

REPORT: ENDLINE EVALUATION FOR THE ADOLESCENT GIRLS IN CRISIS (AGiC) PROJECT.



JUNE 2022

**Submitted
By**



TABLE OF CONTENTS

TABLE OF CONTENTS	I
TABLE OF ACRONYMS	II
ACKNOWLEDGEMENT	III
EXECUTIVE SUMMARY	IV
1. BACKGROUND	1
1.1 INTRODUCTION:	1
1.2 BACKGROUND AND PROJECT DESCRIPTION.	1
1.3 SUMMARY PROFILE OF THE AGiC PROJECT	1
2. BACKGROUND OF THE EVALUATION AND THE APPROACH & METHODOLOGY.	3
2.1 PURPOSE OF THE ASSIGNMENT.	3
2.2 SPECIFIC OBJECTIVES OF THE STUDY	3
2.3 STUDY DESIGN:	3
2.4 THE STUDY SCOPE OF THE ASSIGNMENT:	3
2.5 SAMPLE SIZE SELECTION FOR PARTICIPANTS OF THE STUDY:	3
2.7 THE APPROACH TO THE END-LINE EVALUATION:	4
2.8 DATA COLLECTION METHODS:	4
2.9 DATA MANAGEMENT, ANALYSIS AND REPORTING	5
3. STUDY FINDINGS	6
3.1 DEMOGRAPHIC CHARACTERISTICS OF THE STUDY SAMPLE	6
3.2 RELEVANCE	6
3.3 EFFECTIVENESS:	9
3.4 EFFICIENCY	20
3.5 SUSTAINABILITY:	21
3.6 SCALE UP AND INNOVATION	23
3.7 CHILD RIGHTS, GENDER AND INCLUSION	24
3.8 LESSONS LEARNED	25
4 CONCLUSION AND RECOMMENDATIONS.	26
4.1 CONCLUSION	26
4.2 RECOMMENDATIONS	26
5 ANNEXES	ERROR! BOOKMARK NOT DEFINED.
ANNEX 1: STORIES OF CHANGE	27
ANNEX 2: INDICATOR MATRIX	30

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

TABLE OF ACRONYMS

ABBREVIATION	MEANING
AGiC	ADOLESCENTS GIRLS IN CRISIS
ANCP	AUSTRALIAN NON-GOVERNMENTAL COOPERATION PROGRAM
CAO	CHIEF ADMINISTRATIVE OFFICER
CDO	COMMUNITY DEVELOPMENT OFFICER
CEDAW	CONVENTION ON ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN
CPCs	CHILD PROTECTION COMMITTEES
CSP	COUNTRY STRATEGIC PLAN
DAC	DEVELOPMENT ASSISTANCE COMMITTEE
DFAT	DEPARTMENT OF FOREIGN AFFAIRS AND TRADE
DHO	DISTRICT HEALTH OFFICER
DLG	DISTRICT LOCAL GOVERNMENT
DRC	DEMOCRATIC REPUBLIC OF CONGO
EYL	ENTERPRISE YOUR LIFE
HC	HEALTH CENTRE
HPV	HUMAN PAPILOMA VIRUS
IGA	INCOME GENERATING ACTIVITIES
IGAD	INTER-GOVERNMENTAL AUTHORITY ON DEVELOPMENT
KI	KEY INFORMANTS
KIIs	KEY INFORMANT INTERVIEWS
L.C	LOCAL COUNCIL
NDP	NATIONAL DEVELOPMENT PLAN
NODPSP	NATIONAL OBJECTIVE AND DIRECTIVE PRINCIPLES OF STATE POLICY
OAU	ORGANIZATION OF AFRICAN UNITY
OEDC	ORGANIZATION FOR ECONOMIC DEVELOPMENT AND COOPERATION
OPM	OFFICE OF THE PRIME MINISTER
PIA	PLAN INTERNATIONAL AUSTRALIA
PIU	PLAN INTERNATIONAL UGANDA
PHC	PRIMARY HEALTH CARE
PSNs	PEOPLE WITH SPECIAL/SPECIFIC NEEDS
PSS	PSYCHO-SOCIAL SUPPORT
RDC	RESIDENT DISTRICT COMMISSIONER
RPS	REFUGEE PROGRAMME STRATEGY
RWC	REFUGEE WELFARE COMMITTEES
SDGs	SUSTAINABLE DEVELOPMENT GOALS
SGBV	SEXUAL AND GENDER-BASED VIOLENCE
SRH	SEXUAL AND REPRODUCTIVE HEALTH
UNHCR	UNITED NATIONS HIGHER COMMISSIONER FOR REFUGEES
UNSC	UNITED NATIONS SECURITY COUNCIL
YSG	YOUTH SAVING GROUP

ACKNOWLEDGEMENT

This evaluation report was developed through wide consultation with Adolescent Girls in Crisis (AGiC) project participants and stakeholders in refugee settlements and host communities of Boroli I & II and Pagirinya in Adjumani district by Analysis Group. The Consultants wish to extend gratitude to Plan International Uganda (PIU) team and the AGiC project team for their willingness and collaboration to provide field, financial and technical support to make this evaluation a success. We are especially indebted for the on-ground mobilization of the different respondent groups & stakeholders, and the human resource provided to support the evaluation. We are also very grateful to those with whom we had the pleasure to work with during this particular assignment, especially Plan evaluation team ; Mr, Wycliffe Bwire-Program MER Coordinator| Protection, Ms. Pamela Lubik- AGiC Project Manager, Lotte Claessens- Senior Child Protection in Emergencies Specialist from Plan Global Hub, Ms. Wezzie Kamphale Interim Regional Technical Advisor CoE: Girls in Displaced Settings and Kimberly Buss- Senior Monitoring, Evaluation and Learning Advisor, Plan Australia.

A token of appreciation goes to the various key informants at district, settlement and community levels for according the consulting team consent to undertake data collection s and interacting with the consulting team to offer valuable information for addressing the study objectives. We further acknowledge the cooperation and support of the various officials from the community leadership structures, service providers, and parents/ caregivers who took time to support the mobilization of respondents; and put aside time to be interviewed.

We are greatly indebted to the community members (adolescent girls and young mothers, boys and partners of adolescents and parents) for their precious time and free sharing of their experiences and knowledge. The information was given with goodwill and in a spirit of cooperation, all of which facilitated the work of the Consultants.

Lastly, we also acknowledge the support from the management of Analysis group; and the team of consultants led by Ms. Magoba Faith Katherine and Mr. Lakitari Charles who tirelessly devoted their time to ensure the collection of relevant data, analyzing it and writing the report. The data collection team of research assistants is highly appreciated for demonstrating ethical data collection procedures and methods. Thank you very much for your hard work and dedication.

EXECUTIVE SUMMARY

This report presents the findings of the end-line evaluation of “Adolescent Girls in Crisis (AGiC): Young women and girls leading change in a refugee settlement in Uganda Project” as set out by Analysis Group based on the Development Assistance Committee (DAC) evaluation criteria. The evaluation process was led by Analysis Group external consultants with support from an international evaluation team from Plan International with the CoE: Girls in Displaced Settings coordinating the process. The evaluation covered the project implementation period from July 2019-June 2022 in Adjumani district, in West Nile in the refugee settlements areas and host community of Boroli I & II and Pagirinya, and incorporated input from several stakeholders.

The evaluation indicates that the project has been significantly relevant to both international and national plans, policies and frameworks. In particular, the objectives and outcomes correspond with the Agenda 2030 of the Sustainable Development Goals (SDGs) adopted by the United Nations through Goal 3: *Ensure healthy lives and promote wellbeing for all at all ages*, Goal 5: *Achieve gender equality and empower all women and girls* and Goal 10: *Reducing inequalities*. The report further indicates that project outcomes such as Sexual Reproductive Health and Rights (SRHR), economic empowerment and protection (Gender Based Violence (GBV), child marriage) were relevant to the needs of the target groups.

The project made significant progress towards effectiveness and impact. Several early signs have been evident during this evaluation, the most significant of them being increased access to protection services in the communities. Majority (74.3%) mentioned that the project has helped to address protection risks that were identified by adolescents at project inception (*child marriage, forced marriage, discrimination and stigma of pregnant girls and young mothers in the community, unintended pregnancy, intimate partner violence, defilement, lack of access to education and lack of access to economic activities*). Findings revealed that the project strengthened knowledge awareness on SRHR services by adolescents. 71.6% of the respondents revealed that the project had improved young women and men’s access to information about their SRHR, and 73.3% of the respondents mentioned that adolescent girls, boys, and young mothers were able to access SRHR services when needed. Similarly, there were high levels of participation in economic empowerment, with over 75% of the respondents participating.

The project was further evaluated on efficiency. The interventions largely provided value for money and all project resources, namely; cost, time and logistics were utilized efficiently and converted into target results. Project approaches, i.e. Youth Saving Group (YSG) and Enterprise Your Life (EYL) models were a cost-efficient way of promoting economic empowerment for adolescent girls, and the objectives were achieved on time.

On sustainability, our analysis established that the project concept was self-sustaining. The project design included a number of sustainable aspects in its exit strategy. Training and capacity building of YSGs and service providers will guarantee sustainability of project benefits. The project further promoted awareness and sensitization campaigns, offered life-skill to adolescent girls and young mothers, parenting packages to parents/caregivers and worked with boys and partners of young mothers which will ensure continued advocacy for gender equality. The YSG model showed greater potential of scale-up since participants have learnt and appreciated the need to save. About 81.0% of respondents revealed that they have improved on their savings culture as a result of their participation in YSG and EYL. A number of lessons were drawn from the project, the most significant of these being; The multisectoral approach being relevant for programming as guided by Plan International’s Global Adolescent Programming Toolkit, involvement of key stakeholders within the project implementation process can influence attitudes, policies and importantly sustainability of project concepts, consulting targeted participants at project design phase is important, working in collaboration with partners is very vital in sharing responsibilities, and ensuring that where an intervention is unable to reach, the other partners can cover up.

To ensure effective future programming, a number of recommendations have been provided including; scale up on number of outreaches carried out each year, creating more community

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

awareness on SRHR, protection, and economic empowerment, more involvement of boys/men and increasing on amount of business startup capital given to YSGs as well as targeting more project participants to widen the scope of coverage.



1. BACKGROUND

1.1 Introduction:

This report is presented by Analysis Group to Plan International Uganda (PIU) following the **consultancy services to conduct the End Line Evaluation for the Adolescent Girls in Crisis (AGiC): Young women and girls leading change in refugee settlements Project**. The report presents the background of the project, the evaluation objectives of the assignment, the methodology that was used, the findings of the study based on the OECD-DAC evaluation criteria, lessons learned and recommendations to inform programming for the next phase and scaling up.

1.2 Background and project description.

Uganda is the largest refugee-hosting country in Africa. Since July 2016, 1.4 million people have crossed into Uganda from South Sudan, 21 percent of which are youth. As of January 2022, Adjumani refugee settlement had a total population of 215,736 and 32,725 households, the majority of whom are from South Sudan (UNHCR, 2022). Despite Uganda's progressive approach to refugee management, refugees living in settlements and their host communities remain vulnerable and at risk of recurring shocks. Adolescent refugees face added challenges due to displacement, stigma, and discrimination. The SRH (Sexual Reproductive Health) needs of adolescent refugee girls are exacerbated by disruption of family and social structures, gender imbalances between men and women, violence and poverty, and its effects such as psychological disorders and mental health needs¹. Adolescent boys similarly face vulnerabilities relating to sexual abuse, exploitation, violence, aggressive, and risky behaviors such as alcohol and drug use and abuse. Despite the marked difference in SRH by gender, most studies tend to focus more on girls than boys. Adolescent girls and young women are further faced with cultural practices that promote acceptance and normalization of harmful traditional practices, such as early and forced marriage; lack of sufficient safe spaces and wellness centres for survivors; limited access to secondary education and lack of vocational skills training centres, leading to idleness, early pregnancies and alcoholism; limited livelihood opportunities, with resultant negative coping mechanisms such as survival sex, domestic violence, early pregnancies, alcoholism and petty theft among others.

1.3 Summary Profile of the AGiC Project

Adolescent Girls in Crisis (AGiC) was a 3-year (2019-2022) program that Plan International Uganda (PIU) implemented for South Sudanese refugees and host communities, funded by Department of Foreign Affairs and Trade (DFAT) and Australian Non-Governmental Organization Cooperation (ANCP) with support from Plan International Australia. The project's phase I piloted and tested AGiC centric frameworks and new ways of working with girls with focus on learning. The CoE: Girls in Displaced Settings supported Plan International Uganda in providing technical support and program management of the Adolescent Girls in Crisis program. Further support on piloting and testing of the new Adolescents in Emergencies program design toolkit and promoting adolescent-responsive programming and guidance during various project phases was offered. The project was implemented in Adjumani district, in West Nile in the refugee settlement areas and host communities of Pagirinya and Boroli. The project aimed at ensuring that adolescent girls (10-19) and young mothers (14-24) have opportunities to realize their rights and be protected from child marriage. Adolescents and young mothers were targeted due to risks of Child Early and Forced Marriages (CEFM), early pregnancies, limited education opportunities including school dropout, limited livelihood opportunities and high burden of responsibility among young mothers. To address these, the project implemented strategies such as adolescent girl-friendly-spaces / mobile safe space activities, Menstrual Health Management (MHM) services to at-risk adolescent girls,

¹ Inter-agency working group for reproductive health in crises. Fact sheet: adolescent sexual and reproductive health needs in emergencies. 2019.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

adolescent-friendly accountability mechanisms, child protection case management, economic skill building, parenting and capacity building of service providers. The project directly targeted 500 young adolescents between 10-14 years, older adolescent girls between 15-19 years and young mothers between 14 – 24 years representing 70% while targeting 30% boys (10-19 years younger and older adolescent boys and partners of young mothers below 24 years).

Outcomes of the Project

The key objectives and the anticipated outcomes of the project were;

1. Adolescent girls and young mothers are empowered with life skills, information and services, and with equal opportunities to participate and lead
2. Adolescent girls and young mothers live in safe and supportive families and communities where their needs are met and girls enjoy equal rights and opportunities
3. Adolescents access adolescent-responsive services that promote their survival and well-being



2. BACKGROUND OF THE EVALUATION AND THE APPROACH & METHODOLOGY.

2.1 Purpose of the assignment.

The purpose of the evaluation was to assess and provide information on whether the objectives of the project were achieved and whether the project was in line with Plan International standards and criteria of evaluation in complex emergencies. The final evaluation focused on (i) *Measuring the extent by which the project outcomes had been achieved, assessing project relevance; project efficiency; emerging impact, project sustainability, child rights, gender and inclusion, scale-up innovation, lessons learned;* and (ii) *Outlining key findings and key recommendations relevant for Phase II of the project.*

2.2 Specific Objectives of the study

- i. *To determine the relevance of the project to the priorities and policies of the target population and Plan Uganda;*
- ii. *To determine the effectiveness of the programme strategy in achieving intended objectives and outcomes;*
- iii. *To determine the efficiency of the project in achieving the intended outcomes;*
- iv. *To determine the sustainability of the program objectives/ outcomes achieved by the project beyond the current lifespan;*
- v. *To assess if there are potential changes that would enhance the scaling up of the project and if there are any innovations to be considered;*
- vi. *To assess whether the project applied gender and included sensitive approaches; and whether this improved the rights of children, adolescent girls/young people, and gender equality; and*
- vii. *To identify and document key lessons, successes, implementation challenges, constraints, strengths and weaknesses, and provide insights into the future directions for the project.*

2.3 Study design:

The evaluation utilized a descriptive cross-sectional study design that placed the voice of the adolescents and youth at the center of the evaluation. Mixed, highly inclusive and participatory methods of data collection were used.

2.4 The Study scope of the Assignment:

Geographical scope: The end line evaluation was conducted in Boroli and Pagirinya refugee settlements and host communities in Adjumani District where the AGiC project was implemented.

Target Populations: The study targeted to capture responses from the various stakeholders including; project participants (adolescent girls and young mothers, adolescent boys/partners of young mothers between the ages of 10-24 years.), parents/ caregiver, mentors, community-based peer groups, AGiC project staff from PIU, camp commandants, Refugee Welfare Committees Persons (RWCs), representatives from United Nations High Commissioner for Refugees (UNHCR), Office of the Prime Minister (OPM), community leaders/elders, service providers (e.g. health workers/Health facility In-charges), local government leaders including Sub County Community Development Officers, Chief Administrative Officer (CAO), District Health officer (DHO), political leaders such as Local Council V, Local Council IIIs, and Resident District Commissioner among others.

2.5 Sample size selection for participants of the study:

Both random and non-random methods of sampling were used in determining the sample size of respondents to participate in the evaluation. Specifically, purposive sampling was used in the identification of key informants and participants of the Focus Group Discussions (FGDs) based on their roles, knowledge, and participation in the Adolescent Girls in crisis (AGiC) Project.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

While the simple random sampling method was used to randomly determine the participants (i.e. Adolescent Girls and young mothers) to be interviewed. The Individual participants specifically the adolescent girls and young women who took part in the AGiC interventions were the basic sampling unit for the evaluation. The Tarro Yamane (1967) formula of simple random sampling that ensures that all the respondents have an equal chance of being selected; was used to determine the sample of respondents to participate in the survey questionnaire at a household level;

2.7 The Approach to the End-line Evaluation:

The evaluation was executed in three key stages of Inception/ planning, Data collection, and data management and reporting Phase which were majorly structured around the 5 key evaluation activities of (i) preparatory/ planning meeting, (ii) Developing Tools, (iii) Training and Data collection, (iv) Data analysis (v) Report Writing.

The evaluation took a collaborative approach, ensuring the Plan project team and key Plan staff from other offices play an active role in methodology and tool design, data collection, analysis and report writing. Thus, the “evaluation team” consisted of the following;

1. External Evaluation Consultant (Analysis Group) that led and managed the evaluation process
2. Uganda project team representative – Project Manager
3. CO representative – M&E Coordinator
4. NO/GH representatives – ANO and Global Child Protection in Emergency Specialist
5. RH/CoE representatives – Regional Technical Advisor – Adolescent Girls in Crisis

The purpose of this approach was to ensure that, through the evaluation process, Plan staff are learning about the strengths and weaknesses of the project first hand and ensuring the evaluation focus reflects not just the current project but the information and evidence needs for the second phase of the project as well.

2.8 Data collection methods:

Mixed (quantitative and qualitative) and participatory methods of data collection were used to gather relevant information for addressing the key evaluation questions. These included;

1. **Survey with adolescent girls and young mothers:** Interviews were conducted using an electronically programmed data collection tool on Kobo Collect. Overall, a total 172 against the targeted 171 interviews were conducted with adolescent girls and young mothers.
2. **Focus Group Discussions (FGDs): A total of 17 (10 in refugee community, and 7 in the host community) age disaggregated FGDs were** conducted with a mix of adolescent girls and young mothers, boys/young men, parents/ caregivers, peer mentors and community youth structures in groups of between 8-12 participants. Averagely, each FGD had 8-10 participants. The information from the Focus Group Discussions was analyzed and triangulated with the data from other sources to enable us to draw conclusions. See breakdown below.
3. **Key Informant Interviews (KIIs)/ Consultative Meetings:** A total of 19 key informant interviews were conducted with AGiC project staff from PIU, service providers i.e. health workers, Refugee Welfare Committees (RWCs), representatives from Office of the Prime Minister (OPM), local government leaders including District Chief Administrative Officer (CAO), Community Development and Production Officers (sub-county), and mentors.
4. **Stories of Change:** A total of 3 stories of change were captured and documented as testimonies to the relevance and the impact of the AGiC project interventions on the lives of the participants.

5. Desk-based review of documents: Relevant and available documents such as AGiC programme design document, consultations with adolescent girls in crisis, and AGiC quarterly and annual progress reports were obtained and reviewed to generate more information that was triangulated with findings from the other data sources.

2.9 Data management, Analysis and Reporting

Following the data collection exercise each day, the field supervisors conducted daily checks to highlight errors, as well as assess the consistency, completeness, and correctness of the responses.

Quantitative data from the household survey was exported to MS Excel to enable data cleaning so as to remove the inconsistencies in the data set, and to SPSS 17 and STATA 12 to support the analysis using descriptive statistics e.g., mean, frequencies, percentage, totals, and cross-tabulations generated in SPSS 17 and MS Excel where necessary.

Qualitative data on the other hand was typed in MS-Word 2013 and analyzed and synthesized mainly using thematic, discourse, and content analysis techniques. In certain instances, direct quotes, pictorial evidence, and stories of change from stakeholders were used. Overall, the process involved data deduction, displaying data, and drawing conclusions. Information from the quantitative and qualitative analysis was triangulated and synthesized to inform the writing of the report.

The end line assessment was affected by distribution of food and Non-Food Items (NFIs) in the settlement, which delayed the process of mobilizing respondents for both individual and KIIs. However, mobilization efforts were doubled and the field plan was rescheduled to ensure targeted field locations were visited more than once. Some KIIs were interviewed remotely due to inability to physically reach them. A number of ethical considerations were put into place; seeking of consent from the District CAO as well as the OPM to carry out work in the settlements and conduct the research. Child and Youth Safeguarding procedures were adhered to through safeguarding risk assessment, seeking participants consent prior to interviews, participants were informed of the confidentiality within the research and availability of psychosocial support services for anyone in need of urgent support during the process. Safeguarding clauses were all included within the data collection tools.

3. STUDY FINDINGS

3.1 Demographic characteristics of the study sample

Overall, the survey was conducted with a total of 172 adolescent girls and young women in the refugee and host communities of Pagirinya and Boroli in Adjumani district. The evaluation was aligned to the government of Uganda policy on the 70/30 policy for the refugee response plans, and as such maintained a 70%, and 30% representation of refugees and nationals respectively as survey respondents.

Furthermore, the evaluation findings indicated that majority (66.9%) of the respondents who took part in the survey were aged 15-19 years. This was followed by 22.7% of the respondents who were aged 20-24 years, and only 10.5% were aged 10-14 years. It is worth noting that the age group of the respondents who took part in the survey resonates with the age group of the targeted program participants of the AGiC project interventions.

It was additionally found that at least 48.3% of the adolescent girls and young mothers who took part in the survey lived in female headed households, while 34.9% lived in male headed households. It was further noted that at least 3.5% of the adolescent girls and young mothers were in child headed households, and 13.4% were living with caregivers.

The evaluation also found that at least 72.1% of adolescent girls and young mothers who took part in the survey lived in large household with more than 5 people.

The evaluation team further observed that majority (81.4%) of the adolescent girls and young mothers who took part in the survey had never been to school, and only 18.6% had ever attended school. A closer look at the data further revealed that majority (67.1%) of the respondents who reported to have attended school had only attended primary education, and 25.7% had attended O-Level, and 7.1% declined to respond. Study findings further revealed that at least 3.5% of the respondents who took part in the survey had a certain form of disability, 0.6% preferred not to say, while 95.9% had no disability. According to the findings of the evaluation, majority (76.7%) of the adolescent girls and young mothers who took part in the evaluation were single, 22.1% were married, while and 0.6% were widowed, and 0.6% were divorced.

3.2 Relevance

Project Alignment to national and International policies, and frameworks

The project is relevant to international development plans and frameworks. For instance, the AGiC project was designed within the framework of the Comprehensive Refugee Response Framework (CRRF). The project objectives for adolescent girls and young mothers to live in safe and supportive families and communities where they are able to enjoy equal rights and opportunities were aligned to the priorities of the Comprehensive Refugee Response Framework (2017), which embraces existing initiatives, mechanisms and policies seeking to address the needs of refugee and host communities in Uganda; and the Uganda Refugee Response Plan (2019-2020) which serves as the joint strategy setting, needs assessment and resource mobilization tool for all United Nations (UN) and Non-Governmental Organization (NGO) partners of the refugee response, and is consistent with the Constitution of Uganda. AGiC interventions were also concomitant with the priorities of the Uganda Refugee Act and Regulations; the 1951 Refugee Convention, the 1969 Organization of African Unity (OAU) Refugee Convention; and the Intergovernmental Authority on Development (IGAD) regional declarations on refugee matters. Its interventions were also aligned to the priorities of the Uganda Multi-Year Multi-Partner Protection and Solutions Strategy (2016 -2020), which focused on ensuring the protection of refugees across all sectors and in all forms of diversity i.e. their age, and gender among others; and catering for specific needs.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

Similarly, the AGiC interventions were found to be consistent with the priorities of the Universal Declaration of Human Rights (UDHR). Specifically, the rights to health and security enshrined in Article 25(1): Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

The interventions under the AGiC project were also aligned to Article 2, 5, 6, 11 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW - 1979), Declaration on the Elimination of Violence against Women (1993); the D1.n; E5.o; I2.I; and section D.121 of the Beijing Platform for Action (1995); Annex paras. 8 and 12 of the UN General Assembly Resolution 52/86 on Crime Prevention and Criminal Justice Measures to Eliminate Violence against Women (1998); Article 6, 8c, 11, and 7g of the UNSC Resolution 1325 (2000); Article.6-4, 10-2 of the UNGA, Protocol to Prevent, Suppress and Punish Trafficking in Persons especially Women and Children (2000/2004); and the UNSC Resolution 1820 (2008/9/10).

Relatedly the AGiC project interventions were well aligned to the global development agenda Sustainable Development Goals (SDG 3) which calls for countries to “ensure healthy lives and promote well-being for all at all ages”¹, SDG 5 which supports the need for full and active participation of women, but also condemns all forms of violence against women and girls in the public and private spheres. This directly relates to the methodologies used under this project through the protection component. Besides the implementation efforts to ensure gender equality, this project provided channels through which adolescent girls and young mothers can improve their incomes and reduce inequalities there by aligning to SDG 10. The UN further shares that health is a human right, yet continues to be a global concern. Countries are encouraged to promote good health and well-being of all. The AGiC project recognized this need and provided responses through establishing girl friendly spaces, provision of menstrual hygiene management (MHM) to at-risk adolescent girls and young women and promoted access to sexual and reproductive health rights (SRHR) services, as well as their ability to exercise the right to decide over their own bodies. The project further mainstreamed COVID-19 prevention and response activities to mitigate the risk of the pandemic on adolescent girls and young mothers.

The AGiC project implemented activities that aimed to improve adolescent girls and young women’s skills, confidence and opportunities to access decent work of their choosing through the establishment of Youth Savings Groups (YSG), and provision of skills development and start-up funds/kits for income-generating activities. These were aligned to the global development agenda 1 which focuses on Zero poverty, 8 which emphasizes decent work and economic growth, and 9 which focuses on industry, innovation and infrastructure.

The AGiC project was also aligned to the 1995 Constitution of the Republic of Uganda, which expressly guarantees the right to health in the Bill of Rights, it is embedded in the National Objectives and Directive Principles of State Policy (NODPSP) which read together with article 8A, 45 and 287 of the Constitution, require the State to ensure that all Ugandans enjoy the right to health.² Articles 21, 32, 33, 34, 35 advocates equality and non-discrimination and guarantee the protection of vulnerable groups including women, children, older persons, and persons with disabilities from discrimination in the enjoyment of their rights including health.

Beyond the Constitution, the project interventions to improve protection for adolescent girls and young women were also found to be aligned to the 2010 law on Domestic Violence and the

¹ <https://sdgs.un.org/goals>

² *Uganda Const. 1995: Objectives XIV, XX of the National objectives and Directive principles of state policy; Article 8A*

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

2011 Domestic Violence regulations, the anti-trafficking in Persons Act of 2009, the Equal Opportunities Commission Act in 2007, the National Action Plan on Women (NAPW) of 2007.

Project Alignment to adolescent girls and young mothers' needs and priorities.

The project interventions were aligned to the needs and priorities of young mothers. The Uganda Refugee Response Plan January 2019- December 2020, indicated that the highest prevalence of child marriage was in Northern Uganda, and the majority of them were in the refugee-hosting districts. Relatedly, a 2016 survey reported that as many as three in ten Ugandan girls have their first child before their 18th birthday; and more than a third marry before they turn 18¹. Awareness on their sexual reproductive health right is very low. Early marriage and pregnancy lead to girls dropping out of school, unlikely to ever return.

Furthermore, according to the PIU West Nile Refugee Response Programme Strategy (July 2019-June 2022), the South Sudan refugee population is highly vulnerable, with large numbers of women, children and People with Special Needs (PSNs). Many have been subject to conflict-related violence, including Sexual Gender Based Violence (SGBV) before or during flight. In Uganda, factors contributing to SGBV incidents include: cultural practices that promote acceptance and normalization of harmful traditional practices, such as early and forced marriage; lack of sufficient safe spaces and wellness centers for survivors; limited access to secondary education and lack of vocational skills training centers, leading to idleness, early pregnancies and alcoholism; limited livelihood opportunities, with resultant negative coping mechanisms such as survival sex, domestic violence, early pregnancies, alcoholism and petty theft among others. This is in part attributed to the deeply entrenched social and cultural norms, beliefs and practices to child early and forced marriage, most child marriages are arranged and take place in countries of origin- especially in South Sudan.

Piloting the Adolescent Programming Toolkit was helpful for the Plan team to conduct needs assessment and to design and implement the project activities as highlighted through review of literature. It further indicates that the project's design process was participatory and engaged adolescent girls and stakeholders to identify their needs and priorities through utilization of the adolescent girls programming toolkit. Literature also showed that to a larger extent, the adolescent girls toolkit guided the data collection exercise which focused on having consultations with adolescent girls to ascertain their key priorities and needs.

Through the consultative process with adolescent girls and young women to identify needs, some risk and protective factors identified were; engaging in sexual activity and (lack of) information on safe sex and how to prevent unwanted pregnancy, lack of discipline, guidance and counselling from parents to adolescents, parents attitude towards girls' education is positive and they support girls to continue their education, cultural and social norms and practices limit girls' role and value as wife, caretaker and domestic worker and acceptance of child marriage in the community. Therefore, there was need for solutions on protection and adolescent SRH services.

As a response, the project provided support to adolescent girls (10-19) and young mothers (14-24) to know their rights and have opportunities to realize their rights and be protected from all forms of risks i.e., SGBV, child and forced marriages among others. The support was linked to establishment of adolescent safe spaces, capacity building of adolescents, parents/ caretakers, and mentors, and sensitization of the community to combat key challenges such as child marriage, GBV and poverty that were identified through a needs assessment carried out with adolescents at inception. The project provided adolescent girls and young mothers with menstrual health and management (MHM) support in form of information (which was mainly

¹ <https://www.worldbank.org/en/country/uganda/publication/educating-girls-a-way-of-ending-child-marriage-and-teenage-pregnancy>

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

shared through the safe spaces and health facilities, as well as outreaches conducted) and materials (dignity kits-including sanitary pads, soap, knickers and Vaseline). This was needed to meet the health needs of the at-risk adolescent girls and young mothers, as was highlighted by parents of adolescents;

“The project has helped the adolescent girls and young mothers with items such as bars of soap, pads, buckets, nickers, “kitenge” (plain cloth wrapper). This has supported them so much because they were unable to provide such items to their girls due to large family number and responsibilities in their respective homes”. FGD-Parents-Boroli II Settlement.

Economic empowerment was needed to address the limited livelihood options and lack of employment opportunities that the communities were facing. The project improved and diversified livelihoods opportunities for participants, with 41.9% of young adolescents and girls who had participated in YSG and EYL being able to start their own businesses. Similar voices were gotten from interactions with key informants;

“Before the project, poverty was looming around this place. PIU introduced the Youth saving groups which have enabled them save, borrow and some have even been able to establish their own businesses. KII-Mentors.

Adolescents further gained skills from the YSG trainings in areas of numeracy skills (32%), financial literacy management (51%), saving skills (94%) and group dynamics (65%).

The skills have improved economic status of project participants in various ways, with majority (81%) improving on their savings culture. They have also increased their income (63%), improved access to loans (44%), improved social networks (26%) and established small businesses (56%).

3.3 Effectiveness:

Specific Objective 1: Adolescent girls and young mothers are empowered with life skills, information and services, and with equal opportunities to participate and lead

Sector I: Protection

Indicator: % of adolescent girls and young mothers reporting a feeling of safety and dignity regarding the protection risks that were identified and which the project deals with.

The AGiC project sought to increase the % of adolescent girls and young mothers reporting a feeling of safety and dignity regarding the protection risks that were identified and which the project dealt with. Respondents were asked how safe they thought girls and young women generally felt at school, home, when fetching water, when going to the market, when going to fetch firewood and in adolescent safe spaces. The evaluation categorized the extent of safety as; very safe, safe, somewhat safe and not safe.

In this regard, school was the most commonly cited location where girls and young women felt safe at 75%, 55% of respondents stating that girls and young women felt very safe, safe (41%), somewhat safe (3%) and not safe (1%). – “followed by home (68.5%) and adolescent safe spaces (66.2%). Though 81.4% of respondents hadn’t been to school, there was a general feeling on safety in schools amongst respondents. The market and collection of firewood were most frequently identified by respondents as unsafe locations as only 8% of respondents said that girls/ young women felt safe when going to the market, with (39%) feeling safe and (42%) feeling very safe and only 12.3% of the respondents saying that girls/young women felt safe (29%) or very safe (4%) when going to fetch firewood.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

Figure 1: Adolescent and young mothers feeling of safety

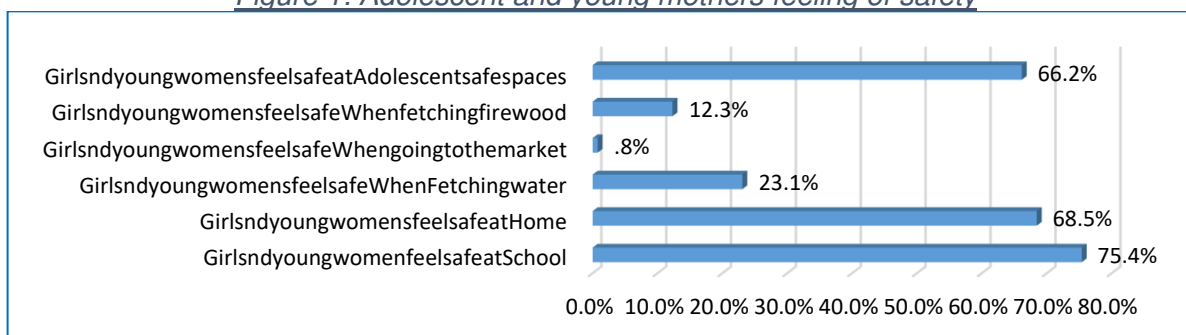


Table 1: Scale of safety

Girls and young women feeling safe	Not safe (%)	Somewhat safe (%)	Safe (%)	Very safe (%)
At the market	16	3	39	42
When fetching firewood	22	45	29	4
At Adolescent safe spaces	5	24	64	7
When Fetching water	1	22	64	13
At Home	1	4	44	52
At School	1	3	41	55

The feeling of safety in the adolescent safe spaces is attributed to mentors and parents who could counsel and train adolescent girls on personal safety. Adolescent girls and young mothers would meet and interact while sharing personal experiences on safety. Feeling of safety at home is because the project established and worked with existing community structures such as the para-social workers and Child Protection Committees (CPS), which were effective in offering psychosocial support to the adolescents, and were further utilized as referral pathways for survivors of abuse and other forms of protection concerns.

The project engaged parents through parenting package and awareness raising on SRHR and child marriage risks and alternatives to prevent and respond to protection challenges facing adolescents. The evaluation revealed that parents had learnt positive parenting skills which was positively influencing behaviors of their children, as noted below;

“We appreciate Plan for training us on parenting, which has improved the discipline and knowledge of our children compared to the previous days when the children were aggressive and violent. We learnt how to talk better talk to them”. FGD-Parents and Caregivers, PAGRINYA Settlement. Thus, the feeling of safety at home is also attributed to the parenting initiatives that the project implemented targeting parents.

Although the project did not engage schools directly, feeling of safety in schools can be attributed to several initiatives that exist by both government and non-governmental actors that promote good health and environment for safety of adolescents. Review of related literature revealed that there are many policies and guidelines including a policy on adolescent reproductive health in schools, which also highlights mechanisms for prevention of teenage pregnancies by learners¹. The evaluation also noted that there were reports of changes in the safety-risks that were identified by adolescents and young women namely; child marriage, forced marriage, discrimination and stigma of pregnant girls and young mothers in the community, unintended pregnancy, intimate partner violence, defilement, lack of access to education and lack of access to economic activities. Majority (79.1%) mentioned that the project had helped to address these risks, 15.1% didn’t know, and 5.8% said no.

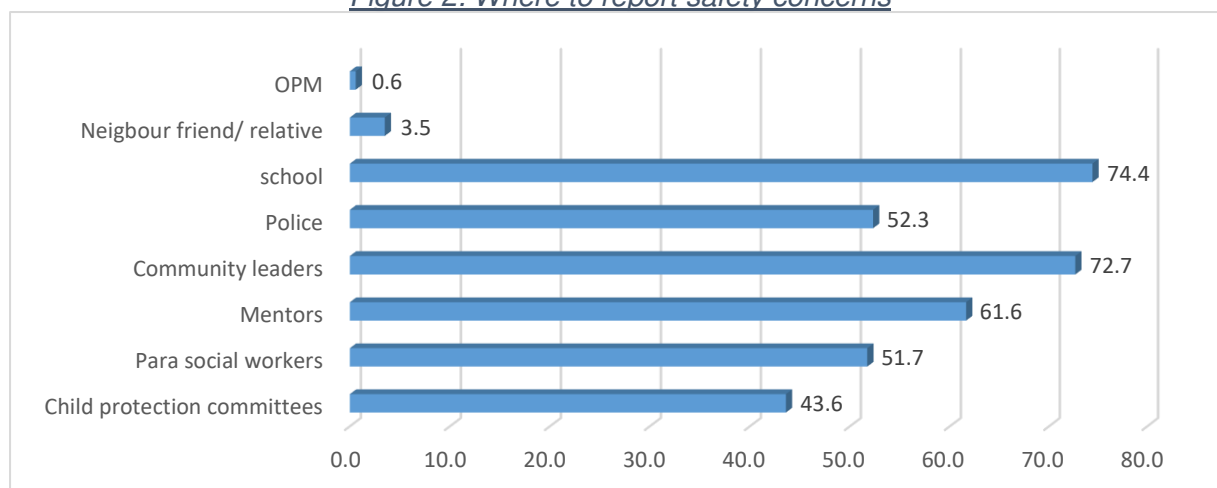
¹ Revised guidelines on Prevention and management of teenage pregnancy in school settings in Uganda-2020

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

The study further revealed that adolescents were aware of existing protection services, as majority (84%) of respondents said they were aware of protection services in their community, and only 16% were not aware.

When asked where they would report concerns related to safety, respondents mostly identified schools (74.4%), community leaders (72.7%), mentors (61.6%), Police (52.3%) and para-social workers (51.7). Further mentioned were child protection committees (43.6%), neighbor/friend/relative (3.5%) and OPM (0.6%).

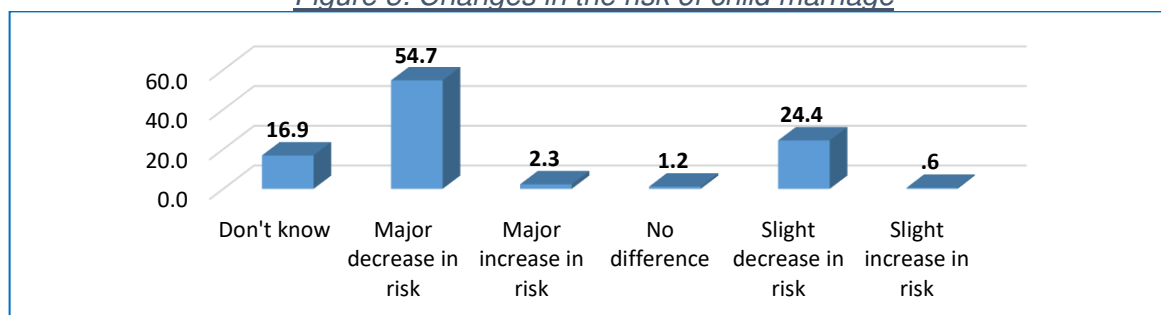
Figure 2: Where to report safety concerns



Indicator # of reports on child marriage from adolescent girls/young women who are supported by Plan

Although there is no baseline result for the indicator, the evaluation noted the project contributed to a reduction in the incidences of child marriage from adolescent girls/young women who are supported by Plan. At least 54.7% of the respondents revealed that the project had led to major decrease in child marriage. The evaluation sought to determine if there were any changes in the risk of child marriage. See figure below;

Figure 3: Changes in the risk of child marriage



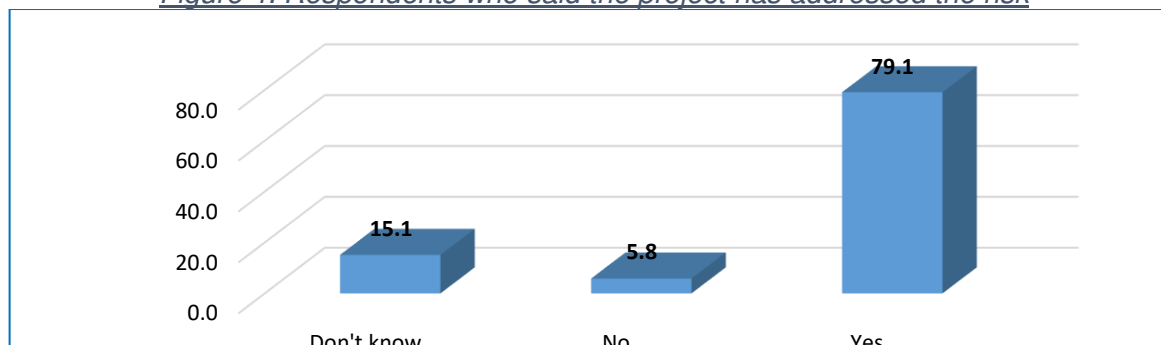
Although the practice of child marriage still exists, the above findings reveal a positive perception among respondents about the project's work on child marriage. Interactions with key informants revealed that awareness campaigns on child marriages were carried out, which helped in reducing on the cases. *"The communities here still believe in child marriage, where parents/care givers target dowry and other items to be paid by the in-laws. They believe that a girl should be married before they grow "old". However, with PIU, we have carried out community sensitization and awareness on the need to respect and protect adolescent girls by keeping them in school, which has helped to reduce on the cases. Even the teenage mothers*

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

have been encouraged to get back to school, though this requires more support to fully integrate them back into the school system” KII-Pakele Sub-County.

Majority (79.1%) of the participants interviewed said that the project has helped to address this risk, as represented below;

Figure 4: Respondents who said the project has addressed the risk

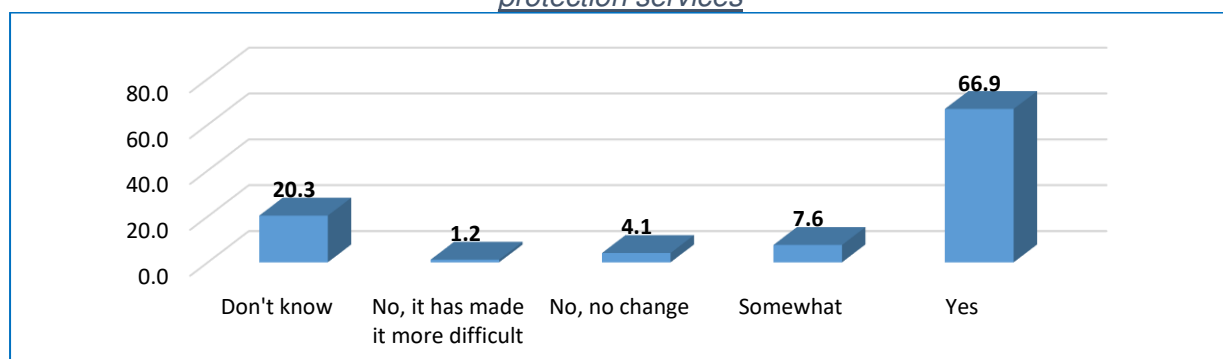


The project engaged parents through parenting package and awareness raising on SRHR and child marriage risks, which was effective in changing mindset of parents on child marriage, as noted by some interviews conducted with parents. *“The project changed mindsets of both the adolescent girls and parents hence there is major decrease in forced marriage, intended marriage and child marriage. We learnt about the dangers of early marriages, and we talked to our daughters about the dangers”*. FGD-Parents, Boroli I Refugee Settlement

Indicator: % of adolescent girls accessing protection services (case management, referral, PSS) have increased perception of safety

Although there was no evidence of baseline result, it was envisaged that 70% of adolescent girls accessing protection services (case management, referral, psychosocial support,) would have increased perception of safety. There is no data around whether adolescent girls who accessed protection services specifically had an increased perception of safety – this is because the evaluation did not directly identify/ target girls who had accessed services or ask about personal experiences with protection services, for safeguarding reasons. However, the majority (67%) of adolescent girls interviewed in the evaluation said that the project helped make it easier for adolescent girls to access protection services. See figure 10 below;

Figure 5: Respondents who said the project has made it easier for adolescent girls to access protection services



The use of case management approach (involving referrals) helped to meet the protection needs of the adolescents. The evaluation revealed that the project carried out case management that involved identifying cases, making referrals, follow-ups and other services, as was noted by some KIIs conducted;

“We carried out case management where we identified, referred and made follow-up on several cases. We also held quarterly meetings with Child Protection Committees (CPCs), Parasocial

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

workers and community leaders to identify the needs that were affecting adolescents and jointly made suggestions and ways forward on how to best support them address and minimizing these issues” KII-AGiC Project Management Team

Sector II: Sexual Reproductive Health Rights (SRHR)

Indicator: % of adolescent girls, boys, and young mothers with increased knowledge on SRHR (including STI and HIV/AIDS), child rights, child protection risks and available services)

The AGiC project envisaged 100% of adolescents aware of their SRHR, with key duty bearers engaging in issues affecting young people’s rights. In this regard, the project made great efforts in increasing the knowledge of adolescent girls, boys and young mothers on SRHR (including STI and HIV/AIDS). The evaluation sought to assess knowledge on SRHR services in the communities in areas of Sexually Transmitted Infections (STIs) services, Human Immunodeficiency Virus (HIV) testing and Counselling, Sex education, post abortion care, pregnancy testing, cervical cancer screening and vaccination and Maternal and child health. Findings revealed that the project strengthened knowledge awareness on SRHR services by adolescents, with majority (60.9%) of the adolescents interviewed aware of sex education, sexually transmitted infections (57.4%), and HIV testing and counselling (55.6%). Only 38% were aware of pregnancy testing, 27% were aware of post abortion care and awareness of maternal and child and cervical cancer screening and vaccination were low at 10% and 3.0% respectively. This is shown in the table below;

Table 2: Awareness on SRHR concerns

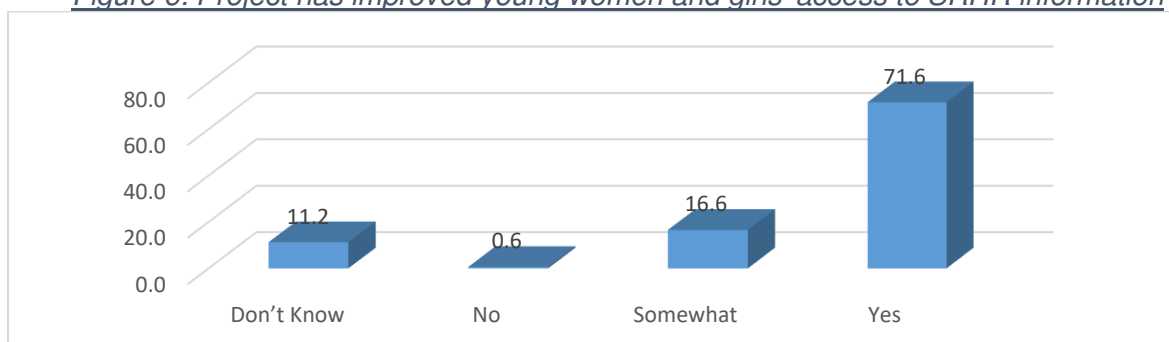
SRHR services	Percent
Sexually Transmitted Infections services	57.4%
HIV testing and Counselling	55.6%
Sex education	60.9%
Post abortion care	27.2%
Pregnancy testing	37.9%
Cervical cancer screening and vaccination	3.0%
Maternal and child health	10.1%
Don't know	9.5%

High levels of awareness on sex education aligns with the desired outcomes of the project’s awareness campaigns and health outreaches on SRHR, including sex education. These findings were aligned to the views of the health workers interviewed concerning awareness and access of SRHR services by adolescents. *“To a larger extent, there is improved access of adolescent friendly services. Outreaches conducted created awareness on SRHR services, which has been key in improving access to health services, and creating an environment that is friendly for the adolescents”*. KI-Health worker-Boroli.

Additionally, 71.6% of the respondents mentioned that the project had improved young women and men’s access to information about their SRHR, compared to only 16.6% and 0.6% who mentioned that “Somewhat” and “No” respectively.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

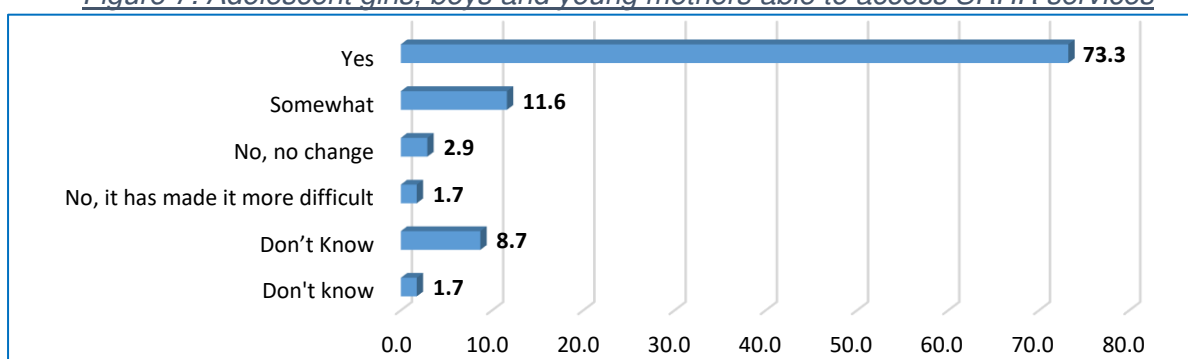
Figure 6: Project has improved young women and girls' access to SRHR information



Indicator: #/ % of adolescent girls, boys, and young mothers who report being able to access SRHR services when needed.

Majority (73.3%) of the respondents reported that adolescent girls, boys, and young mothers were able to access SRHR services when needed as a result of the project.

Figure 7: Adolescent girls, boys and young mothers able to access SRHR services

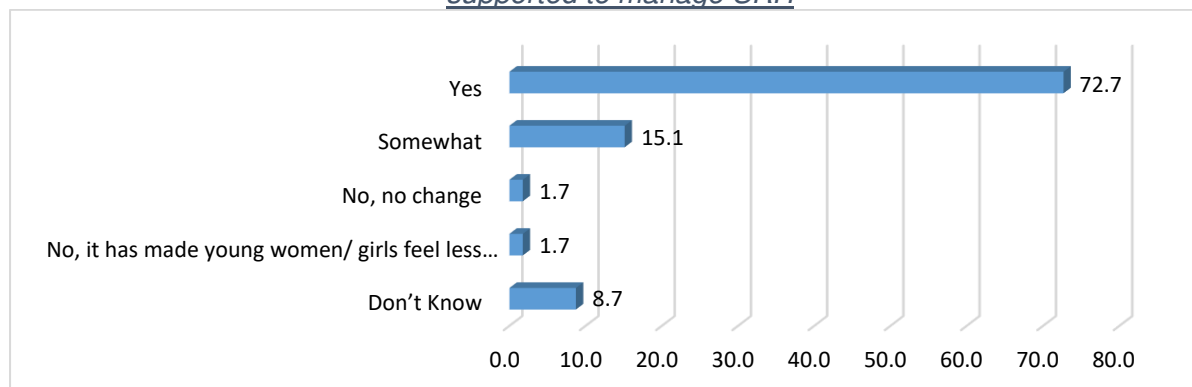


The project supported health workers/facilities to conduct SRHR outreaches in the project communities, which created awareness on services availability and eased access. *“The project made efforts to have outreaches in order to extend the services near to them. This increased the accessibility of health care services. KII-Health Kills-Health Facility-Pagirinya.*

Indicator: #/ % of adolescent girls, boys and young mothers who report feeling confident and supported to manage the SRH.

The project has to a greater extent increased on the number of adolescent girls, boys and young mothers who report feeling confident and supported to manage their SRH. Although there was no baseline result, the evaluation noted that the participants generally felt confident in using the SRH services, and were supported in accessing them. Majority (72.7%) of the respondents interviewed reported that the project has made young women and girls to feel confident and supported to manage SRH, as shown in below;

Figure 8: Responses on if the project has made young women and girls feel confident and supported to manage SRH



Review of literature further indicated that consultative meetings were held with adolescent girls and young mothers to gather information on the preferred MHM/dignity kit/package from the adolescents prior to purchasing and distribution, share with them the selection criteria for the targeted adolescents, engage adolescent on providing feedback on the accessibility of MHM materials, distribution channels and access to information on menstruation. This contributed to empowering at-risk adolescent girls and young mothers with opportunities to meaningfully participate and raise their voices in decisions regarding MHM support.

Furthermore, health workers were trained in offering adolescent friendly services, which was effective in giving confidence to the adolescents, as was revealed through interactions with health workers involved in the project; *“We received trainings on how to best deal with adolescents. This has made us make the adolescents feel protected, and has increased on the access of the services. The facilities have adolescent friendly corners and there is an adolescent focal person who is a specialist in handling adolescents”* KIIs-Health Facility-Pagirinya.

Sector III: Economic Empowerment

Indicator: % of adolescent girls and young women (refugees and host community members) who successfully complete YSG.

The project has registered high levels of participation in economic empowerment, with over 75% of the respondents participating, and 25% did not.

The AGiC project established and supported Youth Savings Groups-YSG (for adolescent girls 10-19 and young mothers 14-24), and a total of 25 YSGs were established and supported with business start-up capital of Two-Million, five hundred thousand Uganda shillings (UGX 2.5 million). The evaluation noted a high rate of participation in the YSG, with over 79.7% of the respondents reporting they had participated while 20.3% had not.

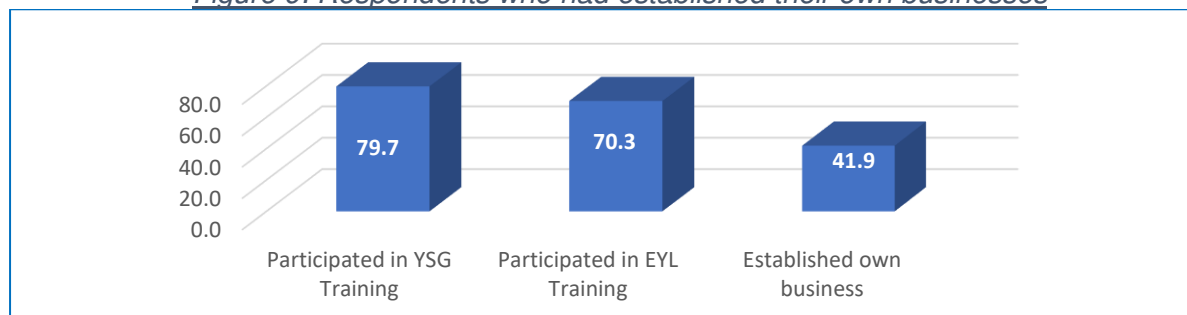
YSGs were trained in Enterprise Your Life model which emphasized on entrepreneurship skills to participants. Accordingly, the evaluation revealed that over 70.3% of the respondents participated in Enterprise Your Life (EYL) training while 29.7% did not. It was additionally noted that the EYL participants gained several skills in areas such as record keeping (76.6%), branding (26.6%), market assessment (47.6%), enterprise selection (47.6%) and business planning (87.1%).

Indicator: Extent to which adolescent girls and young women (refugee and host community members) who report increased entrepreneurship knowledge + skills and practicing IGAs

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

To a greater extent, the project has made significant impact in the lives of the participants. Participation in savings has increased to a larger extent. Adolescents and young mothers have been supported to form and participate in YSG and were given start-up kits including UGX 2.5 million. This helped participants to get loans (from the cash grants) and open up businesses that have enabled them to enhance their income and meet other household demands. The evaluation revealed that 41.9% of young adolescents and mothers who had participated in YSG and EYL were able to start their own businesses.

Figure 9: Respondents who had established their own businesses



This was because the project trained them on entrepreneurship skills and further created a culture of saving in them. Adolescents and young mothers were also able to get business-start-up capital from the cash grants offered to them by the project. Similar views were identified from KIIs;

“Before the project, I never knew what to do and would struggle taking care of myself and the children. But when the project came up with training on business skill, I learnt how to start up my own business and how to manage it, and it is helping me” FGD-Young mothers-Pagrinya Settlement.

Similarly, another KII noted that; *“Before the project, poverty was looming around this place. PIU introduced the Youth saving groups which have enabled youth to save, borrow and some have even been able to establish their own businesses. They have also received some training on how to run businesses something which has enabled some of them to start up some small businesses which help them look after their families and take the young ones to school.”* KII-Mentor.

Because of the project, adolescents and young mothers started saving and acquired business skills and knowledge. Through the savings groups, they can borrow. They have conducted training of the adolescents on self-help skills. Some of them can now do tailoring which has made them improve on their economic well-being. KII-Block Leader-Pagrinya settlement

Earnings from the businesses were used to enhance the welfare of the participants. Majority (81.2%) of the respondents revealed that money from the businesses are used for household basic needs. The project has therefore made it possible for households to meet basic household needs that they would not ably afford before the project. *“I started my small business from the loan I got from our savings group. The business is helping me with small things I need at home like soap, sugar, salt etc.”*FGD Parents-Boroli I Host community. Income from the business were also used for mainly medical support (58.0%), scholastic materials (49.3%), school fees (36.2%), reinvestment back to business (15.9%) and savings (49.3%).

The participants have also acquired numerous skills that they did not have before the project intervention. YSGs were trained in empowering their lives with life and entrepreneurship skills in areas like business planning, enterprise management, book keeping, saving skills and financial numeracy which has improved their economic status as a result of saving and investing in businesses. The evaluation respondents revealed that the skills gained through the YSG and EYL trainings have helped them to improve on their economic statuses. Majority (81.0%) of the adolescents interviewed revealed that they have improved on their savings culture as a result

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

of their participation in YSG and EYL trainings. Similar voices were gotten from consultations with key informants, as shown below;

“The AGiC project has helped to address the economic challenges facing youth in this community. It has extended coverage of communities to participate in Village savings and loan associations (VSLAs). The saving culture & life skills have generally improved”. KII-Adjumani District Local Government.

“Because of the project, there is a savings culture among the participants in the community. They were supported to form YSGs, some of whom have started businesses”. KII-PIU

“Trainings offered to the youth are greatly helpful. This is because it is enabling them to start up some income generating activities, which has greatly improved on their livelihoods.” KII-Block leader-Boroli II

Skills gained from YSG and EYL trainings also helped adolescents in establishing small businesses (54.9%), improving social networks (26.1%), accessing loans (43.7%), and increasing income (63.4%) among others. Increase in incomes was as a result of the income generating activities established, and knowledge in managing finances/records.

Specific Objective 2: Adolescent girls and young mothers live in safe and supportive families and communities where their needs are met and girls enjoy equal rights and opportunities

Caregivers and families of at-risk adolescent’s access support and services that enable them to care for and protect adolescents and promote equality for girls.

Indicator: # of parents/caregivers and foster families with increased knowledge of positive parenting skills.

The AGiC project was effective in increasing knowledge of parents/caregivers of adolescent girls and young mothers on positive parenting skills. The evaluation noted that 58.5% of parents/caregivers who were trained on positive parenting skills had increased knowledge of positive parenting skills, compared to 50.5% before the trainings. Indicating that there was an 8% increment in knowledge of positive parenting skills among parents/ caregivers.

In-depth interview with respondents across the board revealed that the achievement of the project result was attributed to the positive parenting sessions on SRHR & MHM, communicating with adolescents, protection, and ways of supporting adolescents especially girls' safety during the Covid-19 pandemic. These were effective in ensuring that parents understand and are better equipped to handle sensitive issues concerning SRHR, and protection of adolescent girls during the COVID 19 lockdown. This was evidenced in discussions that were conducted with parents at community level. It was reported that, *“We appreciate Plan for training us on parenting, which has improved the discipline and knowledge of our children compared to the previous days when the children were aggressive and violent. We learnt how to talk better talk to them”*. FGD-Parents and Caregivers, Pagrinya Settlement.

Indicator: # or % of parents/ caregivers of adolescents who report taking action to improve their parenting practices.

Project intervention aimed to increase the percentage of parents/ caregivers of adolescents who take action to improve their parenting practices. It was noted that although there was no baseline result for this indicator, the project targeted to have 75% of trained parents/caregivers taking action to improve their parenting practices. The final evaluation findings noted that 65% of trained parents/caregivers had taken action to improve their parenting skills; indicating that the project was unable to reach its target by 10%. The PIU Annual Narrative Report of July 2021 attributed this performance to the rigid cultural norms and beliefs that dictated how

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

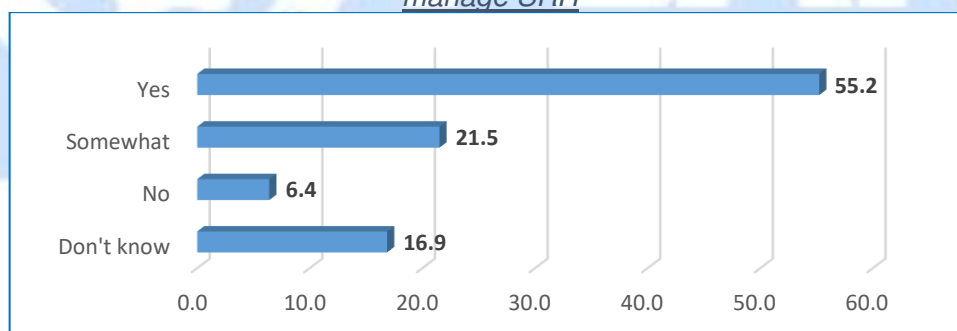
parents/caregivers raise their children, which in most instances command “superiority”. For instance, a respondent in a focus group discussion said, *“The truth is that most of us parents communicate to our children in the same harsh way our parents communicated to us.”* parent in Pagirinya host community.

It is worth noting that although the project did not achieve its set target, the interventions that have increased knowledge and awareness of positive parenting skills are long-standing sustainable skills that have set a precedent for continued mentorship of adolescent girls; and as such provide a conducive environment for further change to take place even after the project closes. This was evidenced in an FGD with parents in Boroli II, *“The project has taught us how to conduct ourselves in the community and at home and also teach our girls good behavior, and for that case, most of the young girls are somehow disciplined. Even if it closes now, we have this knowledge and we shall continue teaching the girls how to respect their bodies, and also help other parents who are facing similar challenges in handling their adolescent girls”*. Parent in Boroli II Settlement.

Indicator: # or % of partnered adolescent girls/ young women who report improved support from their partner in relation to household decision-making and their SRH rights.

As a way of ensuring gender equality, the project engaged partners of adolescent girls and young mothers to appreciate and support their spouses in protection and SRH activities/concerns. Accordingly, the evaluation sought to assess the extent to which adolescent girls/young women reported improved support from their partners in relation to household decision-making and their SRH rights. Evaluation findings revealed that 55.2% of the respondents reported receiving support from partners in accessing information and services to manage SRH, as shown in the figure below;

Figure 10: Reported levels of support from partners in accessing information and services to manage SRH



The engagement of partners of adolescents and the various trainings given to them was to some extent effective in contributing to their support to the spouses.

Specific objective 3: Adolescents access adolescent-responsive services that promote their survival and well-being

Extent to which service providers are delivering services that are responsive to gender, age and other exclusion factors (e.g., ability, ethnicity, status, poverty etc.) inclusive.

The project to a greater extent ensured that service providers are delivering services that are responsive to gender, age and other exclusion factors (e.g., disability, ethnicity, status, poverty). Health service providers were trained in offering gender and adolescent friendly services.

The final evaluation findings revealed that the project trained a total of 50 Health Workers on the provision of adolescent friendly services; and as a result of the trainings, the capacity of health service providers to deliver inclusive, gender and age-responsive services greatly improved.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

The project further carried out integrated SRHR outreaches in the communities, which helped in extending the services such as Human Immunodeficiency Virus (HIV) testing, Antiretroviral Therapy (ART), family planning methods, Antenatal Care (ANC), Sexually Transmitted Infections (STIs) screening and treatment nearer to the people.

For instance, it was noted that all of the health facilities that were visited during the final evaluation, had adolescent focal point person and had allocated a separate room for handling adolescents. It was additionally found that health facilities had designated days for sharing SRHR information with the adolescents. These were effective in ensuring that adolescents feel protected in accessing and utilizing SRH services.

This was evidenced in key informant interviews that were conducted with health service providers. For instance, KII-Health Worker-Pagrinya reported that, *“We received trainings on adolescent health services. This has made us make the adolescents feel protected, and has increased on the access of the services”*

A respondent in a focus group discussion with adolescent girls in Boroli also noted that, *“I am more comfortable visiting the health facility now days. The doctor attends to me in private and talks to me well. I am not judged.”* Adolescent girl in Boroli I Settlement.



3.4 Efficiency

To a greater extent, the interventions largely provided value for money and all project resources, that is; Cost, time, logistics, among others were utilized efficiently and converted into target results compared alternative approaches to achieving the same project intended objectives and outputs. This is justified by the following:

Were interventions cost-efficient?

The Youth Savings Group methodology applied was noted to be cost-efficient. The business startup support given by the project minimized costs, with maximum benefits. It created a revolving fund for participants to access start-up capital for their businesses. This therefore led to minimal usage of budget funding but brought increased benefits. It was further a cost-efficient way of creating a suitable platform for adolescents to interact and consult on matters relating to SRHR and their physical and Psychosocial Support (PSS).

In relation to the above, the implementation of EYL model was a cost-efficient way of promoting economic empowerment for adolescent girls. Skills gained from EYL trainings have helped adolescent girls to establish small businesses, improve their social networks, access loans, and increase their incomes.

Key informant interviews conducted revealed that the EYL and YSG models have economically empowered adolescents and young mothers who are now able to live a meaningful life, unlike before, as noted in the below interview;

“Because of the project, some of the adolescents and young mothers who participated in the YSG started saving and acquired business skills and knowledge. Through the savings groups, they can borrow. They have conducted training of the adolescents on self-help skills. Some of them can now do tailoring which has made them improve on their economic well-being”. KII-Block Leader-Pagrinya settlement

The evaluation further revealed that the EYL was a cost-efficient way of ensuring the sustainability of the YSGs, as adolescents had gained skills on managing the businesses, which will ensure sustainable benefits.

Plan International built an excellent relationship with key stakeholders with whom it partnered in the delivery of the project. These partners included; the Office of the Prime Minister and the United Nations High Commissioner for Refugees that are responsible for the coordination of the refugee response in Uganda. Plan International further partnered with the local community leaders including Refugee Welfare Committee, OPM settlement commanders, local Leaders, Local Council I, Sub- County leaders, Block Women Representatives, Youth Representatives and representatives of persons with disability, the women’s groups such as Village Savings and Loans Association (VSLA) groups, among others. This made it cheaper when it came to mobilization of the project participants. It was a cost-efficient way of mobilizing support from adolescents since some of the partners are implementing similar activities such as child protection. The partners were also key in mobilizing support from project participants due to their roles as leaders in these communities, as was noted in some of the key informant interviews conducted.

“Generally, the district was involved in supervising the activities that Plan was implementing, which is part of our roles. The district was engaged in sensitizing the communities on dangers of adolescent pregnancy and gender-based violence. This was done through the office of the probation and community development officers” KII-Adjumani DLG.

This was also a cost-efficient way of ensuring scale-up and sustainability of the project activities since activities implemented by Plan such as protection and adolescent SRH had been included in planning frameworks at the district/subcounty.

“To some extent, there is the engagement of subcounty leadership such as the CDO, production officers, who have included these components in their systems and strategies/plans”. KII-Dzaipi S/C

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

The AGiC project utilized community structures, such as CPCs, Police, para-social workers, community leaders among others. Similarly, PIU (under AGiC project) worked with government health workers. This saved the costs of having to recruit inexperienced staff, and undertake them through the long processes of training and induction.

The decision to train and build capacity of community leader including para-social workers, refugee welfare councilors, child protection committee members, women leaders, local councilors on adolescents in crisis in Boroli and Pagirinya, training of health workers on the provision of adolescent-friendly services, conducting SRHR outreach activities, reduced the cost that would have been incurred if Plan International was to use and train new people in the field.

Utilizing safe spaces for adolescent girls and providing play materials in these centers was cost efficient. The safe spaces were already in existence which minimized the costs of setting up such platforms.

However, there were some interventions that were not cost efficient. For example, whereas the provision of menstrual hygiene materials like sanitary pads, soap, among others to at-risk adolescent girls and young mothers was good and helped in one way or the other, it did not exhibit efficiency and sustainability since the need for such may resurface when the project ends. More emphasis should have been put on economically empowering adolescents to enable them afford MHM.

Were the objectives achieved on time?

Based on the discussion with PIU project staff, the evaluation noted that the objectives were achieved on time. There was however a challenge of Covid-19 which hampered smooth project implementation due to measures and restrictions introduced by Ministry of Health (MoH) to curb the spread, e.g. curtailing mass gatherings, closing schools and child friendly spaces and limiting staff access to refugee camps and settlements. The challenge was addressed through adoption of a Covid-19 adaptation plan that ensured following set guidelines. This ensured continuity of project implementation amidst Covid-19 pandemic, as was revealed in a KII conducted;

“There was a challenge of Covid-19 pandemic, but we adopted a Covid-19 adaptation plan that ensured safety measures while implementing activities”. KII-PIU project staff.

3.5 Sustainability:

To a greater extent, the program objectives/ outcomes are likely to continue beyond the current project lifespan. This is because there were clear sustainability plans, such as;

The training programs offered to communities that targeted adolescent girls and young mothers, boys, parents and leaders have created a great knowledge impact, which will guarantee the continuity of the outcomes. Adolescent girls and young mothers were trained and supported to form YSGs. They were kick-started with business startup support which offered capital to participants and provided for avenues through which incomes can be enhanced so that YSG members have a source of income and are able to save even after the exit of the support. They were empowered with life skills on saving, business planning and entrepreneurship among others. This has empowered them with practical and technical knowledge and skills in group dynamics, saving skills, financial literacy and management, reading and numeracy skills etc.

The skills are currently guiding them in their daily social-networking and entrepreneurship. Because of the benefits from savings (such as income earnings and the associated outcomes like improved standards of living etc.), participation in village saving and loan associations are going to continue. This was also evidenced through voices of the various key informants;

“People are likely to continue saving because of the economic benefits that they are getting, as well as the social interactions from these saving groups. YSG will continue since adolescents know the importance of being in savings groups”. KII-Adjumani District Local Government.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

Similarly, trainings on EYL that were offered to the YSGs will ensure sustainability of project activities. Adolescents were trained on business planning, record keeping and entrepreneurship etc. They have acquired skills that will be used in venturing into businesses and managing finances.

The AGiC project also conducted capacity building of service providers on various issues concerning adolescent girls, trained health workers about adolescents' friendly services, invited/supported government/NGO health workers to conduct SRHR outreach: e.g. treatment for STIs, provide immunization in schools (HPV) as well as coordination and strengthening reporting mechanisms. This did not only equip them with knowledge in offering both adolescent and general Primary Health Care (PHC) services, but also created awareness on the available SRHR services and the need to seek them. To the health workers, this is a life-long attainment that will continue even beyond the project life span.

However, this is threatened by the policy of posting and transfer of health personnel which is unpredictable. At the time of this evaluation, the focal person in Boroli (Bira Health Center III) had been transferred to Pagrinya HC. Although the interviews were conducted from the new station, the responses were in regards to the previous facility (Bira Health Center III). Such movement of health personnel is a threat to the sustainability of the project outcomes, as new people may come in with little or no knowledge on offering adolescent friendly services.

Provision of life-skills package to parents and adolescents is a sustainable approach employed by the project. The AGiC project engaged parents through Life Skill parenting package. This was key in instilling knowledge on parenting to parents/care givers.

Awareness and sensitization campaigns are likely to ensure the continuity of the outcomes of the project. Communities were engaged in mass-awareness campaigns including community dialogues and radio talk shows. Here, the public were informed of the dangers associated with domestic violence, child marriage, child abuse, school drop-out etc. This approach was very key in creating mindset change. Further interviews with key informants revealed the same;

“Cultural rigidity was affecting development in this community, through practices such as wife battering and child marriage. The project was therefore the right fit for these people as it reduced on its prevalence through awareness created. The community is now informed about the rights of the adolescents and mothers in the communities. This explains why cases of domestic violence and child marriage are somewhat reducing”. KII-Dzaipi Sub-county.

However, complete mindset change is a process that needs to be continuously focused on. In addition, If the existing community structures for law enforcement get weak, the sustainability of these outcomes are not likely to continue.

Similarly, the formation and utilization of existing community structures, such as child protection committees, Local Councils (LCs), police and para-social workers was a sustainable approach that will ensure the continuity of the project outcomes beyond its timeline. The AGiC project utilized community structures as referral pathways for protection concerns in the communities. Their capacity was built to be able to sustain the project and strengthen localization. These structures are within the communities, and some are Government arrangements that will continue providing protection services to the communities.

Similarly, the mentor support model will help in sustainability as the communities will still have trainers who can be a useful resource even when the project phases out. They were motivated with materials such as stationary, incentives, and working gear, which threatens the project's sustainability

The use of girl friendly safe space, mobile safe spaces, play spaces is an innovative intervention that ensure sustainability of the project outcomes. These will continue to offer support to adolescent girls and boys by offering them safe spaces to play and interact. However, this will

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

only continue if mentors are available to provide guidance and technical advice to the adolescents.

Involvement of boys and partners of adolescent and young mothers in Champions of Change model is an approach that will ensure the sustainability of the project. This has ensured active engagement of boys and partners of young mothers in challenging harmful gender norms and promoting gender equality. The evaluation revealed that the men/boys had started respecting girls, unlike before when they used to ignore or even beat them up. The project engaged and trained them on advocating for gender equality. This was further revealed through interactions with key informants, as below;

“Adolescent boys and partners of young mothers were engaged as champions of change, which aimed at creating gender equality through men/boys as change agents in the communities and households”. KII-PIU

However, the boys/men involvement was to a smaller extent. They were only involved as change agents under the Champions of Change model. They may feel detached to some extent in the long run.

Involvement of district leadership is key in ensuring the continuity of the project outcomes: The stakeholders at the community level in the district and target sub-counties have been adequately involved. They have participated in selection and identification of participants at inception, and sensitization sessions, as well as attending the trainings. This strategy increased the project ownership as it took advantage that the trust communities have in their leadership. Some of the changes have been institutionalized, and will therefore continue. Interactions with district leaders attested to this;

“Our development plans at the district and sub county levels have these components, i.e. child protection, health and livelihoods. Through the respective departments (offices of the CDO, and Commercial/production), such initiatives and efforts will always be continued and supported”
The project activities will continue even after the project ends. This is because there are functional structures such as CDOs office which provides child protection and SRH services in the community, district health officer who promotes and will continue promoting SRHR services in the community, and the police that will continue enforcing the law such that child protection is assured”. KII-Adjumani DLG.

“To some extent, there is the engagement of the subcounty leadership such as the CDO, production officers, who have included these components in their systems and strategies/plans”
KII-Pakele Sub-County.

3.6 Scale up and innovation

The evaluation identified key aspects of the project that demonstrate the potential of reaching larger numbers of the target population.

The YSG show greater potential of scale-up. This is because project participants have learnt and appreciated the need to save. Participants have been trained on how to save and enterprise. Furthermore, a culture of saving has been created among the participants. About 81.0% of the adolescents interviewed revealed that they have improved on their savings culture as a result of their participation in YSG and EYL. 41.9% of these were able to open their own businesses, and are ably living a meaningful life. With the adoption of a savings culture and participants living a better life from the income earnings, more people will be much willing to participate, which is a great potential for scale-up. Further interactions with stakeholders revealed this;

“The AGiC project has helped to address the economic faced by the youth in this community. It has extended coverage of communities to participate in Village savings and loan associations (VSLAs). The saving culture & life skills have generally improved”. KII-Adjumani District Local Government.

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

Furthermore, the districts and local governments have institutionalized these activities, such as prevention and response to SGBV and child protection, and will continue to implement them. KII conducted revealed that local government structures are implementing similar interventions; *“Our development plans at the district and sub county levels have these components, i.e. child protection, health and livelihoods. Through the respective departments (offices of the CDO, and Commercial/production), such initiatives and efforts will always be continued and supported”* KII-Adjumani DLG.

To effectively support the scale-up of this aspect, the number of YSGs need to be increased. The evaluation noted that the project supported the establishment of 25 YSGs, with membership ranging between 20-25. More support is needed to reach more than over 600 who are currently participating in YSG.

Effective scale-up of this aspect can further be supported by increasing on the business startup capital to the YSGs. Whereas PIU supported the groups with UGX 2.5million as cash-grants, this was not very adequate, if for instance all the members would take on loans. This further limits on the amount of money that participants would borrow. Increasing on the amount given to YSGs would help participants to get larger amounts to invest.

The protection aspect of the project further demonstrates potential for scale-up. Protection of girls and women (especially in emergencies) is both a global and national concern. Accordingly, several actors including government and non-government entities are working to prevent and end GBV by mitigating risks, and providing life-saving services to survivors throughout the emergency to development continuum. The evaluation further noted the presence of protection structures in communities including para-social workers, village health teams, child protection committees etc., which are government systems that are responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practices in the communities. This offers potential for scale up of protection activities.

3.7 Child Rights, Gender and Inclusion

Overall, the AGiC project was highly gender sensitive and inclusive. Special considerations were made in the selection of participants on the levels of vulnerability. Younger adolescent girls within the age bracket of 10-14 years and older adolescent girls within the age bracket of 15-19 years are chronically overlooked in responses to humanitarian crises. They are especially left behind; they face barriers to accessing essential services and experience increased risks to sexual and gender-based violence.

The project further focused on the married girls and young mothers within the age bracket of 18-24, who are in double jeopardy and experience specific challenges, particularly girls who are single parents, divorced or abandoned by their ex-partner or the father of their child (ren), or who are survivors of violence. They face barriers to accessing services which includes lack of financial means to access education, child care, health services or housing/land. Not having a husband, partner or family that provides for an income and not being able to take own decisions and limited mobility due to living with in-laws also affects young mothers to seize life opportunities. They are often excluded from projects and community initiatives, go through stigma related to being a young mother, survivor of violence or single parent as well as heavily burdened of child rearing (as single parent) which limits mobility and opportunities. Young mothers' young age is a challenge in and of itself, as it's hard to meet the needs of their children. They worry about not being able to secure school fees for themselves and their children, provide the right type of food/nutrition for their children or meeting other basic needs such as health care. This project prioritized them for life skills program, including SRHR, practical skills development and economic empowerment programming. Furthermore, the project aimed to protect young mothers from violence, abuse, neglect and exploitation through provision of girl-only safe spaces, girl-friendly counselling and referrals to needed services.

The project highly prioritized the rights and interest of adolescents. Consultations with adolescents is an important step towards developing a relevant program and the AGiC project prioritized having consultations with adolescents during program design. Consultations with adolescents were carried out to ascertain their needs and priorities, and specific risks and barriers they face. This was done using the Adolescent Programming Toolkit for adolescents which has been effective in providing guidance on having consultations with adolescent girls on feedback mechanism that are friendly to adolescent, inclusive, gender and age appropriate. The toolkit ensured that adolescents were consulted at project start, which informed adolescent-responsive programming that meets gender, vulnerability, age-specific needs, priorities, and capacities as identified by adolescents.

A validation meeting was further conducted with the adolescents to give them feedback about the outcome of consultation conducted at the initiation of the project, where they were asked if the project interventions represented key priorities and needs raised during the consultation process. The project continued involving adolescents throughout the implementation and evaluation of project activities.

Considerations were made by the project in ensuring inclusion of both women/men and settlement/host community (70:30:) as per the government of Uganda policy of the 70/30 policy for the refugee response plan. The project further deliberately targeted 2% adolescent girls and boys with disability to ensure inclusion, and 3 % were directly reached by the project.

3.8 Lessons learned

- Involvement of key stakeholders within the project implementation process can influence attitudes, policies and importantly sustainability of project concepts. This is because they not only understand the contextual characteristics of these places, but are also aware of the needs, and particular communities with the largest amount of need. This was exhibited in the implementation of the AGiC project.
- Consulting targeted participants from project design phase is important before a project kicks-off. Child/ adolescent participation is very key in programing when dealing with children, adolescent and teenagers. Adolescent girls and young women know best what support they need and have the capacities and potential when engaged to contribute to improving programming for adolescent girls.
- As evidenced in the AGiC project, working in collaboration with partners is very vital in sharing responsibilities, and ensuring that where an intervention is unable to reach, the other partners can cover up. It therefore increases on the scope of interventions.
- Participatory, multi-level, and multi-stakeholder approach that was adopted was critical in facilitating realization of project objectives in a short time. It is therefore vital to work with duty bearers to realize results faster and importantly promote sustainability of project concepts.
- Piloting the Adolescent Programming Toolkit for adolescents has been effective in providing guidance on having consultations with adolescent girls on designing interventions aligned to their key priorities and risk. Additionally, the toolkit provided guidance on consulting adolescents on feedback mechanisms that are friendly to adolescent, inclusive, gender and age appropriate.
- Women friendly and girl friendly spaces (as were employed by the AGiC project) are very important in addressing protection concerns to adolescents and provide a big relief for survivors of SGBV in the project area.
- Mentor support model and utilization of community structures is a good strategy that should be replicated in projects. This ensures sustainability of interventions.
- It is a good practice to conduct health outreaches in communities because the health facilities are far away, making it difficult for adolescent girls and individuals with disabilities to access them.

4 CONCLUSION AND RECOMMENDATIONS.

4.1 Conclusion

The project was relevant to International and national visions, frameworks development plans and. Its objectives were in alignment with the UN Sustainable Development Goal 3, 4 and 5. The project was also aligned with the needs of target groups. It effectively led to the increase in access to quality SRH services among adolescents, increased economic opportunities for participants and created safety environment for adolescent girls and young mothers. Significant progress has been made towards impact. This may however be limited due to the small area of coverage and number of participants targeted. A clear exit strategy has been prepared, and project approaches such as adolescent safe spaces and YSG will be sustained following exit. There are however certain areas of continued advocacy that will need to be taken up in-order to scale the impacts of the project;

- Engaging more boys/men in pursuing gender equality.
- Continuous mind-set changes through awareness, sensitizations and trainings of communities.
- Increasing on the amount of cash grants as well as the number of participants in the YSG.

4.2 Recommendations

- **Phase 2 of the project to consider adoption of sustainable reproductive health solutions** which are friendly and accessible in a humanitarian context. This might involve considering training adolescents and young mothers on how to make reusable sanitary pads. Introduction of menstrual cups will provide sustainable menstrual health management solutions will help adolescents and young women manage their menstruation at a low cost. This will enable them to have continuous access to safe MHM even when the project ends/phase out.
- **Strengthen adolescents' friendly SRHR service provision and information** in communities. This includes; increasing outreaches on health education, awareness raising on pregnancy testing, maternal and child health, cervical cancer screening basic health screening, and facilitating access to adolescent SRH services. Additionally, considerations can be made to partner with already existing youth structure to establish a peer led youth friendly center where adolescents and youth can have continuous access to SRHR information and referrals to health facilities.
- **Increasing engagement of communities in raising awareness on accessing program interventions** related to SRHR, child protection and economic empowerment and their associated benefits. This can be done through massive campaigns which helps improve child protection programs, such as more access to hotlines for child protection, improved community-based security measures, and tailored child-headed household distributions will help to minimize these risks.
- **Scaling up male engagement strategies and increase the target reach for boys/men.** This will be critical in tackling the root causes of gender equalities that still exist in communities and challenging harmful practices at a larger scale.
- **Promoting social enterprises and increasing amount of cash grant given to YSGs** to reach a larger number of young people. Whereas linking YSGs to financial institutions would be ideal, the evaluation noted that 81.4% of the adolescent girls and young mothers who took part in the survey had never been to school. The low levels of numeracy and literacy might affect their effective partnership and use of financial institutions therefore, financial literacy is recommended and other relevant catch-up programs.
- **Increasing target number of participants/extending the scope** to have greater impact in the refugee and host communities in Adjumani through interventions for adolescents.
- **Continuous close consultation with all village authorities** to ensure practical realities in implementation e.g. during training there is need to include the sector specialist. This will

ensure sustainability and create linkages with other partners, both government and NGOs since they are registered.

- **Prioritize engagement and collaborations with school** e.g. with senior women teachers and senior male teachers to help engage actively adolescent in school to support with keeping them in schools and MHM support. They can work best through schools' clubs e.g. hygiene and sanitation clubs, environment clubs etc. this is also key in speaking out on various issues affecting them.

Annex 1: Stories of Change

An end to domestic violence!

Way back in 2010 before the project commenced, I was staying with my seven children in our family, where we had a lot of misunderstandings amongst ourselves. All this arose due to the lack of respect to each other which also resulted into my husband to run away. This hindered the growth of the family economically as I single handedly failed to take the children to school and I could not give them the adequate care they needed.

There was failure to support the children in terms of paying their school fees, providing health care and I could not feed them adequately. The misunderstandings in the family also bred conflicts in the community. This was so because we were always not happy at home and we always transferred the same anger to the community members and we conflicted. We were always harsh on every body we came across by then.

Ten years later in 2021, I was introduced to Plan International through mentors, who explained to us what was going on especially the various activities, and they far explained to us why they were doing them.

The project created awareness about dangers associated with domestic violence, gender-based violence, child abuse, child neglect, among others in the family and the community at large. I was taken through counseling by mentors who taught me how to manage stress, disappointments and misunderstandings. I followed the principles and our family significantly changed. The mentors inculcated in us what to do, and why. They were largely the ones who explained to us the about dangers associated with domestic violence, gender-based violence, child abuse, child neglect, among others in the family and the community.

The project had activities like the creation of awareness about the negative effects of domestic violence, gender-based violence, among others. What I can say is that such activities have restored parity in the family as everyone respects the other. As a result, there is peace in the family and the level of togetherness is high compared to those days before the project had come in our area.

Economic freedom for the Chandia's

Before the project had started (2018), I did not know the importance of saving and how I could easily do it. I did not have any business idea, and we never supported each other with money to even start up small businesses.

So, there was a problem of getting money because the poverty rates were very high. This limited us from saving any money for future use. I could not manage going to school since I could not afford paying school fees and buying all the scholastic materials. This stopped me from going far with my education and even the colleagues at home.

Also, I could not get any avenue for borrowing any money to start up a business. This kept me in abject poverty and could not meet the basic needs of life.

I came to know about the project in 2021 through the mentors who came at our home, talked about Plan International, and what they do for the people in the community. It was then that I understood about plan and the project.

Mentors introduced me to plan activities. As I said before, they used to talk to us and ensured that they explained to us what was being undertaken. The project trained me how to save through the youth savings groups and enterprise your life, which have me understand the importance of saving, how to do it and continue surviving, among others. This has enabled me to borrow some money from the youth savings group sand I have been able to start up a small business. This has enabled me earn some money and I can now meet the basic needs of lif3e and I can even help colleagues in our family.

The project brought for us saving boxes for saving our group money. On top of that, they gave each of our groups 2,500,000 Uganda Shillings. We have been able to borrow and support ourselves and our families.

The mentors helped me. They talked to me on what to do and the benefits of doing things like saving.

I have been helped this year 2022. I was one of the beneficiaries of 2.5Million Shillings that was given to every group. From the money, I have been able to start up some small income generating activity, which has improved on my standard of living together with my family.

Overcoming stigma & improved knowledge on SRHR

Before the project commenced in 2017, I was in a harsh situation whereby I got infected with HIV. At that time, I started hiding myself away from people. I never wanted to be close to any because I thought that my life was coming to an end. Moreover, I even attempted to commit suicide because I saw no reason to live.

One of the biggest problems I faced was lack of advice/guidance and counseling, and that is why I wanted to commit suicide. I lacked also lacked medical attention from experienced persons because after understanding that I was HIV positive, immediately I decided to escape away from home and even I knew there was no medicine to cure or even reduce on the strength of the disease.

I was unable to care for my child as I was always in seclusion in fear of interacting freely with other members of the community. I could even not startup any income generating activity. Also, my parents could not help me out of this situation. Divorce occurred between me and my husband because I had acquired the virus. This further contributed to the suffering of me and my kid. There was massive fear to interact with others members of the community since I was scared of them knowing my serostatus.

For sure I learnt about Plan International in 2021 through the mentors. These went ahead and explained to us the various activities that were taking place. Still, they were the mentors who used to give us advise. The project gave me knowledge on sexual and reproductive health issues. They referred me to always go to the hospital where I have been able to get guidance and counseling. As per now, am not scared of the disease like I was at the beginning.

The project has taught me some life skills. Resultantly, I have been able to start up a small income generating activity and am able to look after my child.

I got help from the mentors, para social workers, health workers, and other community leaders.

I was able to get guidance and counseling. Before the project had started, I was scared for my life as I thought I would die in the shortest time. However, the project helped me by advising me to seek medical attention and advise from qualified personnel. Am now positively living with the virus and am not scared anymore.

Annex 2: Indicator Matrix

	1. Outcomes/ outputs	2. Indicator	Baseline Results	Target	End-line Results
OUTCOMES	Specific objective Adolescent girls (10-19) and young mothers (14-24) have opportunities to realize their rights and be protected from child marriage.				
	1. Adolescent girls and young mothers are empowered with life skills, information and services, and with equal opportunities to participate and lead				
	1.1 Protection Adolescent girls and young mothers are protected from violence, abuse, neglect and exploitation, and child survivors have access to quality protection services and psychosocial support.	% of adolescent girls and young mothers reporting a feeling of safety and dignity regarding the protection risks that were identified and which the project deals with.	No information available	No results found	41.0% of adolescent girls and young mothers report feeling of safety and dignity regarding protection risks that were identified i.e. <ul style="list-style-type: none"> • 75.4% schools • 68.5% home • 66.2% adolescent safe spaces • 23.1% when fetching water • 12.3% when fetching firewood • 8%) wen going to the market
		# Reports of child marriage from adolescent girls/young women who are supported by Plan	No information available	No information available	7 reports of child marriage from adolescent girls/young women who are supported by Plan
	% of adolescent girls accessing protection services (case management, referral, PSS) have increased perception of safety	No information available	70% of adolescent girls accessing protection services (case management, referral, psychosocial support,) have increased perception of safety	164% of adolescent girls and young mothers accessing protection services	

¹ Source: Quarterly data

	1. Outcomes/ outputs	2. Indicator	Baseline Results	Target	End-line Results
	<p>1.2 Sexual and Reproductive Health and Rights Adolescents, in particular girls and young mothers, have access to SRHR information and services, and exercise the right to decide over their own bodies.</p>	% of adolescent girls, boys, and young mothers with increased knowledge on SRHR (including STI and HIV/AIDS), child rights, child protection risks and available services)	No information available	100% Adolescents are aware of their SRHR, with key duty bearers to engaging in issues affecting young people's rights	<p>35.6%. adolescent report awareness on SRHR, i.e.</p> <ul style="list-style-type: none"> • 57.4% Sexually Transmitted Infections services • 55.6% HIV testing and Counselling • 60.9% Sex education • 27.2% Post abortion care • 37.9% Pregnancy testing • 3.0% Cervical cancer screening and vaccination • 10.1% Maternal and child health
		#/ % of adolescent girls, boys, and young mothers who report being able to access SRHR services when needed	No information available.	No information available	73.3% of the respondents reported that adolescent girls, boys, and young mothers were able to access SRHR services when needed as a result of the project
		#/ % of adolescent girls, boys and young mothers who report feeling confident and supported to manage the SRH	No information available	No information available	72.7% of adolescents reported that the project has made young women and girls to feel confident and supported to manage SRH

	1. Outcomes/ outputs	2. Indicator	Baseline Results	Target	End-line Results
	<p>1.3 Youth Economic Empowerment Adolescent girls and young women have the skills, confidence and opportunities to access or be prepared for decent work of their choosing, and specific barriers for girls and women are addressed.</p>	<p>% of adolescent girls and young women (refugees and host community members) who successfully complete YSG</p>	<p>No information available</p>	<p>Extent to which adolescent girls and young women (refugee and host community members) who report increased entrepreneurship knowledge and skills, and are practicing income-generating activities.</p>	<p>75% of adolescent girls and young women (refugees and host community members) successfully completed YSG.</p>
	<p>2. Adolescent girls and young mothers live in safe and supportive families and communities where their needs are met and girls enjoy equal rights and opportunities</p>				
	<p>2.1 Caregivers and families of at-risk adolescents' access support and services that enable them to care for and protect adolescents and promote equality for girls.</p>	<p># of parents/caregivers and foster families with increased knowledge of positive parenting skills.</p>	<p>50.5%</p>	<p>No information available</p>	<p>158.5% increased knowledge of positive parenting skills</p> <ul style="list-style-type: none"> • 60% of female parents/caregivers who attended the sessions highlighted 80% in the post test compared to 47% at pre-test. • 57% of the male parents/caregivers scored above 80% in the post test compared to 54% in the pre-test

¹ Source: Quarterly data

FINAL REPORT FOR CONSULTANCY SERVICES FOR CONDUCTING ENDLINE EVALUATION FOR THE ADOLESCENTS GIRLS IN CRISIS (AGiC) PROJECT

	1. Outcomes/ outputs	2. Indicator	Baseline Results	Target	End-line Results
		#/ % of parents/ caregivers of adolescents who report taking action to improve their parenting practices.	No information available	75% of parents/caregivers of adolescent's report taking action to improve their parenting practices	65% parents/caregivers testified that they are applying the skills in their homes and this has greatly improved their relationship with their children while
		#/ % of partnered adolescent girls/ young women who report improved support from their partner in relation to household decision-making and their SRH rights.	No information available	No information available	55.2% of partnered adolescent girls/ young women reported improved support from their partners in relation to household decision-making and their SRH rights.
	3. Adolescents access adolescent-responsive services that promote their survival and well-being				
	3.1 Service providers have the capacity to deliver inclusive, gender and age-responsive services that are provided in line with humanitarian standards and principles	Extent to which services providers are delivering services that are responsive to gender, age and other exclusion factors (e.g., ability, ethnicity, status, poverty etc.) inclusive.	No information available	Extent to which service providers are delivering services that are responsive to gender, age and other exclusion factors (e.g., ability, ethnicity, status, poverty).	Trained 50 Health Workers on the provision of adolescent friendly services. As a result of the training, the health facilities have put in place adolescent focal point person, allocated separate room for handling adolescents to ensure privacy and confidentiality and designated days for sharing information with the adolescent on SRH issues