TERM OF REFERENCE (TOR) CONSULTANT FOR ENDLINE ASSESSMENT FOR MENSTRUAL HYGIENE MANAGEMENT (MHM) IN GREATER KOCH, NORTHERN LIEACH STATE SOUTH SUDAN– CARE SOUTH SUDAN

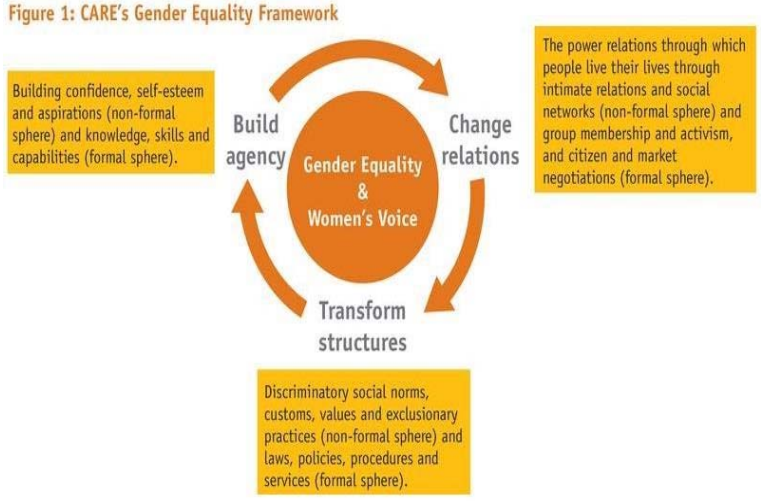
Background and rationale

CARE South Sudan in partnership with Humanitarian and Development Consortium (HDC), War child Holland & Universal Intervention and Development Organization (UNIDOR) are implementing the South Sudan Joint Response phase 5 (SSJR5) project in greater Koch of Northern Liech State (former Unity)-South Sudan. The SSJR5 project is an emergency lifesaving humanitarian program targeting both internally displaced persons, returnees and host communities. The goal of the project is to save lives and alleviate suffering of those most in need of assistance and protection and protect the rights and uphold the dignity of the most vulnerable. The project consists of Food Security and Livelihood and Protection (CP and GBV). Greater Koch is one of the administrative areas which suffered continued violence and conflict in South Sudan which resulted in the internal displacement of 2 million people and a further 2.5 million South Sudanese seeking refuge in neighbouring countries by mid-2018. In addition, the conflict has increased numbers of female headed households which has had a bearing on labour shortages at critical times in the farming season thereby affecting crop production. Women bear the brunt of protection issues and food insecurity with insecurity taking a toll on mostly women and girls. Rape and other types of gender-based violence are pervasive and largely go unreported with most aggressions faced mostly by women and girls, in a situation where undertaking daily survival tasks, such a collecting firewood and water are important but place them under threat.

CARE plans to conduct a Menstrual Hygiene Management (MHM) endline assessment to understand the existing practices for Menstrual Hygiene Management (MHM) as part of the GBV component and general status information about education related MHM and WASH. The MHM has strong relation related to readiness of very young adolescence aged 10-15 entered in the puberty phase. Puberty starts in some girls before adolescent and concludes with the physical capacity for human reproduction. For girls, menarche and menstruation is the physical, highly visible and marker of their transition to adulthood and may present barrier to education. Primary school girls receive little to no information about menstruation in primary schools and are therefore not aware of or prepared for the changes they experience. Besides this, traditional practices, and myths can be a barrier to hygienic menstrual management and growth during early adolescence. To address these barriers, the GBV sector plans to implement MHM interventions in Jaak and Kuachlual. A formative study on MHM will help us understand local practices with respect to MHM, and related WASH, and identify program strategies to address gaps. The Aug 2019 IPC classifies Koch in Emergency (IPC Phase 4) with slight improvement compared to same period last year. 60 % of population expected to face acute food insecurity (IPC phases 3 & 4) during Sept 2019 – April 2020 projection period. High GAM & SAM rates persists (15.5 & 2.1 respectively). The country has experienced repeated displacements over the past years as a result of conflict. This has given rise to protection issues for women and girls as these remain high. The most commonly reported violence includes sexual violence, early marriages and high risk for recruitment, neglect and abuse, especially among girl children. The county has had poor access to humanitarian assistance including livelihood activities. In a study by REACH, in January, only 15% of assessed settlements in Koch reported humanitarian assistance as their main source of food, which is also similar for February (19%) and March (24%). This has affected the lives of many vulnerable households who ended up travelling to Bentiu PoC where humanitarian assistance is provided. In doing this, men and women risk their lives. There are gaps on humanitarian intervention by partners providing FSL and protection/GBV including child protection interventions in Koch. At moment there are some partners providing MHM services in this County.

It will look at differential impact of the humanitarian crisis on women, men, boys and girls. Gender equality and transformation is at the core of CARE's programme approach and identity. CARE's projects have to adopt gender sensitive approaches or best practices across the intervention strategies, tailored to the local gender norms and roles drawing from CARE's global experience and strategy for 2015-2020 that focuses on the empowerment of women and girls, as per the gender equality framework diagram below:

Figure 1: CARE's Gender Equality Framework



To meet this need, CARE has planned to conduct a baseline assessment which is expected to provide information about the different MHM needs, capacities and coping strategies of women, girls, men and boys among the returnees, refugees and host communities in Koch. The conflict weakened the physical and social services and families and community are often separated by conflict which may also lead to further breakdown of community support systems and protection mechanisms. With the breakdown of order, GBV escalates reflecting vulnerability of women and girls to conflict and violence due to their subordination to men in systems of patriarchy. This is partly related to the socially ascribed roles of women, men and boys and girls which make women and girls insubordinate to men.

Unfortunately, there is limited information about the MHM services in gender relations in the IDPs, returnees, refugees and host communities in South Sudan since the most recent escalation in conflict in mid-2016. It is against this backdrop that CARE has planned the baseline assessment on MHM exercise in Koch County. This MHM assessment is expected to provide information on the specific vulnerabilities, different needs, capacities and coping strategies of men, women, girls and boys in Koch (refugees, returnees and host communities). CARE will use the findings and recommendations to implement MHM intervention in its GBV sectors including health and SRHR) and nutrition and protection and advocate with partners implementing in Koch on improved service delivery.

What we now Know;

Changes in Gender Relations:

In times of crisis, gender roles and responsibilities change to take account of the context, the needs and the different coping strategies families and individuals can put into action. Gender and protection concerns for women, men, boys and girls are a crucial issue in South Sudan. Steps need to be taken to mitigate the harm they cause. Gender relations affect the needs, coping strategies, participation and access of women, men, boys and girls to humanitarian assistance. These demographic change had shifted the role of women from reproductive to include productive and from being subordinates to men to household heads with powers of access, control and decision making in a new environment. The women were struggling to come to reality with this shift due to heavy work load, unemployment, lack of education, language difference, social and economic empowerment, not knowing their rights and experiencing poverty which sometimes forces them to engage in survival sex. Due to the constant changes in the dynamics in South Sudan as a result of the conflict, there is need to explore more and get updated information on the gender and power dynamics in Koch.

Name of project innovation:	Improving safety and protection for vulnerable women and girls in Koch, former Unity State, South Sudan through piloting of integrated menstrual care.

Project Overall Goal:	The project overall objective is to increase protection for vulnerable South Sudanese vulnerable women and girls of the reproductive age in Koch, Unity State.
Outcome 1:	Improved care and overall wellbeing of girls and women vulnerable to GBV through scale up of use of menstrual cups.
Outcome 2:	Sexual and Reproductive Health and Rights (SRHR) of women and girls are safeguarded including their retention in Women and Girls Safe Spaces (WGSS), Child Friendly Spaces (CFS) and education facilities.

Objectives and scope of the evaluation

The overall objective of the evaluation is to assess the relevance, effectiveness, efficiency, impact/outcome, coverage, accountability and key Lessons learnt with perspective to the MHM-the cup innovation and to document good practices and lessons learnt during the implementation of the project. The evaluation is, therefore, expected to consider availability and accessibility of MHM services and opportunities, quality of services and opportunities, capabilities, skills and knowledge of MHM, social and policy environment and learning aspects.

1. Assess the relevance of the original objectives in terms of whether they were achievable and whether they met the needs and priorities of the target group
2. To determine the relevance of interventions under this project.
3. Assess the effectiveness of the MHM Cup project and its efficiency.
4. Determine impact of the project including assumptions used in the development of the Project i.e. the barriers that exist to access services related to menstrual hygiene management of the most vulnerable people in need of these services.;
5. Conduct analysis of opportunities, constraints/challenges and lessons learned during implementation;
6. Outline recommended actions to be taken in regards to the successful implementation of the similar projects in future
7. Gather feedback about the project from beneficiaries targeted by the activities and provide an opportunity for them to participate in analyzing project achievements
8. Assess the attitudes and perceptions of stakeholders (e.g. Executive Director, Payam Administrators, teachers, Project Management Committees, partners implementing WASH, education, mother to mother support groups, County education officials among others) about the MHM Cup for the target group in the focal areas.

The information gathered and analyzed will be used to help facilitate the process of implementing the future program which will address the health and hygiene needs of all children and women in the impact area. The areas of focus are both related to MHM and School Health. The endline assessment will also explore barriers related to access to MHM and how to improve approaches to addressing social/gender norms (harmful) & cultural practices in context.

Key Questions

The key questions for this endline assessment relate to CARE South Sudan menstrual hygiene management innovation. After determining the broader environment within MHM, the following areas should be explored:

2.2 Scope and Key Evaluation Questions

a) Relevance and Appropriateness

- What was the common problems on the availability and accessibility of MHM services in greater Koch?
- What was the priority issues that was solved by CARE SS intervention on the availability and accessibility of MHM services? For example, what materials did women and girls use for managing their menses?
- Could they access emergency first aid- pads, pain relief, a place to rest, or a change of clothes to manage their menses when in school?
- Do girls have access of consultation when they get menarche?

- What was the common problems on the capabilities, skills and knowledge of MHM services in Greater Koch?
- What was the priority issues that were solved by CARE SS intervention on the capabilities, skills and knowledge of MHM services? For example, what knowledge, and attitudes do girls, boys, mothers and fathers have towards menstrual hygiene?
- What practices were girls and mothers practice around menstruation? were teachers able to facilitate the SRHR for very young adolescence aged 10-14? Do schools or the local health facility conduct sessions on puberty in higher grades of primary schools (grade 4-8)?
- Do the Health/WASH/Education implementing partners provide training for teacher about sexual and reproductive health for very young adolescence in primary schools?
- Do schools have function toilet and friendly with girls with menses.

b) *Effectiveness*

- How timely was the response in relation to the needs for MHM by beneficiaries, accessibility and availability of the MHM cups by the target groups, and comparatively with other forms of menstrual pads in the areas? How could timeliness have been improved in greater Koch?
- How well did the MHM cup function, what were the (potential) inclusion and exclusion errors (by design and through implementation), and what tensions were caused, if any?
- How effective were the delivery processes for the MHM cup especially from the beneficiaries' perspective and how could the usage of cup be improved?
- To what extent were the barriers to MHM project addressed and what were the factors within the design of the project and its management that contributed to these achievements?
- What were the common problems on the quality services and opportunities of MHM services?
- What were the priority issues solved by CARE SS intervention on the quality and opportunities of MHM services? For example, do schools have sex separated and usable toilet that are friendly for menstruating girls? were they clean? Do the toilets lock from inside? Do toilet stalls have waste bins with cover? Was there space for girls to change and clean themselves?
- Were water and soap available for handwashing and safely accessible for menstruating girls?
- Was there a covered waste pit or incinerator in the schools that allows disposal of menstrual waste?

c) *Efficiency*

- How efficient were delivery processes of the MHM cups, considering the perception, operation and maintenance and, resources required during implementation?
- How cost-effective was the MHM cup by the beneficiaries compared to other modalities of sanitary pads?
- Was the MHM awareness made available and realistic for the achievement of the intended objectives and outputs?
- Has enough time been allocated for the achievement of the intended objectives and outputs?
- Were there enough staff, of appropriate competency, for the achievement of the intended objective and outputs?
- What was the common problems on the social and policy environment of MHM services in Greater Koch?
- What was the priority issues that should be solved by CARE SS intervention/innovation on the capabilities, skills and knowledge of MHM services?
- What were sexual and reproductive health and gender-specific practices, such as GBV and early marriage, etc?

d) *Outcome / Impact*

The positive and negative changes produced by the MHM cup intervention, directly or indirectly, intended or unintended. These involves the main impacts and effects resulting from the MHM cup activity as per the outcome. The evaluation should be concerned with both the positive and negative impact of external factors (e.g. impact on environment, other forms of sanitary pads) etc.

- How did beneficiaries use the MHM cups?
- What were the changes seen in the lives of the beneficiary attributable to the project?

- Which barriers have been avoided or reduced due to the MHM cup provided through the project?
- To what extent were beneficiary able to meet their menstrual hygiene management needs during menstrual cycles?
- What evidence is there of the impact that the response has had on beneficiaries? (including number of individuals who utilised)
- What real difference has the MHM cup made to the beneficiaries?
- What psychological effects has the response had (e.g. do beneficiaries feel dignified, empowered, trusted and respected due to use of cup)?
- What are the changes, positive or negative, that have stemmed from the MHM cup response? (e.g. explore household or community tensions due to receiving/ not receiving MHM cup).

e) ***Coverage and stakeholder perspective (including protection concerns).*** *The need to reach the mother to mother support and other women and girls vulnerable to GBV to scale up of use of menstrual cups. Ensured that SRHR of women and girls are safeguarded wherever they are:*

- Who was supported by the MHM cup interventions? Which groups were targeted and which were not?
- Was the response well-coordinated with the GBV/protection working group? If not what were the barriers or challenges?
- Was the response well-coordinated with other NGOs implementing protection or WASH, Education and Health in the area, if any, in order to avoid duplication?
- Have all of those (target group) for the MHM given adequate consideration?
- What do the beneficiaries think of the response (Its relevance, appropriateness and outcomes)?
- What is the perspective of other primary and secondary stakeholders (e.g. Project Management Committees, teachers, community leadership like chiefs, women leaders, local government officials, WASH and Protection partners)?
- Have the most vulnerable been reached? Is the targeting appropriate for the context and needs?

f) Accountability

- What mechanisms and processes were used to disseminate relevant GBV/MHM information to beneficiaries and other concerned stakeholders? How effective were the mechanisms in terms of coverage and ensuring beneficiary knowledge of the project?
- To what extent did the beneficiary households know their rights and entitlements in relation to the project?
- Were beneficiary households aware of their right to provide feedback and complain in case of any irregularities and that their complaints would be welcomed and addressed? What system was in place at the community level to ensure that? What was the role of the PMCs/JR-AAP in relation to this? What was the level of utilization of this mechanism (e.g. cases recorded per month)? How satisfied were the targeted beneficiaries with the mechanism?
- Was there a process in place to receive process and resolve complaints? What were some key findings and lessons learnt on this aspect?
- To what extent was information obtained from TOT training and baseline assessment used during the course of the project implementation i.e. any adjustments made, if any? What gaps exist or improvements could be made for future projects?
- What collaboration and coordination mechanisms were adopted during the implementation of the project and to what extent have such mechanisms added value?

g) Key Lessons learnt (Conduct 1 case study, prepare a 2 pager of lessons and disseminate learning)

- What are the key good practices and lessons learnt from the MHM cup interventions, as well as the practices in the project area and among beneficiaries in relation to targeting criteria, awareness process, gender and cultural relations, the influence (positive and negative) of existing cultural practices, and the impact of the cups compared to other approaches to MHM locally used? These need to be highlighted with concrete recommendations for future interventions.
- What should be repeated and developed for the next phase of the project? What should not be repeated the next time?
- Organisationally, what lessons can be learnt from the MHM cup interventions for CARE SS and other partners implementing similar project?
- What are the learnings from a Do-no-Harm perspective? Were there any incidences of conflict on any level with regards to the distribution of MHM cup to selected beneficiaries (e.g. mother to mother support groups, school girls)? Were there any protection issues recorded and what would be lessons learnt from that?

EVALUATION METHODS AND TOOLS

The evaluation will be conducted by an external consultant who will develop evaluation methods and data collection tools for discussion with and approval by the CARE SS program team prior to the actual evaluation work. The consultant shall also provide CARE SS with an inception report, containing an overview of their understanding of the assignment, time schedule (considering the timeline given below), and planned activities, proposed methods and tools as well as how final results will be presented.

Methodology

- The MHM analysis will be undertaken in 26th Nov -30thDec 2019, using a combined methodology, including a secondary data review (SDR), safety audit, focus group discussions (FGDs) and key informant interviews (KIIs), In-Depth Interviews (IDIs) at household and community levels. The methodology will then triangulate the qualitative and quantitative datasets through;
- Review and analysis of secondary data and information developed by CARE, local and national authorities as applicable and national and international NGOs and CSOs.
- Based on desk review of internal and external documents, identify specific gaps in knowledge or areas that need updating and adapt, as needed, the framework for the field work.
- Undertake field work, visiting communities, speaking with women and girls as well as men and boys of all ages and backgrounds, as well as government officers, CARE project staff and other UN and NGO staff, based on gaps identified by the literature review.
- Write up findings and preliminary recommendations.

Participatory tools like Guided Questionnaires, IDIs, safety audit tools (observational and questionnaires), Focused groups discussion guide and questionnaires checklist needs be used. These methodologies are to be applied interchangeably. This study will apply several technical approaches to collect information to address the key questions:

Secondary Data Collection

1. Desk Review

Relevant national and local government policies, curricula, guidelines on MHM. Reach out to national or State stakeholders in MoH, Ministry of Education, and development agencies to receive this information.

Primary Data Collection

2. Key Informant Interviews (KII)

At least 14 interviews with key stakeholders:

Target	Category of MHM	Jaak	Kuachlual	Gany
Executive Director-Liech County	MHM	1	1	1
Payam Administrator	MHM	1	1	1
Koch PHCC health facility staff (Clinical officer, midwifes, Community Health workers)	MHM	1	1	
County Education Office	MHM	1	1	0
Cultural Institution/ Leader	MHM	1	1	0
Teacher	MHM	1	1	1
NGO/s implementing WASH (MC, SPEDP)	MHM	2	2	0
NGO/s implementing Education in emergencies (WR)	MHM	1	1	0

3. FGD

Gender separated FGDs with women

Target	Category (MHM)	Jaak	Kuachlual
FGD with Mothers of very young adolescent	MHM	I	I
FGD with Fathers of very young adolescent	MHM	1	I
FGD with girls at the age of 13-15	MHM	1	1
FGD with boys at the age of 13-15	MHM	1	1

4. In-Depth interviews (IDI)

At least four IDIs:

Target	Category (MHM)	Jaak	Kuachlual
Local leader (the head of village)	MHM	2	2
Religious leader	MHM	2	2

5. **Participatory Learning Appraisal (PLA)** to provide useful information about health behaviors, beliefs and health care seeking practices from community or village level. In PLA, we will gain more information from the community such as, Local leader, cadre, religious leader, parents of adolescent and the oldest parents to get more information regarding MHM.
6. **WASH in School observation**. By using WASH observation school Tools. This will gain more situational analysis about school wash condition and readiness to support girls who have menstruation.

Steps for Endline Assessment

No	Step of Activity
1	Consultant recruitment & selection
2	Desk work and discussion with CARE South Sudan team
3	Develop instruments
4	Primary data collection: Field Work
5	Report writing & feedback
6	Key finding presentation/ workshop
7	Final Report

Sample Population for the Study:
A sample population of participants will be targeted during the MHM while considering gender disaggregation including key informants.

Reporting Lines – The Consultant will report to the SSJR Project Manager and the Gender and Protection Coordinator.

Location of study
The location of this study is in Jaak and Kuachlual Payam, greater Koch for baseline assessment both Payams for MHM formative study.

The proposal must follow this structure:

1. Title (Cover)
2. Background of the study
3. Objectives of the study
4. Location of the Study
5. Method
   a) Data collection (explaining on what data resource, methods, tools, numbers of informants, numbers of FGDs, IDIs and etc.)
      - Review secondary data
      - Key informant interviews
      - Primary data collection
      - Participatory Learning Appraisal (PLA)
   b) Data analysis (explaining on how you analyze data)
      - Qualitative
6. Timeline
7. Detail of budget proposed (include tax)
8. CV. If consultant has team; all team members' CVs should be included.
9. Institutional profile (apply for consultant firm).
10. Sample of report from the previous relevant study.
11. Reference, at least 3 reference contact email and telephone numbers.

Scope of Work and Responsibilities of Consultant
Following are scope of work and responsibilities of consultant:

1. Conduct a desk review to analyze existing population data and determine service, policies and practices relating to MHM in Kuachlual and Jaak.
2. Develop research design, methodology and tools together with CARE SS team.
3. Carry out primary data collection through focus group discussions (FGDs), key information interviews (KIIs) and in-depth interviews (IDIs).
4. Apply valid and reliable quality control mechanism to ensure the quality of data.
5. Analyze quantitative and qualitative data collected to determine the key issues affecting MHM issues in Kuachlual and Jaak.
6. Provide PowerPoint Presentation in English and present the findings of the research to CARE SS.
7. Write and provide valid and high quality research report to CARE SS.

Deliverables

Successful performance of this assignment will be based on production and timely submission to CARE South Sudan the following deliverables:

a) Endline survey on Menstrual Hygiene Management

1. Final endline assessment on MHM Formative Study instruments.
2. A detailed plan on sampling, including specific on the design, methodology, calculation, and data analysis plan.
3. Field manual for enumerators/translator (s).
4. Field implementation plan with protocol for enumerators & supervisors.
5. Data entry and analysis plan.
6. Training on the required number of enumerators.
7. Data collection report.
8. Clean and valid data sheet and other relevant soft-copy of documents such as interview transcript, photo, interview record, and reference documents.
9. Results/ Key findings presentation to CARE SS.
10. MHM Final report in English, to include:
    a) Executive summary
    b) Abbreviation and acknowledgment
    c) Introduction
    d) Methodology
    e) Result
    f) conclusion.
    g) Recommendations
    h) Appendices (such as data set, photo, interview transcript, reference documents, relevant documents, results-indicator matrix, and key finding presentation PowerPoint document).

b) **Conduct and prepare 1 case study, prepare a 2 pager of lessons learnt for disseminate**

Key Performance Indicators for Consultant

At the end of this situation analysis, the selected consultant should meet the following key performance indicators:

1. All research questions are addressed
2. All deliverables are met
3. Valid data and information are collected from reliable sources
4. Consultant should complete the study in timely manner as in the schedule/ timeline of the study.
5. Valid and high quality report are submitted both in English

Reporting mechanism

The consultant should submit report to CARE South Sudan with the following timeline:

Report type	Submission Time
Data Collection Report	At least 1 week after data collection process completed.
Full report	1st draft should be submitted at least one week after data collection report submitted. Full report will be reviewed by CARE South Sudan Senior Programme and Development Coordinator.
Final Report	Approved final report should be submitted on 30th Dec 2019 (see the timeline below)

Time-frame: 2nd Dec -30thDec 2019

No	Activities	Deadline	Remarks/ assumption
1	Consultant recruited	26th Nov 2019	Recruitment processes are applied
2	Instruments ready to be used	1st Dec 2019	Tested & piloted (after having discussed with CARE South Sudan team)
3	Field work started	2nd Dec 2019	
4	Activity report submitted	19th Dec 2019	
5	Initial report submitted (1st draft)	26th Dec 2019	To get feedback from CARE SS team
6	Key finding presentation or workshop conducted	30th Dec 2019	Use relevant Protection/MHM operation Guideline
7	Final report submitted	30th Dec 2019	

Core Competencies & Consultant Profile

CARE South Sudan will hire independent consultant to conduct this study. The selected consultant should meet following criteria:

- Individual Consultant.
- At least 5 years' experience in conducting qualitative research or similar activities.
- Good understanding of menstrual hygiene management. All these competencies and experience should be reflected in consultant or consultant team's CV(s).
- Experience in group facilitation.
- Familiar with the South Sudan context.
- Strong analysis skills and logical thinking.
- Able to follow schedule and commit to finish study in timely manner.
- People Skills: Ability to deliver assessment results within the shortest period of time.
- Integrity: Works with trustworthiness and integrity and has a clear commitment to CARE's core values and humanitarian principles.
- Resilience/Adaptability and flexibility: Ability to operate effectively under extreme circumstances including stress, high security risks and harsh living conditions. Works and lives with a flexible, adaptable and resilient manner.
- Awareness and sensitivity of self and others: Demonstrates awareness and sensitivity to gender and diversity. Have experience and the ability to live and work in diverse cultural contexts in a culturally appropriate manner. Has a capacity to make accurate self-assessment particularly in high stress and high security contexts.
- Knowledge and skills: knowledge of CARE policies and procedures, Sphere and the Red Cross/ NGO Code of Conduct. Requires general finance, administration, information management and telecommunication skills and proficiency in information technology/ computing skills.

Technical, expertise, qualifications requirements:

- Interested applicants should be an individual or institution, the consultant should have a minimum of Master's Degree in Gender and developmental studies or social sciences. The consultant must have proven track record and experience in gender analysis and power analysis of a similar or related assignment. This should be backed up by the number of similar research that has been conducted by the individual or institution.
- Previous experience in medium to large-scale emergencies (five years minimum)
- Familiar with humanitarian programming and inter-agency coordination systems
- Proven high quality report writing in English.
- Ability to communicate ideas in a culturally-sensitive manner and conducive to their practical application.

Ownership
All the materials developed, prepared and delivered by the consultant for CARE SS shall belong exclusively to CARE South Sudan.

How to apply
Candidate should submit his/her/their proposal in PDF format to this following email: **Detail electronic CV, financial, work plan and technical proposal can be sent to the addresses below.**
Betty.gune@care.org; copy Crenodia.Mloza@care.org; Patrick.Vuonze@care.org Patrick.Andama@care.org John.Aborozingi@care.org and David.Asu@care.org

Deadline for expression of interest is 22nd November 2019 before 3PM.

Annex 1: **Endline Assessment Matrix**

Broader topic in the situational analysis (Conceptual group)	What is the current situation in the community around this topic?	What overall strengths/ positive practices/ behaviors/ beliefs exist in the community around each key conceptual group?	What worrisome practices/ behaviors/ beliefs exist in the community around each key conceptual group? What seem to be the underlying causes of these practices and attitudes?
(Please mention the topic)			

Annex 2: **General Information for MHM**

Education

- comparison of attendance, enrollment, attrition and performance rates by sex
- Average education attainment and known barriers to continued education
- Puberty and comprehensive sexuality education requirements in the national and County level curriculum and specific mention of menstruation and menstrual hygiene
- Country-level evidence of the association between health and education
- Gender parity in education (primary and secondary)

Health

- Existing national health policies, program and services on menstrual health and hygiene, puberty and sexual and reproductive health that target youth (aged 10+)
- Traditional sexual and reproductive health or gender-specific practices such as gender-based sexual violence, early marriage

Water Sanitation

- The status of WASH in the county
- Access to improve sanitation in household
- Access to water in household for girls to use for menstrual hygiene management and bathing
- The status of WASH in schools
- Ministries/Agencies that are responsible for maintaining WASH in schools.