Raising Awareness on Sexual and Reproductive Health Rights for Young Girls in Sindh Province, Pakistan

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Background

- Challenges persist for young girls in exercising their sexual and reproductive rights (DHS data, 2012-13)
  - Av. age of marriage for women: 19.5 years
- Young women face barriers in accessing health care services
  - 83.3% of women aged 15-19 reported at least one problem with access (permission, etc.)

Theory of Change

- Life Skills Education is a comprehensive education package for children in private schools, which focuses on core areas of SRH rights
  - Self-esteem
  - Communication skills and decision making
  - Conflict resolution skills
  - Understanding gender and puberty
  - Self and body protection
  - Human rights
  - Sexual reproductive health rights and issues

Theory of Change

- The intervention will consist of 14 sessions on the above mentioned topics.
  - The intervention will be delivered by teachers from each (private) school who will go through a five-day training on understanding and delivering the intervention to the students
  - Participatory methodology will be used in all workshops and life skills sessions
  - In the younger classes, go-rounds of personal sharing, brainstorming, use of puppets, interactive stories, role-plays, learning of messages through poems, drawings and coloring will ensure maximum participation
  - For the purpose ‘tool kits’ have been developed containing the required material to ensure interactive and creative sessions. With the older children, role-plays and group work will be used to highlight a topic

Theory of change

- Girls (13-14) in Sindh, Pakistan have low levels of reproductive and sexual rights *(high levels of early marriage, pregnancy and poor health)*

Need Assessment

- Training for teachers and information package for young adolescent girls in private schools

Intervention

- Schools allow for classes to take place
- Students are allowed to enroll in SRH sessions in the classrooms by parents
- Adolescents have reliable access to health services (distance, available)
- Parents are ready to send their children to health services

Assumptions

- Improved awareness and life skills of girls with an increased active participation in decision making on their sexual and reproductive health issues

Intermediary outcomes

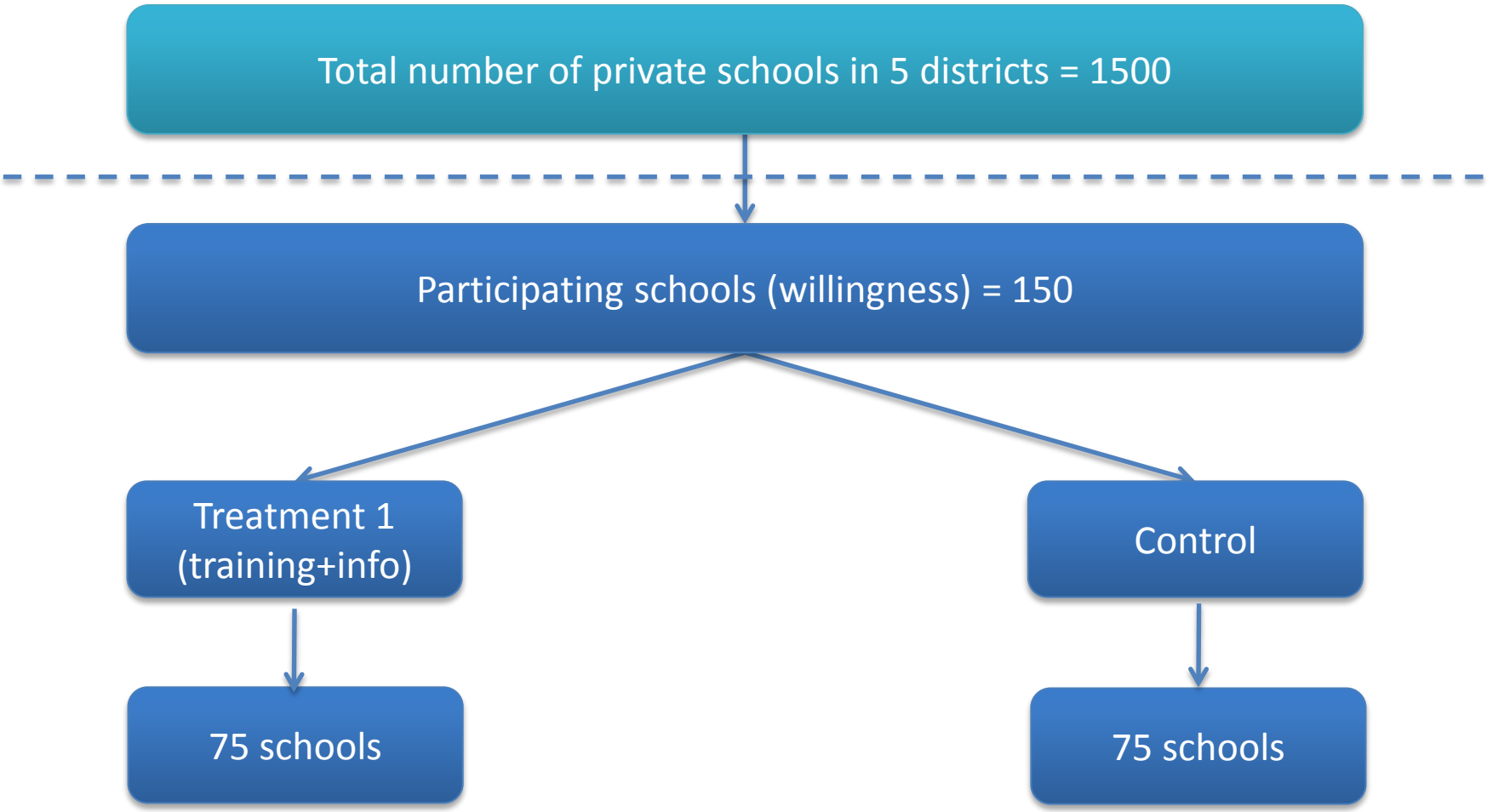
- Young girls (13-14) from the 5 districts of rural Sindh have improved access to health services

Outcomes

Evaluation Questions and Outcomes

- Does an increase in awareness of young girls on sexual and reproductive health lead to better access of health services?
  - Indicators: Percentage of young girls who have accessed a health service; percentage of young girls reporting a problem in accessing health services (permission)

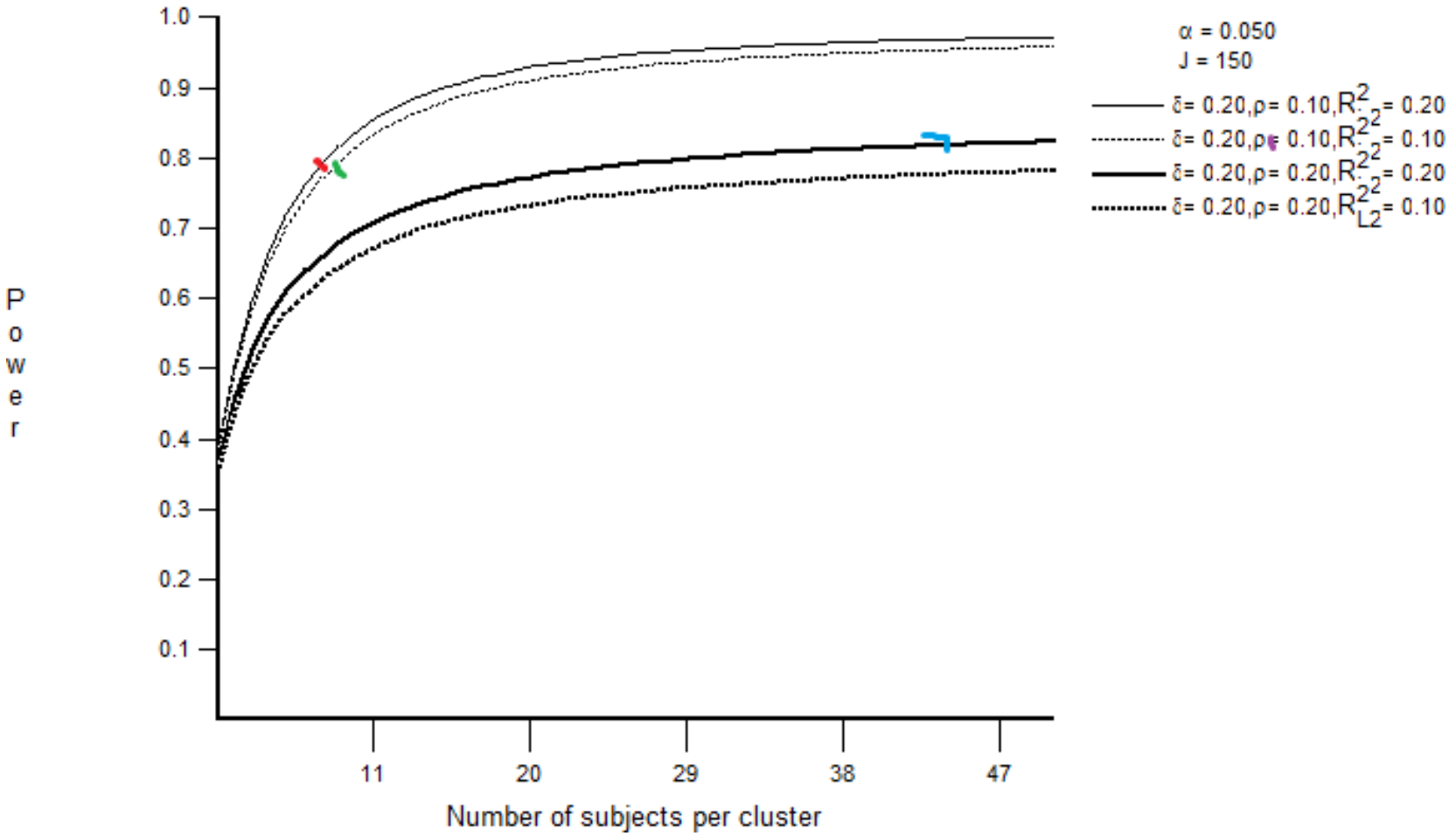
Evaluation Design



Data and Sample Size

- Outcomes:
  - Access to Health Services
- Data:
  - 150 Schools
  - Households survey
- Power calcs:
  - Confidence level 80%
  - Standardized effect at outcome level: 20%
  - Inter cluster correlation: 0.1
  - Additional R2: 0.2
  - 150 Clusters and 9 subjects per school (1,250 questionnaires)

Data and Sample Size



Potential challenges

- Attrition:
  - School leavers
  - Mobility (migration)
  - Refusal to take the survey (by children/parents)
- Compliance:
  - Parents may withdraw children from school (and from programme)
- Spillover:
  - Limited spillovers expected due to the nature of the area

Costs

Number of Students +parents to be interviewed	Cost per Survey	Total cost of one round of survey	Total Cost of Two rounds of surveys	Total cost of IE (surveys+ analysis)	Total cost of intervention (training * number of schools)	Total cost	Total number of beneficiaries (63 per school)	Cost of the intervention per beneficiary	Cost of intervention plus evaluation per beneficiary
1650	30	49500	99000	159000	150000	309000	9375	16	32.96

Results

- More effective interventions for a challenging area that lacks evidence
- Replication and up-scaling
- Influence policymakers