



OXFAM HFHC

Midterm Evaluation Report

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This report was prepared independently by Dr. Stefanie Dringus and Dr. Chido Dziva Chikwari, with guidance from Oxfam Canada, in particular Youssra Bakhir, HFHC MEAL officer. For further information, please contact jose.chacon@oxfam.org MEAL officer at Oxfam Canada.

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Disclaimer

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Acronyms

ABYM	Adolescent boys and young men
AGYW	Adolescent girls and young women
ASRH	Adolescent sexual and reproductive health
CAG	Community Action Group
CAT4SRHR	Capacity Assessment Tool for Sexual and Reproductive Health and Rights
CBO	Community-based organization
CEFM	Child, early and forced marriage
CSE	Comprehensive sexuality education
CSO	Civil society organization
EVAWG	Ending violence against women and girls
FP	Family planning
GAC	Global Affairs Canada
GBV	Gender-based violence
HFHC	Her Future, Her Choice
HIV	Human immunodeficiency virus
HTP	Harmful traditional practice
IEC	Information, education and communication
IP	Implementing partner
LAC	Long-acting contraception
M&E	Monitoring and evaluation
MEAL	Monitoring, evaluation, accountability and learning
MTE	Midterm evaluation
MTR	Midterm review
MTS	Midline survey
PMF	Performance Measurement Framework
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UN	United Nations
WRO	Women's rights organization
YFHS	Youth-friendly health service
YLO	Youth-led organization

Executive Summary

Project Overview

Her Future, Her Choice: Strengthening Sexual Health and Reproductive Rights (HFHC) is a 4.75-year project co-funded by Global Affairs Canada (GAC) and Oxfam. Beginning in 2019, the project is being implemented by Oxfam together with international, national, and local partners in four countries in East and Southern Africa (Ethiopia, Malawi, Mozambique, and Zambia), and in Canada. Her Future, Her Choice uses a comprehensive approach aimed at promoting and defending the sexual and reproductive health and rights (SRHR) of adolescent girls and young women (AGYW) with the aim of creating long-lasting transformative change and improving the SRHR for AGYW in the districts where it's implemented. To do this, the project uses a rights-based and evidence-informed approach which is underpinned and guided by a feminist lens, as well as an analysis of the sexual and reproductive health (SRH) needs in the target communities. The project aims to achieve shifts in power relations and negative social norms rooted in unequal gender and power relations needed for transformative change on SRHR. The HFHC Theory of Change integrates these general assumptions and principles in its three strategic pillars: **Pillar 1** promotes positive gender- and sexuality-related norms around SRHR, while cultivating “demand” for and uptake of SRHR information and services at individual, household, and community levels; **Pillar 2** addresses the “supply” of comprehensive SRHR information and high-quality services delivered by health care facilities and providers; **Pillar 3** cultivates an *enabling environment* by supporting Women’s Rights Organizations (WROs) and Youth Led Organizations (YLOs) in undertaking action, advancing rights related to SRHR, and influencing related policies.

Objectives and Methodology of the Evaluation

This report presents key findings and recommendations from the HFHC Midterm Evaluation (MTE), conducted in the third year of project implementation, between July 2021 and June 2022. There were two components to the mix-methods MTE: 1) the Midline Survey (MLS), and 2) the Midterm Review (MTR). Firstly, the **objective of the Midline Survey** was to use quantitative data to assess progress towards the project’s outcome indicators. Data was collected via a survey from members of the communities where the HFHC project is being implemented and established a Midline to track project progress towards Pillar 1 and Pillar 2 outcome indicators. Secondly, the **objective of the Midterm Review** was to use qualitative data, collected via a series of participatory workshops, to help monitor, learn from, and improve project implementation, across all three pillars, from the perspective of Country Teams implementing the project. This was achieved through identifying project learnings and key successes, implementation gaps, and where possible, opportunities for course correction, as well as identifying effective implementation practices

and/or strategies from the project that promote sexual and reproductive health (SRH), and finally facilitating cross-partner and cross-country exchange of experiences and learnings.

Progress towards the HFHC Ultimate Outcome

Progress towards the Ultimate Outcome: *'Improved sexual and reproductive health and rights for adolescent girls and young women in targeted districts of Ethiopia, Malawi, Mozambique, and Zambia'* can be assessed using the following two components:

- 1. Addressing Unplanned Pregnancies:** The Midterm Evaluation showed that there has been an overall decrease in the number of adolescent pregnancies between Baseline and Midline. However, despite an overall improvement, there were variations by country, and more than half occurring pregnancies remained unplanned. Findings from this Evaluation suggest that this decrease can likely be explained, in part, by a combined increase in knowledge, an increase in access to SRH services for AGYW, an improvement in the delivery of comprehensive SRH services, and the engagement of various Community Influencers. Despite these successes, however, in Malawi, the percent of adolescent pregnancies increased, and in Mozambique, despite decreasing, adolescent pregnancies remain high. The increase in adolescent pregnancies in Malawi can partly be explained by limited access to SRH services during COVID-19 and high stock out rates of contraceptive methods in health facilities. In Mozambique, high adolescent pregnancies can be explained by limited access to SRH services and high stock outs in contraceptive methods, especially injectable contraceptives, which are the preferred method of AGYW in Mozambique. The Evaluation suggests that other contributors to adolescent pregnancies include early and forced marriage, early sexual debut, a persistent lack of understanding and acceptance of contraception by partners and society, and a lack of knowledge of contraceptives. Thus, although there is an overall decrease in adolescent pregnancies, there are differences between countries. For continued and sustained progress to be made for this indicator, gaps in knowledge and access to quality SRH services for AGYW need to be addressed, as well as improving community engagement and attitudes towards SRH issues among not only AGYW, but others in their lives and communities.
- 2. Community Attitude on SRHR:** Findings from the Midterm Evaluation indicate that there has been an overall decrease, amongst the target population, in the level of positive attitude towards SRHR between Baseline and Midline, and the level of positive attitude towards SRHR has not met the project's targets. There were differences between countries, however, with some demonstrating an increase in positive attitude between Baseline and Midline (Ethiopia and Malawi), while others having a decrease (Mozambique and Zambia). The increases in positive attitude on SRHR can likely be explained by

engagement of the project with Community Influencers (especially males), while the decreases may be explained, in part, by pushback to the project and its activities. Concerted efforts to address and improve outcomes for this indicator need to engage not only AGYW, but their communities including adolescent boys and young men (ABYM, parents), healthcare providers and Community Influencers in order to shift beliefs about what is acceptable or not and improve the SRHR ecosystem that the target population lives in.

Key Findings and Recommendations

The Midterm Evaluation also identified several key findings related to the implementation of each pillar and several recommendations that together, are key considerations for continued success towards achieving the Ultimate Outcomes of the project. Outlined here are the key findings, with where the corresponding set of recommendations can be found:

Pillar One

- 1.1 Peer Educators are crucial in increasing SRHR awareness in the community and have acted as a bridge between young people and other SRHR services and facilities (recommendations pg. 24)
- 1.2 Engagement with Community Influencers has been a success of the project to date. However, the number of Community Influencers that were engaged by the project so far remains low and efforts need to be duplicated to involve more of them as their role is crucial to success across all Pillars (recommendations pg. 25)
- 1.3 Engaging ABYM is essential for the success of the project, despite variation in the level and type of engagement between countries (recommendations pg. 27)
- 1.4 Economic empowerment initiatives should be further integrated into HFHC programming to support AGYW's agency related to SRHR and reporting of GBV (recommendations pg. 28)
- 1.5 IEC materials are being successfully used as a tool to help engage with a variety of stakeholders, conduct advocacy activities and influence policies. However, there remains challenges related to their adequacy and availability (recommendations pg. 30)

Pillar Two

- 2.1 Overall, there is an increased capacity to deliver comprehensive, youth-friendly, and gender-sensitive SRH services in all countries, but gaps remain in terms of youth-friendly spaces, staff turnover / rotation, attitude towards SRH, local laws and available commodities and equipment (recommendations pg. 31)

- 2.2 Challenges persist in the management of health facilities, more specifically that contraceptives' stock out and staff turnover, continue to impede the delivery of SRH services to AGYW (recommendations pg. 33)
- 2.3 There has been an overall increase in AGYW's access to SRH services since the beginning of the project, despite barriers caused by COVID-19 (recommendations pg. 35)
- 2.4 There remains a considerable gap between awareness and referral to, or access of GBV services, and thus limited engagement with / receipt of these services by AGYW (recommendations pg. 35)

Pillar Three

- 3.1 The capacity of CSOs, WROs and YLOs to engage with SRH influencing strategy has increased. However, there remains challenges in to being able to deliver on the strategy – related to advocacy, project evaluation and design, and fundraising (recommendations pg. 38)
- 3.2 CSOs, WROs and YLOs participating in the project have been implementing advocacy and influencing activities at different paces, and at different levels (recommendations pg. 39)

In conclusion, the Midterm Evaluation demonstrated that HFHC is making progress towards achieving positive impacts on the SRHR of AGYW in the districts where the project is being implemented and identified remaining gaps related to the project's success on outcome indicators. Further, the Midterm Evaluation has provided insight to the project's key implementation successes, as well as gaps, and provided recommendations to support the strengthening of future implementation. This evaluation also noted that there has been a commendable effort for by Oxfam Teams and Implementing Partners to successfully deliver many aspects and activities of the project during a challenging and fluid context influenced by COVID-19 (all countries) and political instability (Ethiopia).