only</b>		
D36	The last time you had sex did you use a condom?	1= Yes 2= No	

## Section E: School Health Clubs and Girls Networks



No.	Question	Response	Skip rule
E1	Do you have school clubs	1= Yes 2= No	
E2	Are you in any club at school?	1= Yes 2= No	If No, Skip to E5
E3	If yes, Is the club active	1= Yes 2= No	If No, Skip to E5
E4	If yes, do you hold any position of leadership in the school club?	1= Yes 2= No	
E5	Do you have girls' networks in your area?	1= Yes 2= No	Skip if B3= 1
E6	Are you a member?	1= Yes 2= No	Skip if B3= 1
E7	Have you found this girls' network to be helpful for you?	1= Yes 2= No	Skip if B3= 1
E8	What help have you obtained from the girls' network?	<p>1= Practical skills: including first aid, cooking, camping, and survival skills, which are valuable throughout life.</p> <p>2= Time management and organisation: balancing school and other commitments teaches time management and organizational skills.</p> <p>3= Financial literacy: basic financial skills, including budgeting and money management.</p> <p>4= Leadership capabilities: initiative, lead projects, and work as part of a team, which builds confidence and leadership qualities.</p> <p>5= Confidence to challenge norms: encouraged to challenge societal norms and stereotypes, promoting equality and justice.</p> <p>6= Physical A=activity: involved in outdoor adventures, sports, and other physical activities</p>	Skip if B3= 1

No.	Question	Response	Skip rule
		that promote health and fitness  7= Other [specify]:	

#### Section F: Child Protection

No.	Question	Response	SKIP Rule
F1	<b>During the past twelve months, have you experienced any of the following forms of violence (read out to the forms to the student)</b>		
F1.2.1	Being pushed, shaken, or thrown something at you?	1= Yes 2= No	If no, Skip to F1.3.1
F1.2.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.2.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.3.1	Being slapped?	1= Yes 2= No	If no, Skip to F1.4.1
F1.3.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.3.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.4.1	Being twisted on the arm or hair pulled?	1= Yes 2= No	If no, Skip to F1.5.1
F1.4.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.4.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.5.1	Being punched with a fist or with something that could hurt you?	1= Yes 2= No	If no, Skip to F1.6.1
F1.5.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	

No.	Question	Response	SKIP Rule
F1.5.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.6.1	Being kicked, dragged or beaten up?	1= Yes 2= No	If no, Skip to F1.7.1
F1.6.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.6.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.7.1	Being choked (or attempted chock) or burned on purpose?	1= Yes 2= No	If no, Skip to F1.8.1
F1.7.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.7.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.8.1	Being threatened or attacked with a knife, gun, or other weapon?	1= Yes 2= No	If no, Skip to F1.9.1
F1.8.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.8.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.9.1	Being physically forced to have sexual intercourse when you did not want to?	1= Yes 2= No	If no, Skip to F1.10.1
F1.9.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.9.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.10.1	Being physically forced to perform any other sexual acts you did not want to?	1= Yes 2= No	If no, Skip to F1.11.1
F1.10.2	Person who did the violence	1= Teacher 2= Male student 3= Female student	

No.	Question	Response	SKIP Rule
		4= Other (specify)	
F1.10.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.11.1	Being forced with threats or in any other way to perform sexual acts you did not want to?	1= Yes 2= No	If no, Skip to F1.12.1
F1.11.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.11.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.12.1	Called dumb, lazy or another name like that?	1= Yes 2= No	If no, Skip to F1.13.1
F1.12.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.12.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.13.1	Bad/sexual comments or harassment	1= Yes 2= No	If no, Skip to F1.14.1
F1.13.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.13.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F1.14.1	Being touched indecently	1= Yes 2= No	If no, Skip to F2
F1.14.2	Person who did the violence	1= Teacher 2= Male student 3= Female student 4= Other (specify)	
F1.14.3	How often did this happen during the last 12 months	1= Often 2= Sometimes	
F2	If yes (in any of the above), did you report the violence?	1= Yes 2= No	Show if any of F1= Yes
F3	If yes (in any of the above), did you seek for any social services or justice?	1= Yes 2= No	Show if any of

No.	Question	Response	SKIP Rule
			F1= Yes, If no, Skip to F5
F4	Where did you seek the social services or justice?	1= School teacher 2= CVSUs 3= One-stop centre for GBV 4= Child protection committee 5= Health Facility 6= Victim Support Unit 7= Youth Friendly Health Services (YFHS) 8= Police 9= Court 10= Religious Based 11=Institutions 12= Non-Government Organizations 13= Other Government 14= Agencies 15= Others (specify)	
F5	Do you know any call centre number or toll-free number to make a report or for calling when perpetrated?	1= Yes 2= No	
F6	Do you have access to the anonymous service?	1= Yes 2= No	If no, Skip to F8
F7	Have you used the anonymous service?	1= Yes 2= No	
F8	<p>Have you received any form of corporal punishment<sup>25</sup> in the past 1 year (12 months from the interview month)</p> <p><i>(Definition - any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.)</i></p> <p><i>Which form of corporal punishment (read the responses)</i></p> <p><i>[By ticking any one of the forms, one is acknowledging experiencing corporal punishment)</i></p>	1= Hitting (Smacking), 2= Slapping (Spanking) with a hand 3= Hitting children with whip, belt, shoe, wooden spoon or similar 4= Kicking, shaking or throwing children 5= Scratching, pinching, biting, pulling hair or boxing ears	If none, Skip to F12

<sup>25</sup> Corporal or physical punishment is defined by the UN Committee on the Rights of the Child, which oversees the Convention on the Rights of the Child, as “any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light.”

No.	Question	Response	SKIP Rule
		6= Forcing children to stay in uncomfortable positions 7= Burning, scalding or forced ingestion 8= None	
F9	Did you report any of it?	1= Yes 2= No	
F10	Through what channel did you report?	1= Complaint box 2= Teacher 3= Learner 4= School management 5= PTA	
F11	Was your report/complain addressed?	1= Yes 2= No	
F12	Have you witnessed any form of corporal punishment being done to other students in the past 1 year? <b>(12 months from the interview month)</b>	1= Yes 2= No	If no, Skip to F15
F13	Which form of corporal punishment	1= Hitting (Smacking), 2= Slapping (Spanking) with a hand 3= Hitting children with whip, belt, shoe, wooden spoon or similar 4= Kicking, shaking or throwing children 5= Scratching, pinching, biting, pulling hair or boxing ears 6= Forcing children to stay in uncomfortable positions 7= Burning, scalding or forced ingestion	
F14	Was this reported to the best of your knowledge?	1= Yes 2= No	
F15	Please tell me if you agree or disagree with this statement. A partner/husband is justified in hitting or beating his wife/partner under certain circumstances	1= Yes 2= No	

## School Head Questionnaire

### INTRODUCTION AND INFORMED CONSENT:

READ OUT INFORMATION AND CONSENT FORM. ONCE RESPONDENT HAS SIGNED THE CONSENT FORM BEGIN INTERVIEW.

### Section A: Identifier

No	District	1. Salima 2. Mangochi 3. Dedza 4. Kasungu
A1	TA	
A2	Education zone	
A3	Name of School/CBE	
A4	EMIS Code for the school	
A5	Urban/Rural	
A6	What is your current school enrolment?	
A6.1	Female	
A6.2	Males	

### Section B: Teacher training

No.	Question	Response	Skip rule
B1	How many teachers are employed at this school	Male__ Female__ Total__ (number, integer)	
B2	How many teachers were trained on Child Friendly School methodologies?	Male__ Female__ Total__ (number, integer)	
B3	How many trained teachers still remain in post?	Male__ Female__ Total__ (number, integer)	
B4	How many were oriented to Child Friendly School methodologies by those trained?	Male__ Female__ Total__ (number, integer)	
B5	Number of teachers trained inclusive JRP, life skills, and Comprehensive Sexuality Education (CSE)?	Male__ Female__ Total__ (number, integer)	
B6	How many trained teachers remain in post	Male__ Female__ Total__ (number, integer)	
<b>B7</b>	<b>Number of teachers trained in diagnostic:</b>		
B7.1	Diagnostic assessment	Male__ Female__ Total__ (number, integer)	
B7.2	Structured pedagogy /remediation in foundational literacy and numeracy	Male__ Female__ Total__ (number, integer)	
B7.3	Total		
B8	Is your school linked to an accredited youth-friendly health service (YFHS) site?	1= Yes 2= No	
B9	If yes, which accredited YFHS sites		
B10	Have you made any changes to your teaching methods at the school?	1= Yes 2= No	

No.	Question	Response	Skip rule
B11	IF YES, what changes have you made?	1= Learner centered teaching 2= Gender responsive teaching 3= Other [specify]	If not 3 skip to B12
B11.1	Other Specify		
B12	What evidence is there to demonstrate this change? INTERVIEWER OBTAIN EVIDENCE	_____STATE EVIDENCE PROVIDED/ SHOWN	
B13	<b>Is the teacher resource centre currently in use?</b> OBSERVE THE TEACHER RESOURCE CENTRE FOR USE AND NOTE YOUR OBSERVATION	1= Yes 2= No	
B13.1	School head response	1= Yes 2= No	
B13.2	Observation response	1= Yes 2= No	
B14	Does the teacher resource have the all the resources needed by teachers?	1= Yes 2= No	
B15	<b>Do you have a library centre?</b> ASK TO OBSERVE THE LIBRARY CENTRE		
B15.1	School head response	1= Yes	
B15.2	Observation response	2= No	
B16	Is the box library centre functional? ASK TO SEE BOOK REGISTERS		
B16.1	School head response	1= Yes 2= No	
B16.2	Observation response	1= Yes 2= No	
B17	Do you have children supported by a girls' education scholarship fund to support vulnerable girls for post primary education	1= Yes 2= No	
B18	Who is the source of this fund?	1= District DEO 2= NGO 3= Individual 4= Other {specify}	IF NOT 4 AND 1 SKIP TO SECTION C.  IF 1 SKIP TO B19
B18.1	Other specify		
B19	IF DISTRICT IS MENTIONED: How many girls are currently being supported by the district fund?	_____Number of girls	

### Section C: Home Grown School Feeding

No.	Question	Response	Skip rule
C1	Do you have a school feeding program?	1= Yes	IF 2 SKIP TO C8



No.	Question	Response	Skip rule
		2= No	
C2	How many days per month do you give food to students?	_____ (Number, max 31)	
C3	Number of leaners receiving food	Male___ Female___-Total___ (number, integer)	
C4	Which grades are receiving food?	List of grades	
C5	Who is the source of the food commodities for school feeding?	1= The school 2= WFP 3= Government 4= NGO 5= Other (specify)	IF 2, 3, 4, 5 SKIP TO C8
C6	IF NOT THE SCHOOL, Does the school make any contribution to the school feeding programme?	1= Yes 2= No	
C7	What contributions does the school make?		
C8	Is the school likely to contribute to the school feeding programme in the future?	1= Yes 2= No	
C9	What contributions will the school make?		

#### Section D: Violence in School

No.	Question	Response	Skip rule
D1	Provide school records of number of incidents of violence against children that have been reported at this school in the past 12 months	By Male leaners___ by Female leaners___-Total___ (number, integer)	
D2	What forms of violence happen at this school?	1= Physical 2= Verbal 3= Bullying 4= Sexual 5= Other (specify)	
D3	<b>Which of these are the most frequent and second most frequent</b>  <b>ONLY REFER TO TYPES OF VIOLENCE MENTIONED IN D2</b>		
D4	Most frequent	1= Physical 2= Verbal 3= Bullying 4= Sexual 5= Other (specify)	
D5	Second most frequent	1= Physical 2= Verbal 3= Bullying 4= Sexual 5= Other (specify)	
D6	Does your school have formal structures for reporting of violence?	1= Yes 2= No	IF NO SKIP TO D9
D7	Describe the formal structures		

No.	Question	Response	Skip rule
D8	Do you have an incident register for any forms of violence?	1= Yes 2= No	
D9	Is your school linked to a community-based violence protection structure?	1= Yes 2= No	IF NO SKIP TO D13
D10	Which one is it linked to:	1= CVSUs, 2= One-stop centres for GBV, 3= Child protection committees 4= Other with a please specify	
D10.1	Other specify		
D11	How many of reported violence cases at this schools were referred to formal community-based violence protection structures for redress?	Male leaners__ Female leaners__-Total__ (number	
D12	How many of reported violence cases against pupils in the targeted schools that were followed up by relevant authorities?	Male leaners__ Female leaners__-Total__ (number	
D12.1	And concluded?	Male leaners__ Female leaners__-Total__ (number	
D13	Number of children (standard 5-8) that are enrolled in preventative empowerment programs	Male leaners__ Female leaners__-Total__ (number, integer)	
D14	Does your school have School Improvement Plans in place which respond to gender inequalities and protection issues (quality/enabling environment)	1= Yes 2= No	IF NO SKIP TO D17
D15	ALSO ASK TO SEE THE PLAN THEN RESPOND OBSERVATION	1= Yes 2= No	
D16	TAKE A PICTURE OF THE PLAN	_____(Image)	
D17	Does your school have a code of conduct	1= Yes 2= No	IF NO END INTERVIEW
D18	If available, take picture of the code of conduct	_____(Image)	

Thank you

## Parent/Guardian Questionnaire

### INTRODUCTION AND INFORMED CONSENT:

READ OUT INFORMATION AND CONSENT FORM. ONCE RESPONDENT HAS SIGNED THE CONSENT FORM BEGIN INTERVIEW.

### Section A: Identifier

District	1. Salima 2. Mangochi 3. Dedza 4. Kasungu
TA	
Education zone	
Name of School/CBE	
EMIS Code for the school	

### Section B: Demographics

No	Question	Response	Skip Rule
B1	What is the age of the household head? WRITE AGE IN COMPLETE YEARS		
B2	What is the marital status of the household head	1= Married 2= Single/Never married 3= Divorced 4= Widowed	
B3	What is the relationship of the household head to the learner?  PLEASE MENTION NAME OF LEARNER	1= Parent 2= Grandparent 3= Relative caregiver 4= Non-relative caregiver	
B4	What is the occupation of the household head?	1 = Subsistence farmer 2 = Commercial farmer 3 = Employed 4 = Formal business-person 5 = Self-employed vendor 7 = Others (specify)	
B4.1	Other specify		
B5	How many people live and eat together in this household?		
B6	How many of these are children below the age of 24 years?		

## Household Roaster

Now I would like to talk to you about all the children that are below the age of 24 years in your household.

Line No.	Name of HH member Put the head of household first in the list and then other household members aged from 6 years to 24 years	Sex: 1=Male 2=female	Is the household member married? 1=YES, 2=No	Age of HH member (in completed years)	What is the relationship of (name) to the HH member to the Household Head	Does (name) have any disability? 1=YES, 2=No	Has the HH member ever enrolled in school? (Y=Yes, , N=No) If no skip to B7m	IF EVER ENROLLED Is the HH member currently in school (Y=Yes, N=No) (If no skip to B7n)	IF IN SCHOOL What Grade of school is the HH member currently in? (WRITE IN GRADE)	WHEN SCHOOLS opened, did [name of child] return to school?  1= Yes 2= No  IF NO SKIP TO SECTION C	IF [name of child] DID NOT RETURN TO SCHOOL What is the main reason why [name of child] did not return to school?	Highest education level completed IF LEFT SCHOOL	IF DID NOT ENROL/ COMPLETE PRIMARY/ SECONDARY Main Reason for dropping out / for not enrolling into primary/secondary school. SEE CODES BELOW	Age left school (IF NOT CURRENTLY AT SCHOOL)	Year HH member dropped out of school	IF CURRENTLY IN SCHOOL Who pays for school materials, uniforms transport to go to school?
	B7a	7b	B7c	B7d	B7e	B7f	B7g	B7h	B7i	B7j	B7k	B7l	B7m	B7n	B7o	B7p
1																
2																

3																
4																
5																

## Codes

B7e. What is the relationship of (name) to the HH member to the Household Head	B7l. Highest education level completed IF LEFT SCHOOL	B7m. IF DID NOT ENROL/ COMPLETE PRIMARY/ SECONDARY Main Reason for dropping out / for not enrolling into primary/secondary school. SEE CODES BELOW
01= Household head 02= Spouse 03= Son/daughter 04= Stepson/daughter 05= Parent 06= Grandchild 07= Niece/cousin/nephew 08= Brother/sister 09= Other relative 10= Not related	1= Did not finish primary 2= Finished primary but did not 3= Enroll In Lower/Secondary 4= Started Lower/Secondary 5= But did not complete secondary 6= Finished secondary 7= College (Diploma/Higher Diploma/University) 8= Other	1= Lack of school materials 2= School very far from home 3= Got pregnant 4= Got married 5= Illness 6= Work at home (including household chores and care giving duties) 7= He/she is not interested 8= Not a good student 9= Got a job 10= She/he had to work to help support the family 11= Parents stopped her from going 12= Did not pass exams 13= There are no opportunities of getting a better job after school 14= I don't know 15= Too young to go to school 16= Other 17=Disability

## Section C: Parents and local community engage in education

No.	Question	Response	Skip rule
C1	Do you have community by-laws that support girl's education	1=Yes 2= No	
C2	Are these being enforced	1=Yes 2= No	
C3	Have the bylaws improved girls' education in your community?	1=Yes 2= No	
C4	Tell me if you (Agree, neither agree or disagree, or disagree) with the following		
C5	A child must be educated regardless of whether they are a boy or a girl	1= Agree 2= Neither agree nor disagree 3= Disagree	
C6	It is more important for a boy than a girl to finish secondary school	1= Agree 2= Neither agree nor disagree 3= Disagree	
C7	If there are not enough resources at school such as books, tables and desks, it is appropriate that male students should be given preference	1= Agree 2= Neither agree nor disagree 3= Disagree	
C8	If resources are not enough, then it is better to send a boy rather than a girl to school	1= Agree 2= Neither agree nor disagree 3= Disagree	
C9	In a marriage, it is best if the man has more education than the woman	1= Agree 2= Neither agree nor disagree 3= Disagree	
C10	It is very possible to succeed in life without a good education	1= Agree 2= Neither agree nor disagree 3= Disagree	
C11	Boys are likely to be more successful than girls	1= Agree 2= Neither agree nor disagree 3= Disagree	
C12	What do you do to support girls' education?	1= Schools Fees 2= Clothing 3= Advice 4= Sanitary wear 5= Other (specify	
C13	Other (specify)		
C14	What do you do to support boys' education?	1= Schools Fees 2= Clothing 3= Advice 4= Other (specify)	
C15	Other (specify)		
C16	<b>How often do you</b> Check on your child/children's homework?	1= Every time 2= Sometimes 3= Rarely 4= Never	
C16.1	Who is responsible for this?		
C17	<b>How often do you</b> Attend school meetings or activities	1= Every time 2= Sometimes 3= Rarely	

		4= Never	
C17.1	Who is responsible for this?		
C18	<b>How often do you</b> Attend extra-curricular activities for your child/children	1= Every time 2= Sometimes 3= Rarely 4= Never	
C18.1	Who is responsible for this?		
C19	<b>How often do you</b> Meet the teacher to understand your child/children's performance in school	1= Every time 2= Sometimes 3= Rarely 4= Never	
C19.1	Who is responsible for this?		
C20	<b>How often do you</b> Discuss about what your child/children desire to be when they grow up	1= Every time 2= Sometimes 3= Rarely 4= Never	
C20.1	Who is responsible for this?		

#### Section D: Sexual and Reproductive Health Rights

No	Question	Response	Skip rule
D1	Who has responsibility of talking to your child or children about growing up?	1= Aunt 2= Uncle 3= Husband/wife 4= School teacher 5= Siblings 6= Church 7= Other	
D2	Please tell me the extent you have done the following by responding “Never, sometimes, most of the time and all the time” done the following:		
D2.1	I have discussed with my children issues to do with puberty and growing up	1= Never 2= Sometimes 3= Most of the time 4= All the time	
D2.2	I have discussed with my children issues to do with sexual health		
D3	Tell me if you (Agree, Neither Agree or Disagree, or Disagree) with the following statements		
D3.1	Sexual and reproductive health education should be taught at school	1= Agree 2= Neither agree nor disagree 3= Disagree	
D3.2	Sex education encourages young people to have sex	1= Agree 2= Neither agree nor disagree 3= Disagree	
D3.3	I do not want my daughter(s) to be taught sex education in school	1= Agree 2= Neither agree nor disagree 3= Disagree	
D3.4	I would give consent to my daughter to access family planning services	1= Agree 2= Neither agree nor disagree 3= Disagree	

No	Question	Response	Skip rule
D3.5	I do not want my son(s) to be taught sex education in school	1= Agree 2= Neither agree nor disagree 3= Disagree	
D3.6	I would give consent to my son to access family planning services	1= Agree 2= Neither agree nor disagree 3= Disagree	
D3.7	I consult (or intend to consult) with girls in my household over when they will be married	1= Agree 2= Neither agree nor disagree 3= Disagree	
D3.8	I consult (or intend to consult) with boys in my household over when they will be married	1= Agree 2= Neither agree nor disagree 3= Disagree	
D3.9	In the past three years, have you participated in any meeting or training on how to talk to your children about growing up and their daily challenges?	1= Yes 2= No	
D4	Tell me if you (Agree, neither agree or disagree, or disagree) with the following		
D4.1	It is okay for a boy to hit a girl if she insults him	1= Agree 2= Neither agree nor disagree 3= Disagree	
D4.2	If a teacher hits my child, I will report that teacher to appropriate authorities	1= Agree 2= Neither agree nor disagree 3= Disagree	
D4.3	If a school employee makes sexual approaches to my child, I would report the school employee to appropriate authorities	1= Agree 2= Neither agree nor disagree 3= Disagree	
D4.4	Teachers who hit children should lose the right to teach	1= Agree 2= Neither agree nor disagree 3= Disagree	
D4.5	If a teacher hits my child, it's probably because my	1= Agree 2= Neither agree nor disagree 3= Disagree	

#### Section E: Violence

No	Question	Response	Skip rule
E1	Are there community-based violence protection structures	1= CVSUs, 2= One Stop Centres for GBV, 3= Child protection committees 4= Other	

Thank you



## OUT OF SCHOOL QUESTIONNAIRE

### INTRODUCTION AND INFORMED CONSENT:

READ OUT INFORMATION AND CONSENT FORM. ONCE RESPONDENT HAS SIGNED THE CONSENT FORM BEGIN INTERVIEW.

#### Section A: Identifier

No.	Question	Response
A1	District	1. Salima 2. Mangochi 3. Dedza 4. Kasungu
A2	TA	
A3	Education zone	
A4	Name of School/CBE	
A6	Respondent	1. In-school adolescent 2. Out-of-school adolescent

#### Section B: Demography

No	Question	Response	Skip rule
B1	Age of respondent		
B2	Sex of respondent	1= Male 2= Female	
B3	What is your relationship with the household head?	1= Self 2= Parent 3= Uncle/aunt 4= Grandparent 5= Other (specify)	
B4	What is your marital status	1= Married 2= Single 3= Widowed 4= Separated 5= Other	

#### Section C: Functional literacy and vocational training

No.	Question	Response	Skip rule
C1	Are you aware of a functional literacy centre within your community?	1= Yes 2= No	IF NO SKP to C6
C2	Did you enroll in any of the literacy programmes?	1= Yes 2= No	If no skip to C5
C3	Which of the following did you enroll for?	1= Literacy programme 2= Complementary basic education 3= Functional literacy programme 4= Non-formal education	
C4	Did you graduate from the course	1= Yes 2= No	IF no skip to C6
C5	If No, why did you drop out?		

No.	Question	Response	Skip rule
C6	Did you enroll for vocational skills training	1= Yes 2= No	IF no skip to Section D
C7	What vocational skills were you trained on?	1= Sawing 2= Construction 3= Welding 4= Other (specify)	
C8	Did you complete the course?	1= Yes 2= No	
C9	After completing the course did you get <b>paid employment - using gained skill</b>	1= Yes 2= No	
C10	After completing the course were you <b>self employed</b>	1= Yes 2= No	
C11	After completing the course were you <b>self-employed and in paid employment</b>	1= Yes 2= No	
C12	After completing the course were you <b>unemployed</b>	1= Yes 2= No	

#### Section D: Mentor groups/mothers

No.	Question	Response	Skip rule
D1	Have you heard of mother groups that are supporting out-of-school girls to enroll/return to school	1= Yes 2= No	
D2	Have you received support from them?	1= Yes 2= No	
D3	What support did you receive?	1= Helped to enroll/return to school 2= Provided counselling to me 3= Provided guidance and advice 4= Other (specify)	IF 1 Skip to Section E
D3.1	Other [specify]		
D4	If No. Given an opportunity, would you like to enroll/return to school?	1= Yes 2= No 3= Not necessary	

#### Section E: Sexual and Reproductive Health

No.	Question	Response	SKIP Rule
E1	Name at least three critical times for washing hands?	1= After using a latrine 2= Before handling food 3= After changing a child's nappy 4= After touching animals 5= Before feeding a baby 6= After taking care of sick person	

No.	Question	Response	SKIP Rule
		7= Don't know 8= Other [specify]	
E2	What are the ways to maintain good health and hygiene/ be hygienic? <b>CHECK ALL THAT APPLY</b>	1= Handwashing with soap 2= Treat drinking water (boil, filter, chemical treatment e.g. chlorination) 3= Consistent use of latrines 4= Cook food well 5= Store water properly 6= Store food properly 7= Bathing/ taking a bath 8= Clean the environment 9= Don't know 10= Other [specify]	
E3	In your opinion, when do you think are the critical times to wash your hands? <b>CHECK ALL THAT APPLY</b>	1= After using a latrine 2= Before handling food 3= After changing a child's nappy 4= After touching animals 5= Before feeding a baby 6= After taking care of sick person 7= Don't know 8= Other [specify]	
E4	In the past 3 months what have you used for hygiene during your menses?	1= Cloth/towel 2= Disposable sanitary pads 3= Re-usable sanitary pads 4= Tampon 5= Toilet paper 6= Cotton wool 7= Pieces of mattress 8= Menstrual cup 9= Cow dung 10= Other natural materials (mud, leaves) 11= Others [specify]	
E5	Which material have you used more frequently [over three times in the past 3 months]? <b>SELECT ALL THAT APPLY</b>	1= Cloth/towel 2= Disposable sanitary pads 3= Re-usable sanitary pads 4= Tampon 5= Toilet paper 6= Cotton wool 7= Pieces of mattress cotton/form rubber 8= Menstrual cup 9= Cow dung 10= Other natural materials (mud, leaves) 11= Others [specify]	
E6	In the last 6 months, who has provided you with sanitary materials?	1= Myself 2= Mother 3= Father	

No.	Question	Response	SKIP Rule
	<b>SELECT ALL THAT APPLY</b>	4= Sister 5= Friend 6= Senior woman teacher 7= Traditional midwives 8= Community health care providers 9= NGO [specify] 10= Relative [specify] 11= Other [specify]	
E7	Where are the sanitary materials obtained from?	1= At home 2= Market 3= Shop 4= Supermarket 5= Tuck-shop 6= Clinic 7= School 8= Bush 9= CARE 10= I don't know 11= Other sources (specify)	
E8	For each method that you frequently use, what side effects, if any, do you experience relating to the type of sanitary materials you use? <b>MULTIPLE RESPONSE</b>	1= None 2= Rash 3= Itchiness 4= Skin darkening 5= Other (specify)	
E9	Were you trained on sanitary pads production?	1= Yes 2= No	
E10	Who trained you?	1= In class teaching 2= School health clubs 3= Friends 4= Parents/guardians 5= NGO	
E11	Young people learn about puberty - I mean the ways in which boys' and girls' bodies change during the teenage years - from many sources. They may learn from teachers at school, parents, brothers and sisters, from friends, from doctors or they may learn from books, films and magazines.  <b>What has been the most important source of information for you on this topic? And the second most important?</b>		
E11.1	Most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
E11.2	Second most important	1= School teacher	

No.	Question	Response	SKIP Rule
		2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
E12	Now I want to ask you a similar question about sources of information on the sexual and reproductive systems of men and women - I mean where eggs and sperm are made and how pregnancy occurs.  <b>What has been the most important source of information on this topic? And the second most important?</b>		
E12.1	Most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
E12.2	Second most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
E13	<b>What has been your most important and second most important source of information for sexually transmitted infections, HIV what they are and how to prevent them and to get treated?</b>		
E13.1	Most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	

No.	Question	Response	SKIP Rule
E13.2	Second most important	1= School teacher 2= Mother 3= Father 4= Brother 5= Sister 6= Other family members 7= Friends 8= Doctors 9= Books/magazines 10= Films/videos	
E14	In the past 12 months have you been to your local clinic/hospital to receive services or information on sexual and reproductive health?	1= Yes 2= No	
E15	If you need the same service/information how likely are you to visit this clinic/hospital on a scale of 1-10. Where "01" is Not at all likely and "10" extremely likely.  SHOW CARD 2	Rating scale 1-10	
E16	On a scale of 1 to 10 How likely is that you would recommend this clinic/hospital to a friend or colleague seeking the same service? Where "1" is Not at all likely and "10" extremely likely.  SHOW CARD 2	Rating scale 1-10	
E17	Have you ever heard of youth friendly corners? <b>PROBE:</b> place in a clinic or hospital especially made for young people to discuss issues of sexual and reproductive health or go to seek treatment or other services in a discreet environment.	1= Yes 2= No	
E18	In the last 24 months have you visited this youth friendly corner?	1= Yes 2= No	
E19	What were the reasons for the visit. <b>CIRCLE ALL THAT APPLY</b>	1= HTC 2= Contraception 3= Emergency contraception 4= Screening and treatment of STI 5= Pregnancy and related problems 6= Puberty (menstruation, wet dreams) 7= ART 8= Post Exposure Prophylaxis 9= Cervical cancer screening 10= Antenatal Care (ANC)	

No.	Question	Response	SKIP Rule
		11= Safe delivery 12= Post Natal Care (PNC) 13= Post Rape Care 14= Male circumcision 15= Post abortion care services 16= Life skills service provision 17= Information and general counseling 18= None 19= Other [specify]	
E20	If you need the same service/information how likely are you to go the youth friendly corner on a scale of 1-10. Where "01" is Not at all likely and "10" extremely likely.  SHOW CARD 2	Rating scale 1-10	
E21	In the last 12 months have you attended a mobile clinic where nurses discussed about sexual and reproductive health?	1= Yes 2= No	
E22	<b>Please tell me whether you Fully agree, partly agree, neither agree nor disagree, disagree, fully disagree with the following statements.</b>		
E22.1	I am confident to seek information on sexual (correct use of condoms, prevention of STIs) and reproductive health (including pregnancy and family planning) from the staff at the clinic at the local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
E22.2	I would be very comfortable to receive treatment for an STI at the local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
E22.3	I would be very comfortable getting tested for HIV at the local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
E22.4	I would be comfortable collecting contraceptive methods from my local clinic/hospital/mobile clinic	1= Fully agree 2= Partly agree 3= Neither agree nor disagree 4= Disagree 5= Fully disagree	
E25	I knew about menstruation before my first period.	1= Yes 2= No	
E26	I know where to get an HIV test if I needed one.	1= Yes 2= No	
E27	I know where to get contraceptives if I ever needed them	1= Yes 2= No	

No.	Question	Response	SKIP Rule
E28	Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners?	1= Yes 2= No	
E29	Can a person reduce the risk of getting HIV by using a condom every time they have sex?	1= Yes 2= No	
E30	Can a healthy-looking person have HIV?	1= Yes 2= No	
E31	<b>Now I would like to tell you a series of statements. Please tell me if you agree or disagree with the statements.</b>		
E31.1	A woman is more likely to get pregnant halfway between periods	1= Agree 2= Disagree	
E31.2	A girl can get pregnant the very first time she has sex	1= Agree 2= Disagree	
E31.3	A girl cannot get pregnant if she washed herself thoroughly after sex	1= Agree 2= Disagree	
E31.4	A condom should always be put on before sexual intercourse starts	1= Agree 2= Disagree	
E31.5	A condom can be used more than once	1= Agree 2= Disagree	
E31.6	Using a condom is a sign of not trusting your partner	1= Agree 2= Disagree	
E31.7	Correct and consistent use condoms can protect against getting pregnant	1= Agree 2= Disagree	
E31.8	A male condom should be put on the penis only if the penis is fully erect or stiff	1= Agree 2= Disagree	
E32	Have you ever had sexual intercourse?	1= Yes 2= Never had sexual intercourse	
E33	How old were you when you first had sex? RECORD AGE IN COMPLETED YEARS	1= Yes 2= No	
E34	The first time you had sex, did you use a condom?		
E35	In the past twelve months how many times did you have sexual intercourse?		
E36	The last time you had sex did you use a condom?	1= Yes 2= No	
E37	<b>Please tell me if you agree or disagree with this statement:</b> A partner/husband is justified in hitting or beating his wife/partner under certain circumstances	1= Agree, 2= Neither agree nor disagree 3= Disagree	

#### Section F: Networking and support for life skills

No.	Question	Response	Skip rule
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F1	Do you have girls' networks in your area?	1= Yes 2= No	If no Skip to Section G.
F2	Are you member?	1= Yes 2= No	
F3	Have you found this girls' network to be helpful for you?	1= Yes 2= No	
F4	What help have you obtained from the girls' network	<b>1= Practical skills:</b> including first aid, cooking, camping, and survival skills, which are valuable throughout life. <b>2= Time management and organisation:</b> balancing school and other commitments teaches time management and organizational skills. <b>3= Financial literacy:</b> basic financial skills, including budgeting and money management. <b>4= Leadership capabilities:</b> initiative, lead projects, and work as part of a team, which builds confidence and leadership qualities. <b>5= Confidence to challenge norms:</b> encouraged to challenge societal norms and stereotypes, promoting equality and justice. <b>6= Physical activity:</b> involved in outdoor adventures, sports, and other physical activities that promote health and fitness <b>7= Other [specify]:</b>	

#### Section G: Menstrual Health

No.	Question	Response	Skip rule
G1	In the past 3 months what have you used for hygiene during your menses?	1= Cloth/towel 2= Disposable sanitary pads 3= Re-usable sanitary pads 4= Tampon 5= Toilet paper 6= Cotton wool 7= Pieces of mattress 8= Menstrual cup 9= Cow dung 10= Other natural materials (mud, leaves) 11= Others (specify)	
G2	Which material have you used more frequently <i>[over three times in the past 3 months]</i> ? SELECT ALL THAT APPLY	1= Cloth/towel 2= Disposable sanitary pads 3= Re-usable sanitary pads 4= Tampon 5= Toilet paper 6= Cotton wool	

No.	Question	Response	Skip rule
		7= Pieces of mattress cotton/form rubber 8= Menstrual cup 9= Cow dung 10= Other natural materials (mud, leaves) 11= Others (specify)	
G3	In the last 6 months, who has who has provided you with sanitary materials?  <b>SELECT ALL THAT APPLY</b>	1= Myself 2= Mother 3= Father 4= Sister 5= Friend 6= Senior woman teacher 7= Traditional midwives 8= Community health care providers 9= NGO [specify] 10= Relative [specify] 11= Other [specify]	
G4	Where are the sanitary materials obtained?	1=At home 2=Market 3= Shop 4= Supermarket 5=Tuckshop 6= Clinic 7= School 8= Bush 9= CARE 10= I don't know 11= Other sources [specify]	
G5	For each method that you frequently use, what side effects, if any, do you experience relating to the type of sanitary materials you use? <b>MULTIPLE RESPONSE</b>	1= None 2= Rash 3= Itchiness 4= Skin darkening 5= Other [specify]	
G6	Were you trained on sanitary pads production?	1= Yes 2= No	IF no END INTERVIEW
G7	Who trained you?	1= In class teaching 2= School health clubs 3= Friends 4= Parents/guardians 5= NGO	

Thank you



## Key Informant Interview: PUNOs

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How well did the JPGE fit into the national policies, government priorities and norms of UN in Malawi?
  - a. **FOR WFP:** How does the support for smallholder farmers loop back to educational outcomes?
2. What barriers for girls' education was the JPGE aiming to address? Have these changed over the course of the three phases or have new barriers emerged? (**PROBE:** Programme provisions that addressed gender related barriers to education for adolescent girls)
3. How flexible was the programme in adapting to emergent educational needs and challenges during its implementation? (**PROBE:** COVID19; drought, flooding, Specific instances where the programme modified its interventions to better meet needs of students and educators)
  - a. Were the changes made quickly enough? Why do you say so?
  - b. Were the changes adequate to address the emerging education needs and challenges?
4. What needs and challenges are still outstanding and not addressed by the programme?
5. How did the programme address disability and was this sufficient to address the needs of this group of children?
6. How were the JPGE objectives, interventions and approaches tailored to the cultural context and values of communities? (**INSTRUCTION:** For each PUNO **PROBE** for their interventions and approaches)
  - a. Over the course of implementation what changes were made to the programme activities and approaches to align with the cultural practices and values of the targeted communities?

### Section C: Coherence

7. How efficient and effective was the collaboration among various ministries involved in the programme? (**NOTE TO INTERVIEWER:** Efficiency refers to timely implementation, coordination and monitoring and quality of interventions; Effectiveness refers to successful delivery of interventions)
  - a. What mechanisms were put in place to support collaborations across ministries, were these effective?
8. Was the programme situated in the correct department in the Ministry of Education to achieve the best results?
9. To what extent did the presence of JPGE coordinator in the ministry of education bring efficiency in implementation? Why?
10. To what extent were the JPGE partner's interventions interlinked?
11. What changes have occurred over the course of implementing the JPGE (from Phase 1 to Phase 3) to enhance integration of activities? Have these been successful and why?

12. What interlinkages were created with other interventions between the JPGE programme and other programmes in adolescent SRHR, nutrition and education and at national and district levels with (**Note:** Either initiated by JPGE or other)
  - a. UN agencies
  - b. Government ministries,
  - c. Other organizations
  - d. Global Partnership for Education
13. Are the institutional arrangements/ programme management structure of the UN agencies involved in the programme effective in supporting programme implementation? Why?
  - a. Institutional arrangements – Programme Steering committee.
    - i. What changes occurred as a result of the oversight committee?
    - ii. How could the structure be made more effective in a future programme?
  - b. Programme Coordination Unit
14. What challenges were experienced that undermined integration and efficiency of the joint programme?
15. What were the strengths and gaps in achieving coherence and adding value?
  - a. Were there instances where duplication of activities occurred? How was this addressed? (**INSTRUCTION:** If not, ask how did you avoid duplication)?
16. How have lessons from the JPGE been integrated into broader:
  - a. UN agency operations (in your agency and others)?
  - b. ministries of education, health, agriculture, gender and youth?
17. How were lessons from each phase of the JPGE incorporated in the next phase?
  - a. What mechanisms were in place to monitor implementation of lessons?
18. How has the program influenced changes in national educational policies or practices beyond the immediate program goals?

#### **Section D: Efficiency**

19. Were the programme activities executed on time?
  - a. What challenges were faced in timely delivery?
20. Was there an optimal allocation of financial resources to different aspects of the programme to allow achievement of its objectives?
21. Were there any over expenditures under or over expenditures for which activities? What were the reasons for these circumstances?

#### **Section E: Effectiveness**

22. To what extent were key interventions contributing to achieving planned outcome results?
23. To what extent did it effectively engage men and boys to avoid backlash on gender equality goals and attitudes towards girls and women?

#### **Section F: Sustainability**

24. How effectively has the JPGE programme built national ownership and capacity?
25. What measures have been taken to ensure sustainability?
26. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?

## Key Informant Interview: Donor

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How well did the JPGE fit into your national priorities for the Norwegian government? Why a joint programme for girls' education?
2. How flexible was the programme in adapting to emergent educational needs and challenges during its implementation? (**PROBE**: COVID19; drought, flooding Specific instances where the programme modified its interventions to better meet needs of students and educators)
  - a. Were the changes made quickly enough? Why do you say so?
3. To what extent do you think this programme delivery modality has worked? What worked and what could be improved?
4. What lessons can you draw from this programme implementation for future joint programmes?

### Section C: Coherence

5. Are the institutional arrangements/ programme management structure of the UN agencies involved in the programme effective in supporting programme implementation? Why?
  - a. Institutional arrangements – National steering committee.
    - i. What changes occurred as a result of the oversight committee?
    - ii. How could the structure be made more effective in a future programme?
  - b. Programme Management

### Section D: Efficiency

6. How efficiently were the financial resources and support you provided utilized in implementing the JPGE program activities, and were there any delays or challenges in disbursement that impacted the program's execution?

### Section E: Effectiveness

7. To what extent do you feel the programme was effective in achieving planned outcome results? What can be improved in future programming?

### Section F: Sustainability

8. What sustainability measures do you feel should be put in place to ensure sustainability of gains and results of the JPGE programme?

## Key Informant Interview: UN Management

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How well did the JPGE fit into the national policies and norms of UN in Malawi?
2. Why a joint programme for girls' education?
3. To what extent do you think this programme delivery modality has worked? What worked and what could be improved?
4. What lessons can you draw from this programme implementation of future joint programmes?

### Section C: Coherence

5. What interlinkages were created between the JPGE interventions in your organisation and other interventions in the agency?
  - a. **FOR RESIDENT COORDINATOR:** To what extent is the JPGE integrated in the UN Sustainable Development Cooperation Framework?
6. What role has the JPGE played in delivering UN in Malawi strategic objectives?
7. **FOR RESIDENT COORDINATOR:** How have lessons from the JPGE been integrated into broader UN programming?
8. **FOR AGENCY MANAGEMENT:** How have lessons from the JPGE been integrated into broader agency operations?

### Section D: Efficiency

9. How efficiently were the UN management structures able to coordinate, allocate, and disburse resources to ensure timely implementation of JPGE program activities across all involved agencies?

### Section E: Effectiveness

10. How effective was the organization in fostering inter-agency collaboration and aligning the JPGE program's goals with the broader UN development agenda to support girls' education and empowerment?

### Section F: Sustainability

11. How effectively has the JPGE programme built national ownership and capacity? What measures have been taken to ensure sustainability?
12. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?

## Key Informant Interview: Government\_MoE and MoH

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

- How well did the JPGE fit into the national policies, government priorities in Malawi?
  - FOR WFP:** How does the support for smallholder farmers loop back to educational outcomes?
- What barriers for girls' education was the JPGE aiming to address? Have these changed over the course of the three phases or have new barriers emerged? (**PROBE:** Programme provisions that addressed gender related barriers to education for adolescent girls)
- How flexible was the programme in adapting to emergent educational needs and challenges during its implementation? (**PROBE:** COVID19; drought, flooding, Specific instances where the programme modified its interventions to better meet needs of students and educators)
  - Were the changes made quickly enough? Why do you say so?
  - Were the changes adequate to address the emerging education needs and challenges?
- What needs and challenges are still outstanding and not addressed by the programme?
- How did the programme address disability?
- The programme was delivered as a joint programme of UN agencies, to what extent do you think this programme delivery modality has worked? What worked and what could be improved?
- How was the JPGE objectives, interventions and approaches tailored to the cultural context and values of communities? (**INSTRUCTION:** For each PUNO **PROBE** for their interventions and approaches)
  - Over the course of implementation what changes were made to the programme activities and approaches to align with the cultural practices and values of the targeted communities?

### Section C: Coherence

- How efficient and effective was the collaboration among various ministries involved in the programme? (**NOTE TO INTERVIEWER:** *Efficiency* refers to timely implementation, coordination and monitoring and quality of interventions; *Effectiveness* refers to successful delivery of interventions)
  - What mechanisms were put in place to support collaborations across ministries, were these effective?
- Was the programme situated in the correct department of the ministry of education to achieve the best results?
- To what extent was the presence of JPGE coordinator in the ministry of education bring efficiency in implementation? Why?
- FOR JPGE Coordinator:** What challenges did you face in coordinating departments in the ministry and across ministries? What could have been done to address these challenges?
- To what extent were the JPGE partner's interventions interlinked?



13. What changes have occurred over the course of implementing the JPGE to enhance integration of activities? Have these been successful and why?
14. What interlinkages were created with other interventions between the JPGE programme and other programmes in adolescent SRHR, nutrition and education and at national and district levels with (**Note:** Either initiated by JPGE or other)
  - a. Agencies
  - b. Government ministries,
  - c. Other organizations
  - d. Global Partnership for Education
15. Are the institutional arrangements/ programme management structure of the UN agencies involved in the programme effective in supporting programme implementation? Why?
  - a. Institutional arrangements – Programme Steering Committee.
    - i. What changes occurred as a result of the oversight committee
    - ii. How could the structure be made more effective in a future programme?
  - b. Programme Management Unit
16. What challenges were experienced that undermined integration and efficiency of the joint programme?
17. What were the strengths and gaps in achieving coherence and adding value?
  - b. Were there instances where duplication of activities occurred? How was this addressed? (**INSTRUCTION:** If not, ask how did you avoid duplication)?
18. How have lessons from the JPGE been integrated into ministry of education/ ministry of health (nutrition and ASRH) programmes, strategy and policy?
19. How has the program influenced changes in national educational policies or practices beyond the immediate program goals?

#### **Section D: Efficiency**

20. Were the programme activities executed on time?
21. What challenges were faced in timely delivery?
22. Were the interventions, equipment and commodities provided by the programme of expected quality?
23. In your opinion, was there an optimal allocation of financial resources to different aspects of the programme to allow achievement of its objectives?

#### **Section E: Effectiveness**

2. To what extent were key interventions contributing to achieving planned outcome results? (**PROBE:** education, nutrition and ASRH)
3. How effective have the efforts in engaging men and boys in supporting girls education and health initiatives

#### **Section F: Sustainability**

24. How effectively has the JPGE programme built national ownership and capacity? What measures have been taken to ensure sustainability?
25. To what extent has the program succeeded in fostering community-led initiatives to sustain educational improvements?
26. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?

## Key Informant Interview: Government\_MoA

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How well did the JPGE fit into Ministry of Agriculture priorities?

### Section C: Coherence

2. What is the extent of partnership, coordination, and complementarity with the interventions of the Ministry of Agriculture and other relevant actors and multilateral initiatives, in the agriculture sector?
3. How have lessons from the JPGE been integrated into ministry of agriculture programmes, strategy and policy?

### Section D: Efficiency

4. Were the programme activities executed on time?

### Section E: Effectiveness

5. In your view, do you feel the programme was effective in improving nutrition of school-age children, keeping them in school?

### Section F: Sustainability

6. How effectively has the JPGE programme built national ownership and capacity? What measures have been taken to ensure sustainability?
7. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?

## Key Informant Interview: Government\_MoY and MoG

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How well did the JPGE fit into the national policies, government priorities in Malawi? (INSTRUCTION: ask separately: within the sectors of gender and youth.)
2. To what extent were protection, gender and inclusion mainstreamed in the JPGE programme?
3. What barriers exist for girls education in Malawi? How have these changed over time? Are there new/emerging challenges/barriers that need to be considered?

### Section C: Coherence

4. How efficient and effective was the collaboration among various ministries involved in the programme? (NOTE TO INTERVIEWER: *Efficiency* refers to timely implementation, coordination and monitoring and quality of interventions; *Effectiveness* refers to successful delivery of interventions)
  - a. What mechanisms were put in place to support collaborations across ministries, were these effective?
5. Was the programme situated in the correct department to achieve the best results?
6. To what extent did the presence of JPGE coordinator in the ministry of education bring efficiency in implementation? Why?
7. To what extent were the JPGE partner's interventions interlinked?
8. What changes have occurred over the course of implementing the JPGE to enhance integration of activities? Have these been successful and why?
9. What interlinkages were created with other interventions between the JPGE programme and other programmes in adolescent SRHR, nutrition and education and at national and district levels with (Note: Either initiated by JPGE or other)
  - a. Agencies
  - b. Government ministries,
  - c. Other organizations
  - d. Global Partnership for Education
10. What relationships were established with other programmes or organisations (outside the JPGE) in education, nutrition, and adolescent SRHR?
11. What is the extent of partnership, coordination, and complementarity with the interventions of the Malawi government and other relevant actors and multilateral initiatives, like the Global Partnership for Education?

### Section D: Efficiency

12. Were the programme activities executed on time?
13. Were the interventions, equipment and commodities provided by the programme of expected quality?

**Section E: Effectiveness**

14. In your view, how successful was the JPGE program in engaging men and boys to support gender equality and reduce negative attitudes towards women and girls?

**Section F: Sustainability**

15. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?

## Key Informant Interview: CSO Education Platform

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What barriers exist for girls education in Malawi? How have these changed over time? Are there new/emerging challenges/barriers that need to be considered?
2. What barriers do persons with disability face to access quality education in Malawi? Are these barriers changing?

### Section C: Coherence

3. What interlinkages were created between the JPGE and the CSO platform? How could coordination be strengthened?
4. What opportunities are available for greater coordination?

### Section D: Efficiency

5. Do you feel the resources (funding, training, materials) and support provided by the JPGE program was sufficient for the CSO Education Platform to effectively implement its activities
  - a. Were there any shortages of materials or delays in receiving support that affected the implementation?)
6. Were the activities coordinated by the CSO Education Platform under the JPGE program executed on time and within the planned schedules?
  - a. What were the key factors that influenced the timeliness of activity execution?
  - b. Were there any delays or disruptions, please explain?
7. How efficiently did the JPGE program work with the CSO Education Platform in terms of communication, decision-making, and resolving challenges?
  - a. Were the program's processes flexible and responsive to the needs and challenges faced by the platform?)

### Section E: Effectiveness

8. How effective has the CSO Education Platform been in advocating for policy changes or program improvements to support girls' education through the JPGE program? (**PROBE:** examples of successful advocacy efforts or changes that were made as a result of the platform's engagement?)
9. In what ways has the platform contributed to improving access to education for vulnerable and marginalized girls in the community? (**PROBE:** improvements in enrollment, retention, or completion rates among girls as a result of the platform's efforts?)

10. What specific outcomes have been achieved by the CSO Education Platform in supporting the JPGE program's goals? (**PROBE:** measurable changes in community attitudes toward girls' education or increased government and stakeholder support?)
11. How successful has the CSO Education Platform been in mobilizing other stakeholders, including community members, parents, and local government, to support the goals of the JPGE program?
  - a. What strategies worked best, and what challenges were faced in getting different groups involved?)

**Section F: Sustainability**

12. How conducive is the political, economic, and social environment to sustain the gains of development results?

## Key Informant Interview: JPGE District Coordinators/ DEO

Section A Background Information	
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How well did the JPGE fit into the national policies, government priorities and norms of UN in Malawi?
  - a. How does the support for smallholder farmers loop back to educational outcomes?
2. What barriers for girls' education was the JPGE aiming to address? Have these changed over the course of the three phases or have new barriers emerged? (**PROBE**: Programme provisions that addressed gender related barriers to education for adolescent girls)
3. How flexible was the programme in adapting to emergent educational needs and challenges during its implementation? (**PROBE**: COVID19; drought, flooding, Specific instances where the programme modified its interventions to better meet needs of students and educators)
  - a. Were the changes made quickly enough? Why do you say so?
  - b. Were the changes adequate to address the emerging education needs and challenges?
4. What needs and challenges are still outstanding and not addressed by the programme?
5. How did the programme address disability?
6. How was the JPGE objectives, interventions and approaches tailored to the cultural context and values of communities? (**INSTRUCTION**: For each PUNO **PROBE** for their interventions and approaches)
  - a. Over the course of implementation what changes were made to the programme activities and approaches to align with the cultural practices and values of the targeted communities?

### Section C: Coherence

7. To what extent were the JPGE partner's interventions interlinked in this district?
8. What changes have occurred over the course of implementing the JPGE to enhance integration of activities? Have these been successful and why?
9. What interlinkages were created with other interventions (within the agencies and government ministries, between the JPGE programme and other programmes in adolescent SRHR, nutrition and education and at national and district levels)?
  - a. How could coordination with other interventions be strengthened?
10. What relationships were established with other programmes or organizations (outside the JPGE) in education, nutrition, and adolescent SRHR in this district?
11. Are the institutional arrangements/ programme management structure of the UN agencies involved in the programme effective in supporting programme implementation? Why?
  - a. Institutional arrangements – Programme Steering Committee.
    - i. What changes occurred as a result of the oversight committee?
    - ii. How could the structure be made more effective in a future programme?
  - b. Programme Management Unit

12. What challenges were experienced that undermined integration and efficiency of the joint programme in this district?
13. What were the strengths and gaps in achieving coherence and adding value while avoiding duplication of effort?
14. How have lessons from the JPGE been integrated into operations of government in this district?

#### **Section D: Efficiency**

15. Were the programme activities executed on time?
16. What challenges were faced in timely delivery?
17. Were the interventions, equipment and commodities provided by the programme of expected quality?
18. In your opinion, was there an optimal allocation of financial resources to different aspects of the programme to allow achievement of its objectives?

#### **Section E: Effectiveness**

19. To what extent were key interventions contributing to achieving planned outcome results? (**PROBE:** education, nutrition and ASRH)
20. How well have the JPGE initiatives worked in promoting gender equality and improving attitudes towards girls in the district?

#### **Section F: Sustainability**

21. How effectively has the JPGE programme built national ownership and capacity?
  - a. What measures have been taken to ensure sustainability?
22. To what extent has the program succeeded in fostering community-led initiatives to sustain educational improvements?
23. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?



## Key Informant Interview: Matron

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What are the barriers to adolescent girls with regards access to use of SRH services in the district? Have these changed over time? Are there new challenges that have emerged?

### Section C: Coherence

2. How well do you feel the SRH services for adolescent girls under the JPGE programme coordinated with other health, education, and social services in the district?
3. Can you provide examples where this coordination worked well or where there were gaps?

### Section D: Efficiency

4. Were the programme activities executed on time? How would you rate the quality of the program activities. What do you think could have been done better?

### Section E: Effectiveness

5. Can you describe how the youth-friendly services provided at the district have contributed to improving adolescent health in the community? How has this helped them to stay in school?

### Section F: Sustainability

6. Are there any SRH services or practices introduced under the JPGE programme that are likely to continue after the program ends? What are these services, and how sustainable do you think they will be in the long term?
7. What challenges might you face in continuing the SRH services for adolescent girls in the district after the JPGE programme concludes? What support would be needed to ensure these services continue?
8. How can the health department and other stakeholders (e.g., schools, community leaders) work together to ensure that the SRH services and improvements in adolescent health are sustained after the program ends?

## Key Informant Interview: YFHS coordinator

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What are the barriers to adolescent girls with regards access to use of SRH services in the district?
  - a. Have these changed over time?
  - b. Are there new challenges that have emerged?
2. To what extent are interventions to support adolescent ASRH including access to services designed and implemented in alignment with cultural and religious context and values? Why?

### Section C: Coherence

3. What linkages were created between interventions of the JPGE and other SRH programmes for adolescents in this district? (**PROBE:** how duplication was avoided, and value addition was achieved)

### Section D: Efficiency

4. Were the programme activities executed on time?
5. What challenges were faced in timely delivery?
6. Were the interventions, equipment and commodities provided by the programme of expected quality?

### Section E: Effectiveness

7. Can you describe how the youth-friendly services provided at the district have contributed to improving adolescent health in the community? How has this helped them to stay in school?
8. To what extent has the cooperation with local clinics improved access to sexual and reproductive health (SRHR) services and influenced outcomes such as pregnancy rates, condom use, and sexual behaviours?
9. What strategies did the YFC implement to engage men and boys to access YCF services and understand their role in ASRH issues that affect women and girls?

### Section F: Sustainability

10. Upon completion of the project, what measures have you put in place at the facility to ensure continued support to adolescents in seeking ASRH services?

## Key Informant Interview: District Nutrition Officer

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What barriers was the JPGE aiming to address with regards to adolescent nutrition in your district (especially in school)?
2. Were these the right interventions to ensure better nutrition for children in school? (**INSTRUCTION:** Provide further information on interventions - provisions of school meals, school gardens, folic acid)
3. What else could have been done?

### Section C: Coherence

4. How efficient and effective was the collaboration among various ministries involved in the programme? (**NOTE TO INTERVIEWER:** *Efficiency* refers to timely implementation, coordination and monitoring and quality of interventions; *Effectiveness* refers to successful delivery of interventions)
  - a. What mechanisms were put in place to support collaborations across ministries, were these effective?
5. What linkages were created between the interventions of the JPGE and other nutrition programmes in the district? **PROBE:** how duplication was avoided, and value addition was achieved)

### Section D: Efficiency

6. Were the programme activities executed on time?
7. What challenges were faced in timely delivery?
8. Were the interventions, equipment and commodities provided by the programme of expected quality?

### Section E: Effectiveness

9. How has the school feeding programme improved the nutrition of children in school?
10. How has this impacted education outcomes for school going children?

### Section D: Sustainability

11. What capacity does the district and targeted schools have to continue the school feeding programme?
  - a. Are there any measures that the district has put in place to ensure continuity of interventions?
  - b. At what scale?

## Key Informant Interview: Chief Agriculture Officer

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How well did the JPGE fit into Ministry of Agriculture priorities?
2. What support have you provided to this programme with WFP?

### Section C: Coherence

3. What is the extent of partnership, coordination, and complementarity with the interventions of the Ministry of Agriculture and other relevant actors and multilateral initiatives, in the agriculture sector?
4. How have lessons from the JPGE been integrated into ministry of agriculture programmes, in this district?

### Section D: Efficiency

5. Were the programme activities executed on time?

### Section E: Effectiveness

6. In your view, do you feel the programme was effective in improving nutrition of school-age children, keeping them in school?

### Section F: Sustainability

7. What capacity does the district and targeted schools have to continue the school feeding program?
  - a. Are there any measures that the district has put in place to ensure continuity of interventions?
  - b. At what scale?

## Key Informant Interview: Implementing partner

1. Background Information	
Section A	
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section A: Relevance

1. How well did the JPGE fit into the national policies, government priorities and norms of UN in Malawi?
2. What barriers for girls' education was the JPGE aiming to address? Have these changed over the course of the three phases or have new barriers emerged? (**PROBE**: Programme provisions that addressed gender related barriers to education for adolescent girls)
3. How flexible was the programme in adapting to emergent educational needs and challenges during its implementation? (**PROBE**: COVID19; drought, flooding, Specific instances where the programme modified its interventions to better meet needs of students and educators)
  - a. Were the changes made quickly enough? Why do you say so?
  - b. Were the changes adequate to address the emerging education needs and challenges?
4. What needs and challenges are still outstanding and not addressed by the programme?
5. How did the programme address disability?
6. How was the JPGE objectives, interventions and approaches tailored to the cultural context and values of communities? (**INSTRUCTION**: For each PUNO **PROBE** for their interventions and approaches)
  - a. Over the course of implementation what changes were made to the programme activities and approaches to align with the cultural practices and values of the targeted communities?

### Section B: Coherence

7. To what extent were the JPGE partner's interventions interlinked in this district?
8. What changes have occurred over the course of implementing the JPGE to enhance integration of activities? Have these been successful and why?
9. What interlinkages were created with other interventions (within the agencies and government ministries, between the JPGE programme and other programmes in adolescent SRHR, nutrition and education and at national and district levels)?
  - a. How could coordination with other interventions be strengthened?
10. What relationships were established with other programmes or organizations (outside the JPGE) in education, nutrition, and adolescent SRHR in this district?
11. Are the institutional arrangements/ programme management structure of the UN agencies involved in the programme effective in supporting programme implementation? Why?
  - a. Institutional arrangements – Programme Steering Committee.
    - i. What changes occurred as a result of the oversight committee?
    - ii. How could the structure be made more effective in a future programme?
  - b. Programme Management Unit

12. What challenges were experienced that undermined integration and efficiency of the joint programme in this district?
13. What were the strengths and gaps in achieving coherence and adding value while avoiding duplication of effort?
14. How have lessons from the JPGE been integrated into operations of government in this district?

#### **Section C: Efficiency**

15. Were the programme activities executed on time?
16. What challenges were faced in timely delivery?
17. Were the interventions, equipment and commodities provided by the programme of expected quality?
18. In your opinion, was there an optimal allocation of financial resources to different aspects of the programme to allow achievement of its objectives?

#### **Section D: Effectiveness**

19. To what extent were key interventions contributing to achieving planned outcome results? (**PROBE:** education, nutrition and ASRH)
20. How well have the JPGE initiatives worked in promoting gender equality and improving attitudes towards girls in the district?

#### **Section E: Sustainability**

21. How effectively has the JPGE programme built national ownership and capacity?
  - a. What measures have been taken to ensure sustainability?
22. To what extent has the program succeeded in fostering community-led initiatives to sustain educational improvements?
23. How conducive is the political, economic, and social environment to sustain the gains and results after implementation?

## Key Informant Interview: Traditional/religious leaders

Section A Background Information	
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What are the challenges that make girls in your community not go to school, drop out of school or not do well in school? (**PROBE:** Pregnancy, early marriage etc.)
2. What challenges do adolescents with disability in your community face in going and staying in school? How are these challenges addressed?
3. As a community leader have you been asked for your feedback on the activities of {partner} in your community with regards to support of girls of school children in school? Do you feel your feedback was considered in the programme's activities and why?
4. In general, do you think the programme's interventions are in accordance with your culture practices, (or religious beliefs), and your values as a community? Why?
5. Which do you consider as in accordance and which ones are not?

### Section C: Coherence

6. How well do you think the JPGE program's activities fit with other community initiatives and local traditions?

### Section D: Efficiency

7. In your opinion, how well do you think the resources and support for the JPGE program were managed and used in the community?

### Section E: Effectiveness

8. How effective do you think the JPGE programme has been in improving girls education in your community?
  - a. To what extent has it changed traditional and religious practices and beliefs that make girls not go to school?
  - b. Has the quality of education improved? How?
  - c.
9. How important do you think engaging men and boys in improving education for girls is?
  - a. Do you think the JPGE program was successful in mobilizing men and boys to support girls' education? Why do you say so?
10. As the community what have you done to ensure delivery of quality education to all children by schools in your community? (**PROBE:** Presence of community by laws, what the laws entail and their implementation).

### Section F: Sustainability

11. Do you have any community activities that were started as a result of the JPGE programme to help adolescent girls to stay in school, to address violence against women and girls and to improve access to diverse foods in your community?

12. What are the activities, and do you think you will be able to continue them after the JPGE? What challenges might you face?



## Key Informant Interview: Nurse in charge

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What are barriers to adolescent girls with regards access to use of SRH services in the district? Have these changed over time? Are there new challenges that have emerged?
2. what barriers do adolescents with disability face to access ASRH services in your community? Are these barriers changing?
3. What support were you provided by the project to help in outreach?
  - a. Was this support what you needed most to help do this? Why?

### Section C: Coherence

4. How well were you coordinated with the schools in your activities in school to raise awareness on SRHR?
  - a. What mechanisms were in place to ensure coordination?

### Section D: Efficiency

5. Was the support you were provided by the project adequate?
6. On a scale of 1-10 where 1 is least quality and 10 best quality how do you rate the quality of support, equipment, commodities and etc provided by the project?

### Section E: Effectiveness

7. Can you describe how the youth-friendly services provided at the district have contributed to improving adolescent health in the community?
  - a. How has this helped them to stay in school?
8. To what extent has the cooperation with local clinics improved access to sexual and reproductive health (SRHR) services and influenced outcomes such as pregnancy rates, condom use, and sexual behaviours?
9. What strategies did the clinic implement to engage men and boys to access ASRH services and understand their role in ASRH issues that affect women and girls?

### Section F: Sustainability

10. What are you doing to continue with the work that was funded by the JPGE?
11. Do you foresee challenges in continuing with the work? Which challenges and why?
12. What can be done to support you continue with the work beyond JPGE support?

## Key Informant Interview: Head of School

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What barriers for girls' education was the JPGE aiming to address (**PROBE**: SRH related barriers)? Have these changed over the course of the three phases or have new barriers emerged? (**PROBE**: Programme provisions that addressed gender related barriers to education for adolescent girls)
2. How did the programme address disability?
3. What needs and challenges are still outstanding and not addressed by the programme?
4. What are barriers to adolescent girls with regards access to use of SRH services in the district? Have these changed over time? Are there new challenges that have emerged?
5. How flexible was the programme to address emerging challenges for girls' education including: flooding, COVID19, drought, etc?
6. Were the changes made quickly enough? Why do you say so?
7. Were the changes adequate to address the emerging education needs and challenges?

### Section C: Coherence

8. To what extent are the activities of the programme coordinated at this school? Activities that include nutrition, CSE, quality education, WASH etc
9. To what extent has coordination improved over time and in what ways?

### Section D: Efficiency

10. Were the interventions, equipment and commodities provided by the programme of expected quality and sufficient quantity to make the expected changes?

### Section E: Effectiveness

11. How effective has the JPGE program been in improving the overall quality of education and gender equality in your school? (**PROBE**: Enrolment, Attendance, Performance, Dropout rates overall and for girls)
12. How has the cooperation with local clinics affected students' access to SRHR services and their sexual health outcomes, such as pregnancy rates and condom use?
13. What changes have occurred as a result of the support for supplementary feeding?
14. How successful have the initiatives been in engaging male students and staff to support gender equality and improve attitudes towards girls?
15. What observable changes have you noted in students as a result of the JPGE interventions? (**PROBE**: Enrolment, Attendance, Performance, Dropout rates; Pregnancy, Early Child marriages, Child protection issues)

### Section F: Sustainability

16. Do you have any school/community -led initiatives that were started as a result of the JPGE program to help adolescent girls to stay in school, to address violence against women and girls and to improve access to diverse foods? (**PROBE:** Mechanisms to support maintenance and replacement of computers and tablets; initiatives to continue with gardens for nutrition feeding)
17. What are the activities, and do you think they will be able to continue them after the JPGE?
  - a. What challenges might you face?

## Key Informant Interview: School Health Coordinator

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What challenges did girls face in this school that hindered their learning, attendance and dropping out. (**PROBE:** WASH, MH, ASRH, School Feeding Programmes)

### Section C: Coherence

2. How well did the JPGE programme's school health activities align with other health and education programmes in the schools?

### Section D: Efficiency

3. Were the interventions, equipment and commodities provided by the programme in food, nutrition, CSE, WASH, expected quality and sufficient quantity?

### Section E: Effectiveness

4. How has the JPGE program impacted the health and well-being of students, particularly in terms of reducing gender-based violence and promoting SRHR?
5. How has the cooperation with local clinics affected students' access to SRHR services and their sexual health outcomes, such as pregnancy rates and condom use?
6. How successful have the initiatives been in engaging male students and staff to support gender equality and improve attitudes towards girls?
7. What observable changes have you noted in students as a result of the JPGE interventions? (**PROBE:** Enrollment, Attendance, Performance, Dropout rates; Pregnancy, Early Child marriages, Child protection issues)

### Section F: Sustainability

8. To what extent do you feel the school health initiatives from the JPGE programme will continue after it ends, and what challenges might affect their sustainability?

## Key Informant Interview: CSE Teacher

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What challenges did adolescent girls face, leading them to dropping out of school?

### Section C: Coherence

2. How well did the JPGE program's school health activities align with other health and education programs in the schools?

### Section D: Efficiency

3. Was the support to enhance CSE teaching in the school of expected quality and sufficient quantity (tablets, computers, etc.)?
4. Was there sufficient attention to all interventions of the programme? Why do you say so? Could there be differences in allocation of resources for different interventions?

### Section E: Effectiveness

5. In your opinion, how effective has the JPGE programme been in enhancing students' understanding sexual and reproductive health education and its importance in their lives?
6. How has the cooperation with local clinics affected students' access to SRHR services and their sexual health outcomes, such as pregnancy rates and condom use?
7. How successful have the initiatives been in engaging male students and staff to support gender equality and improve attitudes towards girls?
8. What observable changes have you noted in students as a result of the JPGE interventions? (**PROBE:** Enrollment, Attendance, Performance, Dropout rates; Pregnancy, Early Child marriages, Child protection issues)

### Section F: Sustainability

9. To what extent do you feel the school health initiatives from the JPGE programme will continue after it ends, and what challenges might affect their sustainability?

## Key Informant Interview: Directorate of Health and Social Services

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What barriers was the JPGE aiming to address with regards to adolescent SRH and nutrition in your district?
2. Do you think the JPGE's interventions were appropriate for improving both adolescent SRH and nutrition in schools? (**PROBE:** provision of SRH services and school meals)
3. In your opinion, what additional support or actions could have been taken to better address adolescent SRH and nutrition needs?

### Section C: Coherence

4. How efficient and effective was the collaboration between the health and social services departments, as well as other ministries, in implementing both SRH and nutrition interventions under the JPGE? (**NOTE:** Efficiency refers to timely implementation, coordination, and monitoring; Effectiveness refers to successful delivery of interventions.)
  - a. What mechanisms were put in place to support these collaborations, and were they effective in addressing both health and nutrition challenges?
5. What linkages were created between the SRH and nutrition interventions of the JPGE and other health programs in the district?
  - b. How were overlaps or duplications avoided
  - c. How did the JPGE add value to existing health and nutrition programs?

### Section D: Efficiency

6. Were the SRH and nutrition programme activities delivered on time?
7. What challenges were faced in the timely delivery of SRH services or nutrition interventions?
8. Were the SRH interventions (access to services, health education etc.) and nutrition supplies (meals and supplements) provided by the programme of expected quality?

### Section E: Effectiveness

9. How have the SRH services provided through the programme impacted adolescent health and well-being in the community?
10. How has the school feeding programme and access to SRH services improved overall outcomes, such as school attendance and academic performance for adolescents?

### Section F: Sustainability

11. What capacity does the district have to sustain both SRH services and the school feeding programme after the JPGE support ends?
  - a. What specific measures have been put in place to ensure the continued provision of SRH and nutrition services?

- b. To what extent do you think these measures can be sustained, and at what scale?

## Key Informant Interview: District Commissioner

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Relevance

1. How has the JPGE programme addressed challenges you faced as a district?
2. How well is the programme targeting the most needy schools?

### Coherence

3. How is the programme supporting your own initiatives in the district?
4. How is it aligned to your priorities as a district?
5. What is the district doing to enhance coordination of education interventions in the district.

### Effectiveness

6. What has been the added value of the JPGE programme in your district?
7. What would have been the challenge in its absence?
8. What have you introduced in your district to support girls education?

### Sustainability

9. What is the district doing to support the home-grown school feeding programme after the JPGE?
10. What is the district doing to support continuation of the access to quality education for girls?
11. What are going to be the challenges for the continuation of the benefits of the JPGE in this district?  
How can they be addressed?



## Key Informant Interview: Story Workshop Trust/Development Communications Trust

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. How did the communication and media-based approaches used by your organization align with the objectives of the JPGE in improving girls' education and access to education?
2. What barriers to girls' education in the communities you worked with did your storytelling and mass media interventions aim to address? (**PROBE:** child marriage, gender norms, SRH awareness, or school dropout rates.)
3. From your experience, what additional communication strategies could have been employed to better reach and engage out-of-school girls and their families?

### Section C: Coherence

4. How well did your communication efforts align with other JPGE initiatives in the district, such as those focusing on school feeding, teacher training, and child protection?
5. Were there any partnerships or collaborations with other organizations or government bodies in implementing the communication aspects of the JPGE? How effective were these partnerships?
6. How did your organization ensure consistency and coherence in messaging across different regions and platforms (radio, TV, community workshops)?

### Section D: Efficiency

7. Were you able to deliver communication campaigns and media outputs on time throughout the program?
8. What challenges, if any, did you face in meeting timelines and coordinating your efforts with the JPGE timeline?
9. Did the resources allocated for communication activities meet the needs of your interventions?

### Section E: Effectiveness

10. In your opinion, how effective were the communication campaigns in changing perceptions or behaviours around girls' education and SRH in the communities? (**PROBE:** Examples of measurable outcomes or feedback received from community members.)
11. Can you share success stories or specific examples where your media campaigns led to increased enrolment or retention of girls in schools?
12. What feedback have you received from communities regarding the impact of your storytelling and communication strategies?

### Section F: Sustainability

13. What measures have you put in place to ensure that the media and storytelling initiatives continue after the JPGE program ends?

14. How can communities continue to use storytelling as a tool to support education and other developmental goals beyond the program's timeframe?
15. Are there any partnerships or structures established that can maintain or replicate the media-based communication strategies going forward?

## Key Informant Interview: PTA/ School Management Committee

Section A	Background Information
Name	
Gender	
Organization	
Designation (Office)	
Area of Expertise	
Date	
Time	
Facilitator	

### Section B: Relevance

1. What challenges did the JPGE programme aim to address in your school, particularly regarding student nutrition and school feeding?
2. Do you think the JPGE's interventions, such as the school feeding programme, were appropriate for improving student health and well-being? Were these the right solutions for your school?

### Section C: Coherence

4. How well did the school feeding programme integrate with other school initiatives? Were there any areas where the program worked particularly well or areas where more coordination was needed?
5. Did the JPGE programme's activities, especially the procurement of food commodities, align with other community or school-based initiatives?

### Section D: Efficiency

6. From your perspective, were the school feeding programme's resources (including food commodities and related supplies) delivered on time? Were there any delays, and how did that affect the school?
7. Was the process of procuring and managing the commodities for the school feeding program efficient, or were there any challenges in ensuring everything ran smoothly?
8. In your opinion, what more could have been done to enhance the effectiveness of the school feeding programme?

### Section E: Effectiveness

8. How has the JPGE program, particularly the school feeding component, improved student health and nutrition? Do you feel the project has helped improve school attendance or performance?
9. How well did the programme help your committee in managing the feeding program, particularly in terms of procuring and distributing food for the students?

### Section F: Sustainability

10. What capacity does the school have to continue the school feeding programme after the JPGE support ends?
11. What measures have been put in place to ensure that the feeding programme continues? What challenges do you anticipate in keeping the programme running in the long term?

## Focus Group Discussion: Local Education Council

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

### SECTION B: RELEVANCE

1. What challenges do girls face in their education (that is being enrolled in school, attending school and staying in school)?
2. Are these challenges being addressed and by whom? (**PROBE:** for the JPGE programme)
  - a. Are there challenges that remain unaddressed?
3. What is your role as the Local education council?
  - a. Do you see your role as important? why do you say so?

### SECTION C: COHERENCE

4. How well did the JPGE programme's activities align with other local education initiatives and policies?

### SECTION D: EFFICIENCY

5. Were the interventions, equipment, and commodities provided by the JPGE programme of the expected quality? Why do you say?
6. In your opinion were they sufficient to bring about the change they expected? Why do you say so?

### SECTION E: EFFECTIVENESS

7. As the local education council, have you had initiatives to support quality education in the schools?
  - a. What have you been doing?
  - b. How effective has this been? Please provide examples of the success.
  - c. What challenges have you faced in doing your duties? How can these be addressed?
8. What changes have you noted in schools as a result of the JPGE programme? (**PROBE:** impact on enrolment, attendance, performance, and dropout rates, particularly for girls?)
  - a. Can you provide specific examples where the program made a noticeable difference?
9. What observable changes have you noted in students, especially girls, as a result of the JPGE interventions? (**PROBE:** better results, motivation to go to school, self-confidence and empowerment, et)

### SECTION F: SUSTAINABILITY

10. How likely are you as the local education council to continue with your work beyond support from the JPGE? Why do you say so?
11. What support do you receive from the DEO's office to help you with your work?
  - a. Is this sufficient?
  - b. What else needs to be done?
12. What role will the local education council play in ensuring continuation of the benefits of the JPGE programme?

- a. Do you have sufficient capacity to do this? Please explain.

## Focus Group Discussion: Child Protection Committees

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

### SECTION B: SECTION B: RELEVANCE

1. What is your role as the child protection committee at this school?
2. How relevant is your role for this school?
  - a. Please explain and provide examples?
3. What violence do children at this school face?
  - a. Was the support you receive appropriate to help address this? Why do you say so?

### SECTION C: SECTION C: COHERENCE

4. Have you seen an improvement in the coordination of child protection efforts over time?
  - a. Can you provide examples of how this coordination has worked well or areas where it could be improved?
5. What links have you established between your committee and similar structures in the community?
  - a. How do you coordinate your work with them?

### SECTION D: EFFICIENCY

6. Were the resources, training, and support provided by the JPGE programme sufficient to enable your committee to effectively protect children?
  - a. Were there enough materials, training sessions, and follow-ups to ensure effective implementation?

### SECTION E: EFFECTIVENESS

7. As the child protection committee what have been your successes in protecting children at this school? Please provide examples.
  - a. What made you successful?
8. How successful have your efforts been in engaging the community to support child protection initiatives? (**PROBE**: changes in community attitudes towards child protection issues since the program's first phase)
9. What observable changes have you noted in the protection and safety of children, particularly girls, as a result of the JPGE programme? (**PROBE**: changes in the reporting of abuse cases, early marriages, or other child protection issues?)

### SECTION F: SUSTAINABILITY

10. Are there any child protection initiatives or practices that your committee started as a result of the JPGE programme?
  - a. What are these initiatives?
  - b. how likely are they to continue after the program ends?

11. What challenges might you face in sustaining these child protection efforts in the long term? How can these challenges be addressed, and what support do you need to overcome them?
12. How can your committee work with other community stakeholders to ensure that the protection of children remains a priority after the JPGE programme? What steps can be taken to maintain and strengthen these partnerships?

## Focus Group Discussion: School Health Clubs

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

### SECTION B: SECTION B: RELEVANCE

1. How did the programme address issues like hygiene, nutrition, and sexual health in your school?
2. How did the programme help students, especially girls, understand and address sexual and reproductive health (SRH) issues? (**PROBE:** Any activities or sessions that made it easier for you to talk about SRH and other sensitive topics?)
3. Are there particular health topics or services that you feel need more attention?

### SECTION C: SECTION C: COHERENCE

4. How well did the health activities from the JPGE programme fit with other school programmes and activities, including those implemented by the school health clubs?

### SECTION D: EFFICIENCY

5. Were the resources and information provided by the JPGE programme helpful and easy to understand? (**PROBE:** Did you receive enough materials, and were the health sessions clear and engaging?)
6. Did boys and girls, or students from different backgrounds (including those with disabilities, participate in the programme activities the same?
  - a. Were there any challenges that made it difficult for some students to participate?

### SECTION E: EFFECTIVENESS

7. Have you seen changes in areas like hygiene, nutrition, attendance, and students' understanding of SRH since the beginning of the JPGE programme? Can you describe the changes?
8. How successful has your School Health Club been in encouraging other students to take part in health activities? What activities were most popular/successful, and what impact did they have?



## Focus Group Discussion: Community Members

### Group 1: UNFPA

Section A Background Information	
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

### Section B: Relevance

1. What challenges do girls in your community face in accessing sexual and reproductive health (SRH) services, and how have these impacted their ability to attend or stay in school?
  - a. Have these challenges changed over time? Are there new SRH-related barriers?
  - b. What additional support do you think is needed to address these challenges?
2. Are the SRH services and support provided through the JPGE programme helping to address these challenges?
  - a. What gaps remain in ensuring access to SRH services and preventing early pregnancies?
3. How well do you think the JPGE programme has addressed issues like sexual violence and early marriages in the community?
  - a. Do you feel there are areas related to SRH or gender-based violence that still need attention?

### Section C: Coherence

4. How did the JPGE programme's SRH and GBV interventions work alongside other health or education programs in the community?
  - a. Did the activities work well together, or were there areas where they could have been better coordinated?
5. Were the SRH services, such as youth-friendly clinics or mobile health units, well-coordinated with the school and community efforts to keep girls in school?

### Section D: Efficiency

6. Do you feel that SRH services, such as access to contraceptives, information on menstrual health, or referrals for adolescent health, were always available for girls when they needed them?
7. Were the GBV prevention and reporting mechanisms (hotlines, community outreach, etc.) functional and helpful in providing support to families and girls in need?

### Section E: Effectiveness

8. How has the access to SRH information and services, including menstrual health products or counselling, improved the ability of girls to stay in school?
  - a. Have you seen fewer early pregnancies or cases of school dropouts related to SRH issues? Please provide examples.
9. Have the community attitudes toward SRH services, especially for adolescent girls, improved since the JPGE programme started?
  - b. What changes have you observed in how families and girls view SRH services?
10. Have you noticed any improvements in the reporting of gender-based violence, early marriages, or related issues in your community as a result of the JPGE programme?

- c. How has this impacted girls' safety and education?

**Section F: Sustainability**

11. After the JPGE programme ends, what challenges do you think the community will face in continuing to support girls' SRH needs?
  - a. What ongoing support or resources will be needed to ensure girls can access SRH services and stay in school?
12. What steps can be taken to ensure that the community continues to prevent early pregnancies, gender-based violence, and school dropouts for girls after the program ends?
  - a. Are there specific programmes, services, or support that should continue or be improved?

*Group 2: WFP*

Section A Background Information	
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

**Section B: Relevance**

1. What challenges did children face before the school feeding programme began in terms of going to school and getting enough food?
  - a. Have these challenges changed now that the programme is in place?
2. How has the school feeding program helped your children?
  - a. Are there any problems that the program hasn't solved yet?
3. Besides providing meals, what else could have been done to improve the nutrition and well-being of children in the community?

**Section C: Coherence**

4. How did the school feeding programme fit with other community projects or programmes?
  - a. Did it feel well-organized with other activities happening in the school or community?
5. Were the school meals linked to other support make sure children stay healthy and in school? How?

**Section D: Efficiency**

6. Were the food supplies and support from the WFP provided on time?
  - b. Were there any delays, or did everything run smoothly?
7. Do you think the resources, like the food provided, were enough to meet the needs of children in the community?

**Section E: Effectiveness**

8. How has the school feeding program affected your children's attendance and energy at school?
  - c. Have they become more interested in learning or more active?
9. Have you noticed any changes in the community, like more children going to school or families feeling less worried about food?
10. How has the program affected the health of children in the school?
  - d. Have there been fewer sicknesses or more children with enough energy to learn?

**Section F: Sustainability**

11. Do you think the school feeding program can continue after the WFP's support ends?
  - a. What do you think would be needed to keep it going?
12. What role can the community play in making sure children keep getting meals at school in the future?
  - a. What help do you need to keep providing school meals?

### Group 3: UNICEF

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

#### Section B: Relevance

1. What challenges did your children face in accessing education before the JPGE programme?
  - a. How have these challenges changed since UNICEF started helping through the JPGE?
2. How has UNICEF's support, such as improving school environments or providing learning materials, helped your child to learn better and to stay in school?
  - a. Were these the right kind of support for your children's education needs?
3. Do you think there are any educational needs or challenges that UNICEF's programme did not address?
  - a. What other support do you think would have helped?

#### Section C: Coherence

4. Are there any community bylaws that support girls education? Are they being enforced or enhanced to improve girls' access to education?
5. How well did UNICEF's education activities (like improving classrooms, providing books, or training teachers) fit with these community efforts?
  - a. Did it feel like these activities worked well together with other projects or services in your community?

#### Section D: Efficiency

6. To what extent were the resources like learning materials, new classrooms, or trained teachers enough to support your child's education?

#### Section E: Effectiveness

7. What improvements have you seen in the quality of education since UNICEF's involvement?
  - a. Has the school environment improved? How?
  - b. Are your children performing better in school? Please explain.
8. Have more children, especially girls, stayed in school since UNICEF's education support started?
  - c. Why do you think this is happening?
9. How has UNICEF's support for education helped reduce the number of children dropping out- of school?
  - d. Would you say more children are successfully moving on to higher grades?

#### Section F: Sustainability

10. Do you think the improvements in education will continue after the JPGE program ends?
  - a. What support or resources would be needed to maintain these benefits?
11. How can the community and schools work together to keep children, especially girls, in school after UNICEF's programme ends?
  - b. What role do you think parents and caregivers can play?

## Focus Group Discussion: LEAD Mothers

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

### SECTION B: SECTION B: RELEVANCE

1. What specific challenges did adolescent mothers and adolescent pregnant girls face?
2. Was the support from JPGE the most appropriate to support adolescent girls out-of-school meet their education needs and have better opportunities in life?
  - a. What challenges could have been?
3. How well did the JPGE programme's goals align with the needs of the girls and families you work with? How did the programme support you in addressing issues like early marriage, sexual or gender-based violence, or lack of access to education?

### SECTION C: SECTION C: COHERENCE

4. How well did the JPGE programme's activities and support fit with other health and education programs you're involved in? Did everything work together smoothly?

### SECTION D: EFFICIENCY

5. Did you receive enough training, materials, and follow-up support to carry out your responsibilities?
  - a. What could have been done to improve the efficiency of resource use?

### SECTION E: EFFECTIVENESS

6. How effective has the JPGE programme been in helping you to support girls in staying in school or returning to education? What specific successes have you observed as a result of your work?
7. Have you seen shifts in community attitudes towards education for girls' early marriage, or gender-based violence since you began your role?)
8. What changes have you observed in the lives of the girls and families you worked with as a result of your involvement in the JPGE programme?
  - a. Can you provide examples of improvements in education, health, or overall well-being?

### SECTION F: SUSTAINABILITY

9. Are there any practices or initiatives you started as a Mentor Mother that are likely to continue after the JPGE programme ends? What are these practices, and how sustainable do you think they will be in the long term?
10. What challenges might you face in continuing your work as a Mentor Mother after the programme ends? What support would you need to overcome these challenges and continue your work?

**Focus Group Discussion: School Meals/ Food committees (including finance and procurement members)**

Section A Background Information	
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

**SECTION B: SECTION B: RELEVANCE**

1. What is your role as the school meals committee?
2. What were the main objectives of the school feeding interventions under the JPGE programme in your community?
3. How did these interventions aim to address barriers to girls' education and well-being?
4. In what ways did the school feeding programme help to address issues like absenteeism, malnutrition, or dropouts?
5. Were there any needs or challenges related to school feeding that the JPGE programme did not fully address? What additional support or resources would have been beneficial?

**SECTION C: SECTION C: COHERENCE**

6. How well did the meals provided by the JPGE program meet the needs of the students and integrate with the school's overall activities?

**SECTION D: EFFICIENCY**

7. Were you always able to source enough food (that ensured there were no stock outs) and in time for continuity of the supplementary feeding programme?
  - a. What allowed you to be able to procure on time and sufficient quantities of food?
  - b. What challenges did you face and how can they be resolved?
8. What support have you received from the programme to help in your work?
  - c. Was this support sufficient?
  - d. Why do you say so?

**SECTION E: EFFECTIVENESS**

9. How effective has the JPGE school feeding programme been in improving student attendance and reducing dropout rates, especially among girls?
10. How successful was your committee in ensuring that the school feeding programme was implemented smoothly and consistently?
11. What challenges did you face, and how were they addressed?
12. What changes have you observed in the health of students as a result of the school feeding programme?

**SECTION F: SUSTAINABILITY**

13. What challenges might your committee face in continuing the school feeding activities after the programme ends?

- a. What support would be needed to overcome these challenges and ensure the sustainability of the programme?
- 14. How can your committee work with other community stakeholders to ensure that the benefits of the school feeding programme are sustained?

## Focus Group Discussion: Smallholder Farmers

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

### SECTION B: RELEVANCE

1. Was the support you received from WFP appropriate to help you be a local supplier for the school feeding programme?
  - a. Why do you say so?
2. Were there any needs or challenges related to agriculture or your role as a supplier for of for the school feeding programme that the JPGE programme did not fully address?
  - a. What additional support or resources would have been beneficial?

### SECTION C: COHERENCE

3. How well did the activities and support provided by the JPGE programme for smallholder farmers align with the goals and needs of the schools you are linked to? Did everything work together as planned?

### SECTION D: EFFICIENCY

4. Were the resources, training, and support provided by the WFP sufficient to enable you as a smallholder farmer to participate effectively?
5. Were there any challenges in accessing or utilizing the resources provided by the program?
  - a. What could have been done to improve the efficiency of resource use in your farming activities?

### SECTION E: EFFECTIVENESS

6. How has participation in this programme helped you as farmers?
  - a. To increase production?
  - b. Access new markets
7. How successful were your efforts in contributing to the programme's goals of supporting girls' education through improved agriculture?
8. What changes have you observed in your agricultural productivity or income as a result of your involvement in the JPGE programme?
  - a. Can you provide examples of improvements in crop yields, income, or food security?
9. Are there changes in your lives as a result of the support you received? Please provide for children, you, and livelihood?

### SECTION F: SUSTAINABILITY

10. What challenges might you face in continuing these agricultural activities after the programme ends?
  - a. How can they be addressed?



## Focus Group Discussion: Learners Boys/ Girls Separately

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

### Section B: Project Posters

**INSTRUCTION:** As part of the first activity of the discussion, split the group into 2 groups of 4 and give the two groups 4 posters, markers and emoji stickers and follow the following steps:

1. On the poster, ask them to draw 2 columns
2. On the right side of the poster, ask the students to list all the activities under the JPGE programme at their school (**PROBE:** ASRH, Nutrition, Life Skills activities etc)
3. Against each of the activities, on the left side, ask them to indicate which activities they liked/ the most successful (according to the students) using 3 types of emoji stickers:
  - a. Smiley Face (Liked the activity)
  - b. Indifferent Face (Neither liked nor disliked the activity)
  - c. Sad Face (Disliked the activity)
4. Give them 30 minutes for the activity and get each group to present their posters to the rest of the group discussing their posters. Encourage the groups to identify differences and similarities in their presentations. After the discussion you will ask them the following questions if they were not answered during the discussions.

### Section C: Discussion of Learner Experiences

Group 1: UNFPA

Group 2: WFP

1. What problem did the school meals solve you? What would have happened if the school meals were not there?
2. On scale of 1 to 10 where 1 is you are not happy and 10 you are very happy,
  - a. how happy were you with the quality and adequacy of the meals?
  - b. How happy were you with the timing of provision of the food?
3. Were you always able to have this food? If not, why?
4. **What was the impact of the schools meals in your life at school? PROBE: assistance with focus in school; learned better after eating meals at school.**
5. What would you like changed on the school meals programme? Why do you say so?

Group 3: UNICEF

6. What new life skills did you learn during the past years? ( **PROBE:** critical thinking, problem-solving, and decision-making skills) Give examples of how you are using these skills in your day to day life.
7. What new equipment/ materials did the school receive (**PROBE:** computers, tablets, library etc)?
  - a. Do you use the equipment often? Do you like the supplies and equipment received through the JPGE programme? How has these equipment/materials improved your learning?

8. How do you feel about the way your teacher conducts lessons in class? Please explain.
  - b. Are the lessons easy to understand or more interesting? Has it always been like that? When did it change?
  - c. Can you give an example?
9. Do you feel you are performing much better now than before? What has made this possible? Can you share your experiences about changes in your performance in school
10. Do you have clubs at school? What kind of lessons do you learn from these clubs? How have these lessons affected your participation and experience in school?
11. What challenges do you still face in your daily life that make it difficult for you to stay in school? How do you think these can be addressed and by whom?

Focus Group Discussion: Out-of-school girls (15–19 and 20–24) KNOWN as SAFE SPACES and Parent Child Communication (PCC)

Section A	Background Information
District	
School	
Group	
Group Descriptives	
Date	
Time	
Facilitator	
Note- Taker	

#### SECTION B: RELEVANCE

- Can you describe the main challenges you faced before the program started? (**PROBE:** challenges related to finances, family responsibilities, health, early pregnancy, lack of food at home, or something else?)
  - How did you feel these challenges were addressed by the program?
  - What kind of support was most helpful for you?
- Are there any aspects of your daily life or your community that the program should have consider more?
- How did you find out about the JPGE programme and the services it offered? Did you feel the programme was easy to access for girls like you who are not in school?)
- What kind of support did the programme provide to help you access education again, if that was your goal?
  - Did you receive information about re-enrolling in school, vocational training, or other learning opportunities?)
- How does the programme fit with your community's values and traditions? Are there any cultural or community-specific issues that the program addresses or could better address?

#### SECTION C: COHERENCE

- How well did the support and activities from the JPGE programme fit with other help or programmes you've received? Did the different parts of the programme work well together to support you?

#### SECTION D: EFFICIENCY

- Did the programme pay enough attention to different aspects of your life, such as your health, education, and safety? Were some areas of support stronger than others?

#### SECTION E: EFFECTIVENESS

- How effective has the JPGE programme been in improving your situation? (**PROBE:** Any improvements in your health, safety, or chances of returning to education or gaining new skills?)
- How has the programme helped you in accessing sexual and reproductive health (SRH) services? Have you felt more informed or confident about using these services since the programme started?)
- Are there any changes in attitudes towards girls' education or health that you have observed?

#### SECTION F: SUSTAINABILITY

What kind of help or resources would you need to keep going after the JPGE programme?

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For more information:

UNICEF Malawi

[www.unicef.org/malawi](http://www.unicef.org/malawi)

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