CRPF Child Research and Practice Forum

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Editor's Note

Dear readers,

We are pleased to welcome you to the June 2022 CRPF quartely newsletter. This edition presents three summaries of research presented at the monthly CRPF seminars. These are from papers on, 1) National Adolescents and Youth Health Strategy (2021-2025), 2) Living through COVID, Conflict and Climate Change -Young Lives phone call surveys: key findings, and 3) Collaborative Child Marriage Cancelation Intervention Glimmer of hope for Adolescent Girls: Experience from Act With Her Project, South Gondar. It also addresses news about Young Lives insights on gender and education in Ethiopia presented on the Evidence for Gender and Education Resource (EGER) Conference.

We look forward to your comments, suggestions and contributions. For more information, please contact us via crpf.ethiopia@gmail.com or 011 1 540121
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A Lost year of Learning for girls in Ethiopia

The Young Lives Ethiopia Country Director, Dr Alula Pankhurst, presented Young Lives insights on gender and education in Ethiopia based on Young Lives longitudinal study findings from pre-school to secondary-school in Ethiopia to the Evidence for Gender and Education Resource (EGER) Conference organized by Population Council, on 9th of May, 2022. The conference aimed to bring together researchers, practitioners, and leaders in the sector to discuss new research and evidence-based approaches to support girls' education in Ethiopia.

Young Lives evidence suggests that, while girls' attendance and achievement in primary school do not differ much from boys, for secondary school the constraints on girls are very serious, including gender-based violence, and work in poorer families. Moreover, early marriage tends to lead to dropout of girls in secondary and tertiary education with little prospect of resuming education.

In addition, the unprecedented scale of the economic and social impacts of the COVID-19 pandemic that increased the domestic workload for girls and led to higher levels of mental stress among girls who were enrolled but unable to continue studying, and the conflict situation in northern Ethiopia, underline an urgent need for robust lesson learning in order to avoid further exacerbating inequalities and gender disparities in access to education.

For further information: A Lost Year of Learning for Girls in Ethiopia: Evidence From the Young Lives at Work COVID-19 Phone Survey- https://www.younglives-ethiopia.org/node/983

CRPF Newsletter Issue #22, June, 2022

Research Summaries from CRPF presentations

National Adolescents and Youth Health Strategy (2021-2025)

Abiy Hiruye (PhD) and Eyob Getachew

Introduction

Globally, there are over 1.8 billion adolescents and youth aged 10-24 years, 90% of whom live in developing countries. In Africa, 32% of the population belongs to the age group of 10-24 years. In Ethiopia, adolescents and youth of the age group 10-24 years account for 33% of the total population and over three-quarters of them live in rural areas. Adolescents and youth constitute a wide age range with diverse interests, problems, and capacities that require further disaggregation for targeted and successful interventions. Adolescence and Youth is a period in which an individual undergoes enormous physical and psychological changes in social expectations and perceptions.

A strategic response is vital to address their physical, social, and mental development needs thereby harnessing the critical demographic dividend expectations. Meeting their diverse and dynamic needs of health, education, economic empowerment, and participation calls for broader investment in health infrastructure, socio- cultural and economic domains.

A critical, overarching reason to invest in the health of adolescents and youth is that it is adolescents and youth's fundamental rights to life, development needs, and fulfilment of the highest achievable health standards through access to health services. In addition, the investment in adolescent and youth health will bring a triple health dividend for adolescents, now, for their future adult lives, and the next generation health and wellbeing which are engines of change in the drive to create healthier, more sustainable societies.

To address these key adolescent and youth health issues, the government of Ethiopia has taken several measures through its youth policy, the Health Sector Development Program I-IV, the Health Sector Transformation Plan I-II, the National Adolescent and Youth Reproductive Health Strategy (AYRH) in 2006, Adolescent and Youth Health Strategy 2016-2020, and many other responses. As a result, encouraging outcomes have been achieved such as improved youth responsive health facilities, adolescent and youth awareness, utilization of health services, reduced unsafe abortion and its complications, age disaggregation of routine service data, etc.

However, adolescents and youth are still facing multiple challenges starting from the emerging health threats, through to preventable causes of morbidity and mortality. As a result, this strategy is developed through a consultative process involving stakeholders including sector ministries, regional health bureaus, and adolescents and youth.

Strategic Framework

The Strategic Framework is based on an integrated and comprehensive adolescent and youth health care package that comprises health promotion, preventive, curative, and rehabilitative interventions across all levels of care. The package promotes a focus on consolidating gains from the previous strategic document implementation. It holds on to key basic principles of program planning, implementation, and monitoring and evaluation at all levels and stages.

As depicted in the framework below, the national AYH strategy entails four interlinked strategic objectives that lead to the achievements of the desired targets and outcomes by 2025 and the realization of the HSTP II goals. Under all the strategic objectives a total of eight priority areas are identified. For each priority area, a list of potential interventions and sub-activities are identified with a timeline of the implementation period. The targets and monitoring frameworks to measure these objectives are listed separately.

Vision: Healthy, Productive and Empowered Ethiopian Adolescent and Youth

Goal: By 2025, attain full health and well-being of adolescent and youth through ensuring equitable access and utilization of comprehensive health services.

<table>
<tr><td>Enhance health literacy among adolescent and youth</td><td>Improve equitable access to adolescent and youth health services</td><td>Improve quality of adolescent and youth health services</td><td>Strengthen leadership and accountability</td></tr>
<tr><td>SP1: Positive youth health development</td><td rowspan="3">SP3: Expanding Adolescent and youth health service package and delivery outlets (Youth centers, education settings, universities, Industrial parks etc.</td><td>SP4: Mainstream Continues Quality improvement in all Service delivery settings</td><td>SP6: Strengthen and scale up of financing for adolescent and youth health</td></tr>
<tr><td rowspan="2">SP2: Adolescent and youth leadership and engagement in health</td><td rowspan="2">SP5: Enhance Adolescent and youth health competent workforce</td><td>SP7: Strengthen Adolescent and youth Health information management</td></tr>
<tr><td>SP8: Enhance multi-sectoral approach, programming and Regulation</td></tr>
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Key Interventions for Each Strategic Priority

The key interventions are:

- Multisectoral approach interventions for Adolescent and Youth Health (AYH) service access
- Strengthening school health program with the Ministry of Education
- Programming with the Ministry of Women, and Social Affairs
- Programming AYH with Industrial Park Development Corporation and Development Corridors
- Programming of AYH at TVETs and Higher Educational Institutions

- Adolescent and youth health interventions in humanitarian and fragile settings
- Coordination and collaboration on AYH intervention at all levels

Implementation Arrangements

The implementation of this strategy requires the availability of skilled professionals, adequate supplies, commodities, and equipment, proper information management systems, sound governance and management, a sustainable financing mechanism, and appropriate service delivery outlets. Moreover, new service delivery outlets including industrial parks and megaproject sites need infrastructure arrangements. Adolescent and youth health services selected indicators need to be integrated into the planning and reporting system (HMIS) for routine evaluation and monitoring including in the new service provision outlet.

Monitoring and Evaluation

Monitoring and evaluation of the AYH strategy will rely on various systems and data sources (routine and periodic), supported and maintained by numerous stakeholders. A comprehensive list of key performance indicators from the strategic document will be integrated within routine data collection mechanisms such as DHIS II, the MNCH scorecard, and associated monitoring tools. This strategy learns from the past and the current on-going practices for better programming. Additionally, the AYH is backed up through continuous monitoring, evaluation, research, and outcome harvesting of the changes and paying attention to building capacity to increase participation and adopt both proven and innovative youth systems. The following will be the key areas the strategy will focus on in adding to the routine means like monitoring, review meeting, and supervision.

- Health Information Management System
- Young People Engagement in Data Demand and Use
- Performance Measurement Strategy
- Learning and Research

Research Summaries from CRPF presentations

Living through COVID, Conflict and Climate Change Young Lives phone call surveys: key findings

Alula Pankhurst (PhD)

Introduction

New research from the research on Listening to Young Lives at Work: COVID-19 Phone Surveys, in Ethiopia, shows that widening inequalities and ongoing socio-economic impacts of the Covid-19 pandemic are continuing to derail prospects for a generation of young people, affecting those from poor households and marginalised groups hardest.

Two years on from the start of the pandemic, countries around the world are facing significant economic and social challenges, and rapidly changing circumstances. But COVID-19 is not the only global crisis; evidence from Ethiopia reflects unprecedented times, as vulnerable families grapple with the compounding effects of civil conflict and climate change, including an alarming increase in food insecurity in the south-western region, alongside the devastating impact of the Tigray conflict in the north.

COVID-related phone surveys

Young Lives Ethiopia is tracking two age groups (or cohorts): 2,000 children born in 2001-02 and for comparison of progress 1,000 children born seven years earlier in 1994-95.

5 phone survey calls were conducted from June 2020 to December 2021

Phone Survey Calls	Dates	Interviews Conducted
Round 1	Jun. – Jul. 2020	Total 2,471 young people (1,687 Younger Cohort respondents, aged 19, and 784 Older Cohort respondents, aged 25 years old)
Round 2	Aug. – Oct. 2020	total 2,439 young people (1,665 Younger Cohort respondents aged 19, and 774 Older Cohort respondents aged 25)
Round 3	Nov. - Dec. 2020	total 2,021 young people (1,384 Younger Cohort respondents aged 19, and 637 Older Cohort respondents aged 26) although respondents in the 4 Tigray sites were not reachable
Round 4		Keeping in touch and tracking the previous calls
Round 5	Oct. – Dec. 2021	Total 1,738 young people (1,169 from the Younger Cohort and 569 from the Older Cohort) in addition to the Tigray sites 2 sites in Amhara were unreachable

Findings

COVID vaccination and testing

- In October–December 2021, only 5 per cent of respondents believed that someone in their household had been infected since the virus outbreak in 2020, compared to 2 per cent in August–October 2020 (Call 2). Perceived levels of infection were considerably higher among urban respondents (9 per cent), compared to less than 1 per cent in rural areas. Differences in suspected infections between locations may be a result of different levels of transmission, but may also reflect more limited access to testing in rural areas.

- Overall, only 73 per cent of young people said they would be able to get a COVID-19 test if needed, compared to 24 per cent who said they could not (3 per cent were unsure). Those living in rural areas were significantly less likely to be able to get tested (only 63 per cent could get a test, compared to 88 per cent in urban areas). Wealth status also mattered in urban areas, where only 79 per cent of those in the poorest households (compared to 92 per cent of the wealthiest group) reported that they could get a test if needed.

- Vaccination rates were very low in October–December 2021 and distributed unequally. Fewer than 1 in 20 (3.4 per cent) respondents had received a COVID-19 vaccine dose by the end of 2021, marginally above that reported in August 2021

Education

Results relating to the impact of the pandemic on education focus on the Younger Cohort (19–20 years old), of whom 86 per cent were enrolled in education at some point between January 2020 and October–December 2021. Despite efforts to reopen schools towards the end of 2020, the disruption caused by the continuing conflict, has made returning to school impossible for many young people. Even in affected areas where it may be safe to return, some school buildings have been destroyed or looted.

- Of those enrolled in education since the beginning of 2020, 13 per cent had left education by October– December 2021.

- Just under a third (30 per cent) of 19–20-year-old students reported that the quality of their education had declined since the start of the pandemic.

Employment

Employment rates were returning towards pre- pandemic levels by early 2021, only to fall again by October–December 2021. Among 26–27 year olds (Older Cohort), rates of employment had broadly recovered by the end of 2020, following the lifting of economic restrictions, and continued to improve through the first part of 2021, with 58 per cent of these respondents in work by March 2021 (compared to 61 per cent before the pandemic). However, the worsening security situation in the latter part of 2021, combined with drought and high inflation, contributed to a subsequent fall, with only 54 per cent having worked for at least one hour in the week prior to the October–December interview. Notably, the Young Lives sites in Amhara and Oromia (the Amhara sites being closest to the Tigray conflict) experienced the largest fall in employment between March and October–December 2021 (from 72 per cent to 65 per cent in Amhara, and from 70 per cent to 62 per cent in Oromia).

Employment losses during the initial period of economic restrictions in 2020 were more heavily weighted towards young women, although both men and women appeared to have largely recovered by March 2021.

Household wealth and food security

In October–December 2021, we asked the respondents to categorise the current wealth status of their household (as poor/destitute, struggling, comfortable, or rich/very rich). We compared these responses to those recorded in August–October 2020 (Call 2) and just before the pandemic (recalled during the Call 2 interview). The findings show how perceptions of household wealth have shifted over the course of 2020 and 2021.

- Overall, there has been a significant decline in perceived wealth, compared to before the COVID-19 outbreak.

- An overall increase (more than double) is seen in the number of respondents who considered themselves to be struggling.

- Of even greater concern, is a marked increase in the overall number of individuals who consider their households to be poor or destitute, particularly in urban areas.

Food insecurity had become more widespread since the end of 2020, with an increase in mild food insecurity but, encouragingly, a fall in severe food insecurity in all but the SNNP region. Much of this increase can be linked to the Young Lives sites in the SNNP region, where a staggering 75 per cent of respondents experienced mild food insecurity in 2021 (compared to only 38 per cent in 2020).

Mental health

Following a small increase in the prevalence of anxiety and depression during 2020, both conditions had shown a moderate decline by October–December 2021, though rates are still concerningly high among those that we spoke to.

While these findings suggest an overall improvement in mental health, it is likely that this does not reflect the experiences of all groups in Ethiopia (particularly those affected by conflict or food insecurity).

Policy Recommendations

- Adapt existing social protection programmes to be more ‘shock-responsive’, including using rapid data collection and digital technologies (e.g. contactless cash transfers) to ensure support is targeted to those who need it most, including ‘newly poor’ households.

- Protect households against adverse weather events through establishing climate risk monitoring and early warning systems, and implementing protection schemes such as climate risk insurance or anticipatory cash transfers.

- Provide long-term support to vulnerable households by strengthening existing social insurance or social protection programmes, or extending ambitions towards universal basic income policies or universal job guarantees.
- Support schools and universities to measure learning losses effectively, with adequate funding and resources for targeted ongoing catch-up programmes tailored to young people's actual learning needs and prioritising improved quality of teaching.
- Support both young women and young men to continue their education at times of family crisis, including through approaches such as flexible class times.
- Target policies to address the digital divide, including internet/ broadband access in rural areas and in poorer households.
- Ensure adequate funding is allocated to education, including higher education.
- Ensure active labour market policies consider a combination of measures, including matching jobseekers with vacancies and upgrading and adapting skills, alongside long-term job creation, notably by the private sector.
- Prioritise the reintegration of women into the labour force, through expanding policies in sectors that employ a high proportion of women and strengthening labour market programmes that explicitly target vulnerable women.
- Enable more flexible working arrangements, better access to paid family leave, and the provision of affordable and accessible childcare facilities to help young women avoid binary choices between paid employment and unpaid caring responsibilities.
- Significantly increase vaccine and testing supplies to low-income countries through multilateral efforts like COVAX, releasing surpluses from high-income countries, and improving underlying health infrastructures to enable the successful distribution of vaccines and related testing facilities.
- Prioritise and expand urgently needed mental health and psychosocial support for young people, fully accessible in both urban and rural areas, including investment in mental health professionals and social workers. Using new technologies can be a cost-effective way to expand access to mental health services where mobile phone penetration is high.
- Integrate mental health into existing services (e.g. primary health care and community-based services) and social protection programmes, and embeds mental health support into schools and universities, with regular training for teachers and other personnel to help identify at-risk students.
- Increase investment in awareness-raising campaigns and data collection to raise the visibility of mental health issues among young people and identify what works in the provision of services and addressing underlying causes.

For further information: - Policy brief 52 - https://bit.ly/3vj7lRg

Research Summaries from CRPF presentations

Collaborative Child Marriage Cancelation Intervention Glimmer of Hope for Adolescent Girls: Experience from Act With Her Project, South Gondar

Masresha Soressa

Background and Purpose

Ethiopia is home to 15 million child brides with one of the world's highest rates of early marriage, according to UNICEF. Amhara, Oromia, and SNNP regions are among the regions considered hotspots. There are 50 hot spot child marriage woredas identified in Ethiopia of which 23 are in Amhara region.

In South Gondar, the prevalence of child marriage had tremendously increased due to school closure and COVID State of Emergency (SoE) restrictions from March to August 2020. Because of school closure, girls faced a greater risk of being illegally forced into marriage. In woredas where Pathfinder's Act With Her project is operational, the government structure functioning has resumed late after the lifting of the SoE and hence the cancellation intervention became very challenging.

Until end of December 2020, a total of 878 arranged child marriage cases were reported in five woredas of South Gondar (Ebinat, Laygaynt, Tachgaynt, Simada and Libokemekem).

Methods

To mitigate and cancel these arranged child marriages, Pathfinder International through its Act With Her Project, have identified key strategies to intervene and facilitate the cancellation processes.

These were justice sector led law enforcement at community level, continuous community engagement activities, revitalizing school administration responses, integrating child marriage cancellation tasks into sectors routine political priority agendas, prepare safe and convenient shelters to admit and retain targeted girls, and ensure safety and security of admitted girls before and after cancellation (during reunion and aftermath).

Results

Through a collaborative intervention with key sectors and stakeholders in community, from October 2020 to mid-February 2021, from the 878 arranged child marriages cases identified, 632 cases were cancelled because of the interventions implemented. The remaining 204 girls have been married and 42 cases were confirmed eligible.

Key Changes

Adolescent Girls Agency

- Roll Back Early Marriage (RBEM) initiative has enhanced club members voice and confidence
- Enhanced agency for girls to say no to Child Marriage.
- Increased trend to report cases from girls themselves
- "Secret Box" utilization has increased from time to time to anonymously report cases
- Positive changes on adolescents in knowledge, attitudes, and practices regarding child marriage.
- School clubs engage boys as active members of the RBEM clubs
- Improvements in girls' academic performance
- Social Analysis and Action (SAA) group members became 'agents of change' to eliminate child marriage.
- Religious leaders also becoming champions and agents of change
- Iddir leaders enforcing laws by issuing social sanctions against child marriage.

Institution

- Social protection institutions at lower level have been strengthened on their response capacity
- School communities including parents and teachers committee, school principals and gender club facilitators are taking the lead in speaking out against child marriage.
- Knowledge sharing and collaboration has been strengthened through the initiatives of roll back early marriage (RBEM) club coordination platforms.
- Child marriage and gender equality are integrated in development plans of the government key sectors.

Lessons learned

What has worked well?

- School club strengthening has enhanced adolescent girls' voices and agency
- Adolescent capability enhancement programs such as AWH & HS curriculums builds on girls' awareness on existing HTPs
- Community led social behavioral change initiatives such as Social Analysis and Action (SAA) can supplement to avert negatively entrenched negative gender and societal norms
- Secret box in schools has given option for students to report unlawful acts and practices
- School directors and management play vital role in cancellation process at promise and preparation stages
- Law enforcement measures from justice sectors can influence parents' decision to proceed to wedding ceremonies
- Multisectoral integrated teamwork at woreda and kebele level can support the cancellation process
- Shelters to retain adolescent girls until end of marriage season can help cancellation efforts
- Engaging community and religious leaders, boys, elderly people, traditional healers, renowned persons is helpful to influence positive changes

What didn't work?

- Interventions during wedding/marriage and cohabiting stages can have a socioeconomic loss and impact on the parents, community, and the social system.
- Reversing/cancelling child marriages arranged for either priests or deacons is very difficult for actors and the communities.
- In case of parents whose economic security relied on issue of marriage, it was not be possible to cancel the wedding
- Managing issues for parents with entrenched views is very difficult

Major Challenges

- Child marriage drivers are very complex to understand and mitigate
- Economic insecurities at household level are key drivers for child marriage
- Age verification examinations at health facilities
- Deep rooted gender, social and religious norms on marriage
- Economic insecurity and vulnerability

Conclusion and Implications

It is critical to continue monitoring child marriage as the Covid-19 situation progresses especially in 'hotspots' areas such as South Gondar. Besides, child marriage cancellation needs a wise and genuine collaborative engagement of all actors. Schools, community leaders, health facilities, legal sectors, social protection institutions at kebele level must strengthen their networking especially during the traditional marriage seasons.

Interested to Know about CRPF?

The Child Research and Practice Forum (CRPF) was established in 2010 to promote work on child research, policy and practice. CRPF makes use of monthly seminars, quarterly newsletters and annual publications as a means to achieve its objectives. The publications are also available at the Young Lives Ethiopia website. CRPF is organized by Young Lives with the Ministry of Women and Social Affairs and UNICEF.

If you want to know more, please contact us via crpf.ethiopia@gmail.com