OXFAM

SHE SEXUAL HEALTH AND EMPOWERMENT [SHE]


# MIDTERM EVALUATION CONSOLIDATED REPORT 2021

**Project Number:** P002680
**Purchase Order:** 7382458
**Country/Region:** Philippines/Asia
**Reporting Period:** Aug 2018 to March 31, 2021

APRIL 15, 2022

In partnership with Canada

**SHE** is undertaken with the financial support of the Government of Canada provided through Global Affairs Canada

SHE SEXUAL HEALTH & EMPOWERMENT

**Sexual Health and Empowerment (SHE)**

**Submitted By:** Oxfam Canada

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**Country/Region:** Philippines/Asia
**Reporting Period:**
April 1 to September 30, 2021
**Date of Report:** November 30, 2021
**Total Project Budget:** $18,629,813
**Project start and end date:**
August 10, 2018 to December 31, 2023

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**On the cover:** A Trained Peer Educator at SIKAP's 2021 Youth Summit in Santiago, raising awareness of the importance of discussing and addressing teen pregnancy.

**Sexual Health and Empowerment (SHE) Partners:**

Jose Chacon, SHE Project Officer for Monitoring, Evaluation and Learning (MEL), Oxfam Canada, designed this study. Kathryn Halili, SHE Project MEL Officer, Oxfam in the Philippines, supported the design and implementation of the study. Manuel Rivera, MEL Officer, and Alex Wilson, Program Officer, Oxfam Canada, supported the review, analysis, and consolidation of the final report.

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## Acknowledgments

Oxfam would like to extend our gratitude to the Midterm Evaluation's participants for providing their time and input through phone surveys, focus group discussions, in-depth interviews, and testimonies. Our appreciation also extends to the SHE project's local partners for their commitment and hard work. This research would not have been possible without their participation.

Special thanks to the consultants for their work: Florence Milan and Hadrian Aguilar, Rodrigo Morales, and the team from Transforming Fragilities, as well as Oxfam in the Philippines and Jhpiego for their thoughtful contributions and reviews.

## Disclaimer

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# Abbreviations and Acronyms

| | |
|---|---|
| CAT4SRHR | Capacity Assessment Tool for Sexual and Reproductive Health and Rights |
| COVID-19 | Novel Coronavirus Disease 2019 |
| CSO | Civil Society Organizations |
| GAC | Global Affairs Canada |
| GBV | Gender Based Violence |
| HSP | Health Service Provider |
| IEC | Information, Education, Communication |
| LGU | Local Government Unit |
| MEL | Monitoring, Evaluation, and Learning |
| MTE | Midterm Evaluation |
| MTS | Midterm Survey |
| OCA | Oxfam Canada |
| OiPh | Oxfam in Philippines |
| RHU | Rural Health Unit |
| SHE | Sexual Health and Empowerment project |
| SOGIE | Sexual Orientation, Gender Identity and Expression |
| SRHR | Sexual and Reproductive Health and Rights |
| VAWC | Violence against Women and Children |
| WRA | Women's Reproductive Autonomy |
| WRO | Women Rights Organizations |

# Executive Summary of the SHE Project Midterm Evaluation

## CONTEXT AND BACKGROUND

The Sexual Health and Empowerment (SHE) project is a six-year (2018-2025) project co-funded by Global Affairs Canada (GAC), Oxfam Canada (OCA), Oxfam in the Philippines (OiPh), and Jhpiego. The project aims to empower women and girls in six disadvantaged and conflict-affected regions of the Philippines by (i) improving their knowledge and awareness of Sexual and Reproductive Health and Rights (SRHR); (ii) strengthening the capacities and skills of health service providers (HSPs) and health practitioners within the health system to deliver rights-based, comprehensive SRHR information and quality youth-friendly services; and, (iii) enhancing the capacities and effectiveness of women's rights organizations (WROs) and women's movements to advance SRHR agendas and prevent gender-based violence (GBV). The SHE project is implemented in association with OiPh and Jhpiego and through the efforts of 11 local partner organizations.

Between June and August 2021, OCA hired three external consultants to conduct the SHE project's midterm evaluation (MTE). For operational reasons, the MTE was divided into three independent consultancies: (1) Midterm evaluation qualitative component; (2) Midterm Survey (MTS); and, (3) Comparative statistical analysis of Baseline, Pulse, and Midterm Surveys. The first two items were commissioned to local consultants in the Philippines, while the latter was awarded to an international consultant.

The MTE's purpose was to (i) evaluate the relevance of the project design and strategies; (ii) assess progress toward immediate and intermediate outcomes; (iii) identify obstacles, lessons learned, and best practices for project execution; and, (iv) make practical recommendations to address implementation challenges and reinforce initiatives that demonstrate the potential for more significant impact.

(1) The MTE qualitative component assessed the project's assumptions and strategies, identified implementation issues and lessons learned, and facilitated a Partners Learning Interaction. The analysis was structured around four major areas: (i) design; (ii) implementation; (iii) capacity assessment; and (iv) monitoring and learning. Data collection was carried out by: implementing a desk review of relevant project documents for the period of August 2018 to August 2021; a Midterm Change Study of HSPs at project sites, including phone interviews and focus groups with 11 HSPs and managers; and a peer-to-peer review process that included a partner's self-assessment questionnaire and an open forum discussion with 52 staff members from 11 partner organizations. All findings and recommendations were categorized around the four areas of focus mentioned above.

(2) The Midterm Survey (MTS) provided data to estimate SRHR indicators and measures (indexes) related to attitudes, norms, and behaviours. Data was collected through phone interviews with 674 community member respondents in 14 target municipalities.

(3) The comparative statistical analysis of the Baseline, Pulse, and Midterm Surveys[1] reports on the statistical comparability of the indicators calculated from the three surveys, to identify relevant hypotheses linking changes in SRHR behaviour with the project's outcome-level indicators. This analysis considers differences in sample sizes, particularly for the MTS, given restrictions imposed by the COVID19 pandemic on face-to-face data collection.

1 Baseline (2019): 1,923 face-to-face interviews in 9 municipalities. Pulse Survey (2020): 1,004 face-to-face interviews in 7 municipalities. Midterm Survey (2021): 674 phone interviews in 14 municipalities.

# PURPOSE OF THIS DOCUMENT

This summary provides a condensed version of the three reports that make up the SHE project's midterm evaluation. It highlights key findings and recommendations, lessons learned, and follow-up actions. To provide the reader with context and possible explanations for the trends observed, Oxfam has provided additional information.

# LIMITATIONS

Since March 2020, the Philippines' national and local government units (LGUs) have imposed a series of public health measures to reduce the spread of the novel coronavirus disease (COVID-19). These measures, which included travel and gathering restrictions, quarantines, and lockdowns, not only disrupted the functioning of the health care system by transforming care priorities and resource allocation, but also limited SRHR service provision, increased barriers around health-seeking behaviours, and restricted (and transformed) monitoring, evaluation, and research practices by severely limiting facetoface interaction during data collection. Both the qualitative and quantitative components of the midterm evaluation were affected by this new context. Most data collection was done virtually, which required adjustments to data collection tools not foreseen in the original designs. For example, for the MTS, data collection was carried out by phone (rather than inperson) using an adapted, shorter version of the original questionnaire. Remote data collection translated into lower response rates, changes in the sample design, and distribution of responses among subgroups (municipalities and sex-age) that affected its comparability with previous surveys and imposed methodological limitations to drawing conclusions beyond the sample. In addition, as vaccination rollouts became an urgent priority in the Philippines, the availability and participation of HSPs and other staff for phone calls and online activities were significantly reduced.

# KEY FINDINGS

The findings and recommendations below are organized around five areas: (i) progress toward outcomes; (ii) design; (iii) implementation; (iv) capacity assessment; and (v) Monitoring, Evaluation, and Learning (MEL). The findings and recommendations provided in this executive summary are top-level. Please refer to each independent report for more details.

## Progress Toward Outcomes

### Ultimate Outcome (1000): Improved SRHR for women and girls in remote conflictaffected and disadvantaged regions of the Philippines.

While data from the three surveys showed that the contraceptive pill is the preferred method women use to avoid pregnancy (45%), findings from the MTS showed an increase in women's positive attitudes (preference) towards long-acting reversible contraceptives. While only 5.2% of women preferred subdermal progestin implants at the Baseline, this number increased to 18.7% at the Midterm. Similarly, the preference for IUDs increased from 3.5% to 9.3%. These methods are shown to be very effective at preventing pregnancies without requiring ongoing efforts on the part of the user, with a rapid return of

2 Committee on Practice Bulletins-Gynecology, Long-Acting Reversible Contraception Work Group (2017). Practice Bulletin No. 186: Long-Acting Reversible Contraception: Implants and Intrauterine Devices. Obstetrics and gynecology, 130(5), e251–e269. https://doi.org/10.1097/AOG.0000000000002400

fertility after the devices are removed.[2] The MTS also found a reduction in preferences for ineffective methods, namely withdrawal, from 13.9% at the Baseline to 11.4% at the Pulse Survey. These findings, along with evidence that women are increasingly able to find their preferred contraceptive commodities locally (with women obtaining their first contraceptive methods at the Barangay Health Centre increasing from 44% at the Baseline to 77% at the Midterm) suggest improved SRHR in project areas from the Baseline to the Midterm Survey.

## Intermediate Outcome (1100): Enhanced utilization of gender-responsive sexual and reproductive health information and services (public and private) by women of reproductive age, adolescent girls, and boys.

**Immediate Outcome (1110): Increased knowledge, skills, and capacity for women, girls, and boys regarding their SRHR:** Based on MTS data about knowledge of contraceptives, on average 71.6% of respondents claimed to have some basic knowledge, 22.9% claimed a good amount of knowledge, and 5.5% felt confident about their level of knowledge on this topic. To the question *"Do you know where to obtain a family planning method?"*, 72% of the respondents claimed to know, compared to only 40% during the baseline. According to the respondents, awareness-raising activities like workshops were effective in changing knowledge and attitudes among community members around GBV and SRHR. During workshops and other training activities, SRHR issues and concerns were discussed, misconceptions were corrected, and those with differing opinions found a space for dialogue and learning. In addition, HSPs interviewed as part of the Midterm Change Study claimed that positive changes in their individual skills and behaviours toward clients have a multiplying effect on families and communities, which also translates into better knowledge among women, girls, and boys.

**Immediate Outcome (1120): Improved positive attitudes modelled by women, men, girls, boys, and influencers in support of SRHR information and services:** Evidence from the comparative analysis of the Midterm, Pulse, and Baseline Surveys shows a positive increase in the SRHR Community Attitudes Index,[3] as a proxy for changes in community attitudes towards SRHR. Overall, the global index score increased by 1.24 points between the Baseline and Midterm Surveys, rising from 54.8 to 56.0.

However, if one compares the individual performance of the three sub-indices that make up the global SRHR Community Attitudes Index, there is a noteworthy difference in the case of the Women's Reproductive Autonomy Sub-Index (WRA Index). Unlike the other two sub-indices, between the Pulse and Midterm Surveys, the WRA Index saw a two-point decrease in its average score, with men and boys having the greatest decreases and lowest levels of acceptability of WRA. Some methodological limitations associated with sampling and changes to the surveys' questionnaire need to be taken into consideration when explaining these figures.

The attitudes of men and boys towards SRHR showed significant variability across the sub-indices, with more marked reductions of positive attitudes among boys in particular. For example, men and boys show a reduction in positive attitudes towards women's sexual autonomy, particularly towards women and girls having access to sexual health information and counselling on reproductive health and on women and girls deciding on whether they can terminate an unplanned pregnancy.

Regarding Women Sexual Autonomy (WSA) both men and boys showed a 30point increase between the Baseline and Midterm Surveys regarding sexual negotiation and communication, although positive attitudes towards women and girls accessing information and services decreased.

3 The SRHR Community Attitudes Index is a measure of four dimensions (or sub-indices): (1) women's reproductive autonomy, (2) women's sexual autonomy, (3) women's economic autonomy, and (4) implementation of SRHR policies. Each dimension is defined by a set of indicators based on the literature and relevant to the observed concepts. In the case of the SHE project, the economic autonomy sub-index was excluded as it is outside the scope of the project.

While the MTE qualitative component did not uncover new information to help interpret possible changes in attitudes surrounding SRHR, it did find that engaging men and boys is more difficult than with women and girls and that worsening socio-economic conditions may exacerbate these programming challenges in shifting harmful attitudes, norms, and behaviours. Oxfam has therefore concluded that greater efforts to engage men and boys are needed to ensure positive attitudes are modelled by not only women and girls, but also men and boys in support of SRHR information and services.

Additionally, technical assistance to national and local government units on Gender Planning and Budget, harmonized Gender and Development Guidelines, and other capacity-building activities have led LGUs to integrate SRHR into their Gender and Development Plans and Budgets. This allows for the provision of funding to reintegration programs for survivors of violence against women and children (VAWC), capacity building and training, family planning to reduce teenage pregnancy, and in some cases, funding to support activities led by SHE partners.

**Immediate Outcome (1130): Improve the health system's capacity to provide comprehensive and gender-responsive SRHR information and services:** Qualitative evidence collected from HSPs during the Midterm Change Study shows that training and support of HSPs around gender-responsive and youth-friendly SRHR services have strengthened their skills and behaviour toward clients. HSPs declared that they feel more confident in their ability to transfer basic SRHR concepts, provide adequate information on existing services, and influence their clients and communities. Respondents stated they now feel more comfortable fulfilling their responsibilities as caregivers and SRHR providers regardless of their personal beliefs. This is also the case for local community facilitators and peer educators (Outcome 1110). For instance, some youth peer educators have initiated their own awareness-raising activities, have begun coordinating with other youth groups from different barangays, and have formed their own advocacy groups.

In addition, through training about how to work with adolescents, "do's" and "don'ts" for working with teenagers and their parents, and guidelines for providing preventive health counselling,[4] the project has helped strengthen the skills of HSPs so they can successfully handle and counsel teenagers on SRHR. As a result, HSPs have reported that younger clients are opening more about sensitive issues like reproductive health, gender identity, and their own experiences of GBV or sexual assault.

## Intermediate Outcome (1200): Improved effectiveness of women's rights organizations (WROs) and civil society organizations (CSOs) to advance SRHR and prevention of GBV

**Immediate Outcome (1210): Increased organizational capacity of partner organizations and select WROs/CSOs to deliver effective SRHR and GBV prevention programs:** Through the Capacity Assessment Tool for Sexual and Reproductive Health and Rights (CAT4SRHR), SHE partners were able to identify strengths and weaknesses of their organization and their capacity needs. Evidence from the peer-to-peer review provided positive feedback about the CAT4SRHR workshops and tools, as well as confidence in its potential impact on partner organizations. Although there were some delays in implementing this component, partners confirmed their interest in continuing with the workshops.

4 Department of Health (DOH), 2009, Adolescent Job Aid Manual.

**Immediate Outcome (1220): Strengthened capacity of WROs/CSOs to generate knowledge to influence policy and practice on women's rights, particularly on SRHR and GBV prevention:** Partners claimed that learning events helped participants reflect on the importance of a rights-based approach to research design and data collection methods. As a result, three organizations prepared and submitted research proposals on SRHR and GBV as part of the UPCWGS Feminist Research 101 seminar-workshop and one received funds to apply feminist principles to the research instruments and data collection tools used to assess the impacts of the COVID-19 pandemic on women and girls in selected barangays in the provinces of Albay and Sorsogon. In addition, initial findings from research studies helped contextualize SRHR and GBV issues and develop knowledge products, like infographics, which are being integrated into Information, Education, and Communication (IEC) materials, briefers, and policy documents for both Pillar 1 and 2 advocacy and influencing activities.

**Immediate Outcome (1230): Improved ability of WROs and networks to promote women's rights and influence policymakers on SRHR and GBV prevention:** Evidence from the desk review showed that partners have gained skills and confidence to embark on public actions to promote women's rights and influence policymakers on SRHR and GBV prevention. For example, the Women's Global Network for Reproductive Rights (WGNRR), in conjunction with other 62 organizations and individuals, including SHE partners, developed a joint position statement in 2020 derived from a series of multi-stakeholder consultations to demand that SRHR remain essential in the government's pandemic response. As part of the International Day of Action for Women's Health campaign, this statement was submitted to key agencies and disseminated to the media. The statement was picked up by major news outlets online and WGNRR received direct responses from several government agencies, including the Department of Health which subsequently released the Interim Guidelines on the Continuous Provision of Family Planning and Maternal Health Services during the COVID19 pandemic.

# Design

### PROJECT RELEVANCE

Despite contextual changes brought about by the COVID-19 pandemic, the project's Logic Model, Theory of Change, and assumptions remained relevant. Evidence from a broad range of SRHR and GBV indicators showed that women and girls in the Philippines still face numerous challenges in exercising their SRHR regardless of the COVID-19 pandemic. Critical barriers remain in place, such as insufficient knowledge and awareness of SRHR, limited decision-making power among women and girls, societal norms and values regarding SRHR, and policy-related issues like the criminalization of abortion and restricting parental consent requirements to access SRHR services. Additionally, key indicators like the number of GBV cases, HIV/AIDS prevalence, teenage pregnancy (which is now officially considered a national emergency), and maternal mortality rates remain worrying.

There was consensus among project partners on the validity of the design for the Philippine context. When asked *"on a scale of one to 10, to what extent do you feel the project design has been crafted to address the project's objectives and reason for being in the Philippine context successfully"*, respondents to the self-assessment questionnaire, which was administered to all partners during the peer-to-peer review, provided a modal score of eight with no scores below zero.

In conclusion, the pursuit of long-lasting multi-pronged interventions that simultaneously address community norm-setting, attitudinal change, health-seeking behaviours, SRHR service provision, organizational capacity strengthening, and social accountability are relevant and recommended.

### KNOWLEDGE OF THE PROJECT AND SRHR KEY CONCEPTS

Evidence from the desk and peer-to-peer reviews showed that SHE partners understand the project design, Project Management Framework, and Theory of Change, and have no irreconcilable differences regarding key SRHR concepts. However, during the peer-to-peer review, some differences in interpretation emerged regarding concepts like women's sexual and reproductive autonomy, particularly among partners working in predominantly Muslim areas.

### EMERGING CONCERNS

Some emerging concerns were reported during project site visits, including emerging sexual orientation, gender identity, and gender expression (SOGIE), mental health concerns among partner staff and communities, and the effects of caregivers' increased workload on their ability to participate in SRHR project activities.

## Implementation

### MANAGING CHALLENGES ASSOCIATED WITH THE COVID-19 PANDEMIC

Most implementation challenges identified by partners and HSPs during the data collection phase of the qualitative component are related to context changes brought about by COVID-19. Public health restrictions and shifting priorities (e.g. vaccination rollouts) became a common implementation challenge that in some cases translated into lower stakeholder availability, participation, or engagement among HSPs, men, and boys in project activities. However, the project has adapted well to the challenges imposed by the pandemic by promoting the use of virtual platforms, increasing the number of training sessions, reducing the number of participants per session, encouraging the adaptation of activities to remote settings, and hiring local consultants.

### PARTNERSHIPS AND COLLABORATIVE WORK

The identification and use of strategic partners was a compelling and successful element of the SHE project's partnership model. Partner organizations that are part of Pillar 1 are a potent mix of local and grassroots organizations well-integrated into the implementation sites. In contrast, Pillar 2 partners stand out because of their extensive networks and ability to build alliances. In addition, partners show a strong sense of ownership and belonging to the project. Placing partners in the "driver's seat" has been a very successful approach.

Finally, the MTE qualitative component found evidence of collaborative and coordinated work between partners. There is an atmosphere of camaraderie and openness among the project partners that favours cooperation and collaborative work, and this was evidenced not only through partners' reports and notes from coordination meetings (e.g. Project Coordination Team minutes), but also during the Partners Learning Interaction that was part of the peer-to-peer review process. For instance, joint planning sessions and coordination mechanisms between Jhpiego and the Family Planning Organization of the Philippines (FPOP) have proved helpful for the successful delivery of project activities by encouraging complementarity, reducing duplication of efforts, and enriching the quality of the activities offered.

Finally, there is also evidence of collaboration across pillars. Throughout the project, Pillar 1 partners engaged in Pillar 2 activities. For example, the University of the Philippines Center for Women's and Gender Studies (UPCWGS) trained participants from seven SHE partners in Feminist Research Techniques 101: Feminist Epistemologies, Research Methods, Ethics, and Integrity.

### ACTIVITIES TO ACHIEVE SUSTAINABLE CHANGE

The Midterm Change Study and the peer-to-peer review showed that Jhpiego's multi-stakeholder collaboration with health facilities, other SHE partners, and multiple government agencies proved to be essential for bridging information and services to women and adolescents in the communities. At least three modern family planning methods, including at least one long-lasting reversible method, were available in all 21 target facilities during outreach activities. According to HSPs, Jhpiego's assistance resulted in enhanced skills and more emphatic behaviour toward clients, which translated into more genderresponsive, less judgemental, and more youthfriendly SRHR service provision, and consequently, more clients and greater trust from the communities.

What's more, evidence from the qualitative component showed that active and sustained involvement of peer educators, local partners, and community leaders is perceived by partners and HSPs as a firm path toward the sustainability of efforts and changes in target communities, and it is considered an essential factor to explain progress toward attitudinal change. Local community facilitators acting as change agents, advocates, and champions at the local level were an established good practice and have been invaluable during the pandemic when SHE partners' staff were restricted from visiting project sites.

Further, through technical, logistic, and financial support to health facilities, the project helped enhance adolescents' access to and use of SRH services in health facilities by supporting the development of enabling environments that prioritize confidentiality and the provision not only of services and commodities, but also of age-appropriate, comprehensive, and scientifically accurate SRHR information. IEC materials, especially flipcharts, proved to be highly effective in raising awareness among adolescents.

Despite the diversity of materials developed by partners, key SRHR concepts are being systematically incorporated into IEC materials, training manuals, and advocacy pieces. Concepts such as feminism, women's autonomy, choice, and empowerment are being incorporated into the strategies and activities of the SHE project across different contexts. Robustness and creativity stand out as features of the materials development process and the incorporation of quality assurance procedures.

### CHALLENGES WITH MALE PARTICIPATION AND ENGAGEMENT

The peer-to-peer review showed that men's and boys' participation and engagement in project activities became more challenging due to stress caused by livelihood insecurities as a result of the pandemic. All partners agree on the strategic importance of men's and boys' participation, as well as the need for enhanced engagement and sensitization strategies for this group.

### ALLIANCE BUILDING

Some partners have developed a solid relationship-building strategy with LGUs that rests on two key elements: learning from the experience of other organizations, and developing persuasive messages tailored to each LGU's personality and dynamics. By building strong working relationships, some partners have influenced policies and programming. A good example was the willingness of the BARMM LGUs to address the teenage pregnancy issue by inviting SHE partners to be part of the technical working groups defining policies and programs on this topic.

## CAT4SRHR

There are two main findings to highlight under this area:

First, and overall, partners have a positive perception of the CAT4SRHR process. All partners acknowledged that the CAT4SRHR allowed them to objectively self-assess their capacities and needs. The CAT4SRHR also allowed them to develop and implement concrete actions to enhance their organizations by: hiring personnel and consultants to address organizational gaps; reviewing key documents to embed feminist principles and SRHR concepts; extrapolating learning to other non-SHE projects; and strengthening their monitoring systems and tools. To the question, "On a scale of one to 10, to what extent do you feel the CAT4SRHR tool/process has achieved its objectives during the first year of implementation?", partners gave a modal score of seven to the CAT4SRHR process.

Second, by the time the evaluation report was finalized, some CAT4SRHR activities were behind schedule due to restrictions imposed by the pandemic. Nevertheless, OiPh and partners have developed catch-up plans to reschedule delayed activities and minimize the impact on targets.

## Monitoring, Evaluation, and Learning (MEL)

Based on the desk review and peer-to-peer review, there is evidence of solid investment in time and resources to provide partners with knowledge and technical assistance regarding quantitative data collection, validation, reporting, storytelling, and beneficiary counting. On a scale of one to 10, partners gave a modal score of eight to the MEL component of the project.

As an emergent and unexpected result in this area, partners have taken ownership of the Performance Measurement Framework and turned it into a solid and reliable project management and monitoring tool.

Despite the tools and guidance provided, there is a need to enhance qualitative data collection and storytelling. The desk review and peer-to-peer review showed that partners still struggle to produce quality information on this front.

Evidence also shows that learnings were documented and disseminated to project intermediaries and drivers of change in creative ways. The project's stories and lessons were converted into more palatable formats like infographics, video shorts, photo essays, and policy briefs, and shared with key stakeholders at different levels. Pivoting research data into easy-to-understand content is a good practice and makes it easier to disseminate information to diverse audiences. Other SHE partners and key stakeholders were allowed to share and utilize the knowledge products.

The communication and advocacy strategy used various social media platforms to share and engage with different audiences. However, not all partners are aware of knowledge products initiated by other SHE partners. There is a need for more vigorous exchange and dissemination among partners as well as training modules and knowledge products in local languages.

Finally, as not all partners have a dedicated Monitoring, Evaluation, and Learning (MEL) officer, there is a need to review and optimize templates and information requirements and improve coordination across key stakeholders' (e.g. GAC, OCA, and OiPh) reporting and monitoring requirements and activities.

# MAIN RECOMMENDATIONS

## From the MTE Qualitative Component

**R1.** Provide periodic refresher sessions about project context and content to partners and new staff to ensure a shared understanding of SRHR concepts.

**Status:** Accepted; Underway.

**Oxfam response:** The SHE project provides refresher sessions for partners regularly in different spaces (Project Coordination Team meetings, partnership conversations, FAMs, and so on) and on a wide range of topics, including SRHR. However, additional refresher sessions to new partners or staff will be offered in the second half of the project.

**R2.** Discuss and address with partners and allies the increase in VAWC and teenage pregnancy by (i) enhancing peer educator training modules (encouraging empathy and appropriate referrals); (ii) establishing or supporting existing VAWC Watch Groups; (iii) training barangay VAWC Desk Officers and Multidisciplinary Teams; and, (iv) exploring / adapting complementary strategies from other organizations.

**Status:** Accepted; Underway.

**Oxfam response::** Activities on teenage pregnancy, GBV/VAWC, and SOGIE have been integrated into project activities. However, additional efforts can be undertaken to improve the integration of, for example, SOGIE issues into upcoming SHE activities. On the topic of care work, since the start of the project, many partners have organized their activities to ensure the participation of caregivers (i.e. proposing alternative schedules). GAC's recent guidance note on paid and unpaid care work will be analyzed to see how SHE funding can be leveraged to ensure full participation from caretakers in project activities (e.g. covering child care).

**R3.** Enhance engagement and sensitization strategies with men and boys by (i) highlighting the positive roles men and boys can play in transforming gender inequities in project areas; (ii) discussing men's stress caused by livelihood insecurities during the pandemic; (iii) developing IEC materials on men's active involvement in reproductive health issues, and the importance of supporting women's reproductive health decisions; and, (iv) connecting peer educators, health personnel, and community members with POPCOM and Department of Social Welfare and Development programs such as Empowerment and Reaffirmation of Paternal Abilities Training, KATROPA, and the Arouse-Organize-Mobilize strategy.

**Status:** Accepted; Underway.

**Oxfam response:** Many of these recommendations have been derived in concrete actions already underway (i.e. highlighting the positive roles of men and boys, developing IEC materials on men's active involvement in RH, and connecting peer educators with POPCOM and DSWD programs). However, more effort can be placed in this area in the second half of the SHE project. For example, IEC materials can continue developing and improving in this thematic area. The project can also better monitor the impact and effectiveness of partners' approaches to men and boys, including collecting and analyzing qualitative data on their participation and engagement in project activities. The issue of men's economic and livelihood stressors and in-depth livelihoods programming is unfortunately out of scope for the SHE project.

**R4.** Develop catch-up plans for delayed CAT4SRHR activities.

**Status: Accepted:** Underway.

**Oxfam response:** Catch-up plans have been developed with partners. Delayed activities began being implemented in the last quarter of Year 4 and will continue during the first quarter of Year 5.

**R5.** Enhance qualitative data collection and analysis with new tools, training, and guidance.

**Status:** Accepted; Actions Needed.

**Oxfam response:** The SHE project recognizes the need for improved and systematic qualitative data collection, and concerted efforts are underway to improve in this area (i.e. template reviews, upcoming outcome harvesting and sense-making workshops and sessions, and storytelling guidelines and support).

**R6.** As not all partners have a dedicated MEL officer, there is a need to review and optimize templates and information requirements to avoid overlap and work overload.

**Status:** Accepted; Actions Needed.

**Oxfam response:** Oxfam has worked to improve and optimize templates to streamline reporting processes for partners and will continue to do so in coordination with Jhpiego and OiPh. In addition, a MEL Working Group will be created to support better MEL and Program Officers responsible for reporting activities. Oxfam will also coordinate with GAC to alleviate the monitoring burden and competing / duplicative monitoring activities for partners.

**R7.** Making the SRHR Resource Hub accessible and useful. It was found that while all partners have access, they are not necessarily utilizing the Hub due to unfamiliarity with how to navigate the filing index and how files are cataloged.

**Status:** Accepted.

**Oxfam response::** The Resource Hub already contains an introduction to the Hub, an annotated bibliography, and descriptive titles. Nevertheless, to facilitate access and usability by new staff, Oxfam will develop a short (two to three minute) introductory video showing how to navigate the Hub for annual circulation among partners. A more critical issue to be addressed is the sustainability of the Resource Hub, a topic Oxfam will focus on in the second half of the project.

**R8.** Plan early for the end-line project evaluation.

**Status:** Accepted; Actions Needed.

**Oxfam response::** Early planning for the end-line study and project evaluation has been built into the project MEL schedule. As with the MTE during COVID-19, planning may be subject to external circumstances beyond the management's control.

### From the Comparative Statistical Analysis of the Baseline, Pulse, and Midterm Surveys

**R9.** Explore and implement alternative methods and tools, such as focus groups or anonymous interviews in safe spaces, to address under-reporting of GBV/VAWC information in surveys and future research initiatives. It is recommended to hire experienced interviewers on this topic and provide respondents with opportunities for relaxation, discharging / debriefing, and counselling.

**Status:** Accepted; Actions Needed.

**R10.** Given evidence of reduced positive attitudes among men and boys, as shown in the SRHR Index indicators, the incorporation of questions that seek to measure the existence of negative actions or behaviours in daily life is recommended. Possible alternative questions may arise from holding workshops or focus groups directly in the communities or from review of the forms or questionnaires used to investigate, more widely and indirectly, attitudes of gender violence.

**Status:** Under Review.

## FOLLOW-UP ACTIONS

Oxfam Canada will follow three parallel paths to respond to recommendations:

1. Working with key stakeholders to review the main findings and recommendations derived from the assessment.
2. Supporting partners to implement actions derived from the recommendations.
3. Incorporating learnings into the planning of future evaluation projects and surveys.

With regard to working with key stakeholders, the Oxfam Canada team will take the following steps:

- Share the final reports, draft Management Response, and Executive Summary and Recommendations with OiPh, Jhpiego, and partner organizations.
- Discuss key findings and recommendations during SHE's internal learning and planning sessions for joint decision-making about next steps (Completed, February 2022).
- Host a webinar with the SHE country team and partners to share key findings, recommendations, and proposed actions, and gather feedback during the first quarter of Year 5.

With regard to supporting partners in implementing actions derived from the recommendations, the Oxfam Canada team will take the following steps:

- Compile a list of agreed actions derived from recommendations for incorporation into annual work plans.
- Incorporate progress tracking for implementation of the actions derived from the recommendations into the project routine monitoring activities.
- Host a webinar or in-country learning event six to nine months from the submission of the consolidated report to reflect on the agreed actions and levels of implementation progress.

With regard to incorporating learnings into the planning of future evaluation projects and surveys, the Oxfam Canada team will take the following steps:

- Review and simplify templates and improve coordination on information requirements.
- Lead the sample planning and methodological design for the following Pulse Survey (February 2023).
- Conduct a CAT4SRHR mix methods assessment in Year 5 (February 2023).
- Start planning for the project's final evaluation, and explore doing so through a single consultancy that includes collecting and analyzing quantitative and qualitative data.