

**Baseline Data Collection Report:
CARE Rwanda Safe School for Girls
(SS4G, PCTFI Cohort 3) and A Better
Environment for Girls (BEE) Projects**

FINAL DRAFT

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*Value of thought.
Value of solution.*



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Executive Summary

Introduction

This baseline study was commissioned by CARE International under the CARE Rwanda Patsy Collins Trust Fund Initiative (PCTFI) Cohort 3 Safe School for Girls and A Better Environment for Girls (BEE) Projects. Cohort 3 of the PCTFI started in 2015 and is expected to end in 2020. This initiative is designed to take an innovative and multi-faceted approach to understanding barriers to acquiring the skills and knowledge necessary for survival and continued human development faced by adolescent boys in girls during and beyond their formative years. This study provides an in-depth perspective on the demographics, living conditions, gender beliefs, sexual reproductive health beliefs and practices, and financial literacy of adolescent boys and girls in selected areas Rwanda, as well as information on household attitudes and beliefs, teaching attitudes, and the school environment in general. This study is based on information gathered from 1,291 adolescents, triangulated with data obtained from 1,192 adolescent heads of households, and 134 teachers from adolescent's schools. The analyses in this study establish a baseline by which to benchmark the success of the PCTFI over the study period.

Methods

The Baseline Data Collection Report contains the analysis prepared by JBS International, Inc. using datasets submitted by CARE Rwanda enumerators. These researchers conducted in-person interviews with a randomly selected, stratified sample of adolescents, heads of households, and teachers in 34 lower secondary schools (clusters) and associated catchment areas from nine districts across Rwanda's Southern and Western Provinces. Researchers also conducted a series of focus group discussions in two schools per district with adolescents, parents, teachers, and health clinic workers. The descriptive analyses presented in this report are based on the final datasets generated through this procedure, with some analyses examining relations between variables across datasets (adolescents could be linked to heads of household via a unique matching ID number). Correlations and reliability analysis are used in the report to examine bivariate associations within and between datasets, and to examine scale structures for measures with multiple indicators.

Results

The baseline data collection for Rwanda provided extensive data and insight regarding the target program participants' current ecological contexts that will be transformative for the program goals and data collection efforts going forward. In this report, JBS presents key findings across the target areas by respondent type individually as well as inter-correlations among respondent types and program target areas. The implications of these findings are discussed within this report.

Gender Equity

The average GEI Score for adolescents and heads of household was 35 out of 36. In fact, findings across the adolescent, head of household, and teacher surveys all indicated general support for gender equity. The findings of the baseline data collection efforts reveal that adolescents generally hold equitable attitudes toward gender equity. One exception concerns female leadership, where girls exhibit a hesitancy to accept women as leaders. The findings of the baseline data collection efforts reveal heads of household also hold equitable attitudes toward gender equity, though there are some mixed results on questions that concerned adolescents' sex practices and beliefs about teaching them safe sex practices. Teachers overwhelmingly agreed that both boys and girls equally have the right to receive a formal education. However, there was less agreement that students' access to school and their classroom experiences were equitable between genders. In other words, there appears to be some incongruence between teachers' gender equity attitudes and their actual practices.

Sexual and Reproductive Health (SRH)

Adolescent access to SRH information appeared high at baseline, with important sources of information being parents and teachers. Eighty-seven and 89 percent of adolescents reported that they have received SRH and AIDS information, respectively. Six percent of adolescents (more boys than girls) reported that they have had sex, but rates of condom use among sexually active adolescents was below 20 percent. Of those who had not had sex, more than 90 percent intended on using condoms. This illustrates a potential incongruence in adolescents' high intentions of safe sex practices and their actual use of contraceptives, representing a potentially important gap to address over the period of study. Adolescents' scores on the beliefs and norms scales averaged eight out of a possible ten. Attitudes about SRH were not as consistently positive among heads of household, however. Specifically, parents want their children to learn about sexuality, even when they were embarrassed or found it difficult to talk to their children about it themselves. Ninety-one percent of heads of household strongly agreed that sexuality education should be taught in the classroom. However, the data also reveal that this level of comfort with SRH issues is not true for all parents in these provinces and more work could be done to increase their access to knowledge and resources that would help them and their children. For example, many heads of household feel they would get in trouble with their communities if the community found out that they helped an adolescent find SRH services. Teachers' opinions regarding the specific aspects of SRH appear to be one of the ripest aspects of gender equity to be addressed. While teachers agree that students should be knowledgeable about SRH, it may be useful to engage teachers in conversations about how both adolescent girls and boys are equally responsible for their SRH, as evidenced by the gender gaps in responses to these questions.

Gender-based Violence (GBV) and Early Marriage

Heads of household overwhelmingly disapprove of GBV and early marriage, though it is clear that it is still a common occurrence in communities. Forty-one percent of adolescents and 77 percent of heads of household reported that they were aware of GBV. Adolescents and heads of households both reported that they knew who to reach out to in cases of GBV for support, and tended to agree that they would be respected for coming forward.

Financial Literacy

Financial literacy is an area that may show positive growth (adolescents' financial knowledge score was 11 out of 19 on average). There may also be room for reducing gender gaps over time as particularly girls reported low financial literacy and financially sustainable practices. Forty-one percent of adolescents participated in activities that generated income, but rates were higher for boys. Results from the head of household survey indicate that the household is a central supporting factor for adolescents' financial well-being and literacy, except in cases when the head of household is adolescent themselves. This suggests that young caretakers may benefit most from information about financial literacy, as supported by correlational results indicating significant relations between adolescent and household saving and financial literacy responses.

Leadership

Adolescents' average score on the Youth Leadership Index was 54 out of a possible 82, and index scores were higher for boys than girls. Data related to students' leadership beliefs demonstrate that adolescents may benefit from an understanding of how to be a leader in group settings among their peers, though they already possess a general understanding of the personal characteristics necessary for leadership. If there is buy-in and willingness to learn among adolescents, in line with one of the goals of the project, parents and household members may be important resources for learning and guidance regarding saving money.

School

Sixty-four percent of adolescents reported that they had repeated a class (rates were greater for boys), and 29 percent reported that they had been absent in the past month. Regarding their school environments,

data revealed that repeating classes may be an issue for boys. However, schools appear to be a relatively safe space for addressing barriers for adolescent boys and girls that may inhibit acquiring skills and knowledge about other important aspects of the initiative. High ratings of school and teachers as supportive and encouraging among adolescents were concordant with strong ratings from the head of household respondents regarding school (e.g., ‘What children learn at school helps them very much or quite a bit). Adolescents’ strong ratings of school safety were also concordant with heads of households’ ratings of safety, and ratings from all three datasets indicated that sexual harassment policies at schools worked well to protect boys and girls.

Conclusion

The rich findings of this study highlight the key areas that the PCTFI should address. In addition to summarizing findings, the report includes suggestions for important indicator variables that may be monitored over the course of the project to measure the effectiveness of the initiative. The baseline findings presented here also represent important contributions to the global debate on gender equity, particularly regarding gendered attitudes and practices in communities, households, and schools. The impact of adolescents’ ecological context is highlighted in the findings presented herein. The need for an initiative that improves adolescent financial literacy and attitudes regarding leadership, especially gender gaps, emerged as an important result in the baseline data analysis.

Introduction

CARE recently launched Cohort 3 of its Patsy Collins Trust Fund Initiative (PCTFI). This initiative stems from CARE's commitment to transformative programming and is in line with the New Education Sector Strategy 2020. The program is designed to take an innovative, multi-sectoral and multi-faceted approach to understanding and addressing barriers for adolescent boys and girls that may inhibit acquiring skills and knowledge for survival and continued human development during and beyond formative years. Additionally, it is designed to use cross-sectoral approaches grounded in education to reach these adolescents in six CARE Country Offices (COs) over five years (2015-2020). At the time of this report, work is underway in Mali, Kenya, Zimbabwe, Rwanda, Nepal, and Cambodia. This report presents baseline survey and focus data for Rwanda collected between December 2016 and February 2017. Three major sections make-up this report, each of which corresponds with data collected from three key groups: adolescents, heads of adolescent households, and teachers. Within each section, the report highlights findings from key areas such as gender equity, financial literacy, and sexual and reproductive health (SRH). The goal of this report is to establish a baseline by which to benchmark the success of the initiative.

Literature Review

Educational Attainment

In its Vision 2020 development program, the Rwandan government stresses its desire to transform Rwanda from an agricultural-based economy to a knowledge-based economy (Nkurunziza, Broekhuis, & Hooimeijer, 2012). In order to do so, Rwanda prioritized universal primary education and eliminated fees for primary school and three years of secondary school in 2003 (Nkurunziza, Broekhuis, & Hooimeijer, 2012). Although these policies had an impact in primary school enrollment, with net primary enrollment increasing from 96.5 percent in 2012 to 97.7 percent in 2016, primary school completion rates have steadily declined from 72.7 percent in 2012 to 60.4 percent in 2015, recovering somewhat to 65.2 percent in 2016 (Ministry of Education, 2016). Differences in enrollment are slight between boys and girls (97.3 percent of boys and 98.0 percent of girls in 2016), but differences in completion rates are significant (71.1 percent of girls, compared to 59.3 percent of boys), with more boys dropping out than girls (Ministry of Education, 2016). It is also notable that 72 percent of learners in the Rwandan education system are in primary education, with 16 percent in secondary and 2 percent in tertiary (Ministry of Education, 2016). These trends show that the large rate in which Rwandans are enrolling in primary education are not persisting to secondary and tertiary education (Ministry of Education, 2015).

Rwandan children continue to face many barriers to education; for example, orphaned and foster children continue to experience significant discrimination, secondary education or other school-related costs can be prohibitively expensive, large family size can force families to educate only some of their children, and some students leave school to work at an early age (Nkurunziza, Broekhuis, & Hooimeijer, 2012; Calder & Huda, 2013). According to the Ministry of Health (MOH), most young adults interviewed aged 20-24 had dropped out of school without completion and therefore lacked access to many job opportunities (Kamugundu & Marx, 2011). While the government of Rwanda has established technical and vocational education and training (TVET) programs as a parallel to formal education, the World Bank has found that the quality of, relevance of, and access to these programs remains limited (The World Bank & Ministry of Education Rwanda, 2013). Girls, especially, face barriers to both formal education and TVET, many of which are outlined in a report by the Nike Foundation and Girl Hub as well as an article by Nkurunziza, Broekhuis, and Hooimeijer (2012). These barriers include gender-insensitive curriculum, highly competitive TVET programs, social norms encouraging girls to pursue non-technical careers, and especially high pressure for girls to leave school to work in or out of the home (Calder & Huda, 2013; Nkurunziza, Broekhuis, & Hooimeijer, 2012). Multilateral agencies such as UNICEF and the World

Commented [HE1]: It would be good for this section to include more of the province-level education statistics specific for the age/grade group (related to objective 4 in the contract; because many of these indicators are things that weren't included in the surveys- by design- they are things that we can still gain from the official statistics and studies that are out there). Most of these educational outcomes listed in objective 4 are also part of the project indicators, (objective 7)

Bank, bilateral donors such as USAID, and non-governmental organizations (NGOs) are working with the Rwandan government to identify and implement strategies to improve educational attainment in Rwanda. USAID, for example, has implemented multiple programs focused on enhancing literacy at the primary level and to improve the connection between youth education and life and work readiness (Education Development Center, 2015; Save the Children, 2017; Kohl & French, 2014). UNICEF is working with the Rwandan Education Board to address the educational needs of Burundian refugee children living within Rwanda, while the World Bank has helped define five strategic objectives for improving and expanding Rwanda's Postbasic Education and Training (PBET) system (*TheirWorld*, 2016; The World Bank & Ministry of Education Rwanda, 2013).

Gender Equality

Post-conflict efforts toward sweeping gender transformation throughout Rwanda are well-documented throughout the literature. Women's organizations were powerful actors in the reconciliation process, while women, who assumed the gendered role of peacebuilders, fought for the recognition of their intersectionality – the ways in which individuals' "multiple identity structures" interact thus leading to "multiple social advantages and disadvantages" (Ansokan, 2014, p. 2). The Rwandan government's efforts to create an enabling environment for gender equality in the development agenda and in elected and appointed government offices are well-documented. However, concerns have emerged over the extent to which these efforts have been geared toward gender transformation that gives women and men equal voice in the strategies and objectives of development or simply integrating women into current systems (Debusscher & Ansoms, 2013). These concerns have been voiced regarding various aspects of development including women's control over resources, access to education, and exposure to violence.

The Rwandan government has attempted to address these issues with various educational and economic initiatives aimed at expanding and improving the quality of education and training and strengthening the capacity for adolescent girls and women to meet labor market demands through its Education Sector Strategic Plan (ESSP) (Blackden, Munganyinka, Mirembe, & Mugabe, 2011). Even with education initiatives in place, girls face multiple barriers to equal education; although Rwanda has achieved equal primary school enrollment for boys and girls, girls' lower performances on primary six and ordinary level (o-level) national exams reflect disparities in curriculum and teaching practices as well as external barriers such as the need to balance the demands of household chores with schooling. At the secondary level, girls' access is limited by factors like high school fees, school-related costs like uniforms, and gender-based violence (GBV) (Blackden et al., 2011). Sexual violence and GBV (SGBV) occur within schools and marriage, due to resource conflicts especially over land, and in many other circumstances (Blackden et al., 2011). Although limited data on issues like sexual violence and GBV are available, the literature does contain recommendations for improving gender responsiveness in education, including community awareness raising, gender sensitization, capacity building related to gender concepts, gender integration, and gender awareness planning for staff and teachers (Blackden et al., 2011). Another recommendation to increase adolescent retention in secondary schooling is incorporating topics like teen pregnancy, sexual violence and GBV, and HIV/AIDS prevention education (Blackden et al., 2011).

In addition to gender gaps in education, the literature reveals that, while adolescent girls may participate, they are often not the primary target group for life skills and financial literacy programs, which may mean that curriculums are not appropriately gender sensitive (Calder & Huda, 2013). The lack of attention paid to financial or workforce education for adolescent girls helps explain women's involvement in "invisible" occupations that are often overlooked by national employment policies, including care work, where the women tend to be young, uneducated, underpaid, and working without contracts (Debusscher & Ansoms, 2013). Women tend to be concentrated in low-paying non-technical job fields, run 58 percent of informal enterprises, and make up the majority of the agricultural labor force (Blackden et al., 2011). Young women tend to be steered toward traditionally female occupations like accounting and secretarial work (Calder & Huda, 2013).

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Youth Employment

An abundance of literature on youth employment in sub-Saharan Africa highlights employment opportunity disparities between youth and adults. In Rwanda, where the disparities are even greater when gender is considered, female youth have significantly fewer economic options than their male youth counterparts (Sommers, 2011). According to USAID's Rwanda youth employment assessment report, there are many barriers to youth participation in Rwanda's labor market including market segmentation by gender that sees more young women stay home to work in smallholder agriculture and enter wage employment at lower rates than males (Malunda, 2011). Other barriers to youth participation include limited skills of youth and limitations to internal rural-urban migration due to lack of housing and sanitation in cities, causing advocates to call for more rural-based support and training to increase opportunities for rural youth (Malunda, 2011). The fastest growing sectors capable of absorbing unemployed youth are agro-processing, construction, the service industry, and information and communication technology (ICT); however, many Rwandan youth lack the education and specific vocational skills to find employment in these sectors (Mulanda & Musana, 2012). The Rwandan government attempts to address these employment disparities with the National Employment Policy (NEP), programs and action plans aimed at promoting employment in Rwanda, and actions specifically designed to address youth and women's employment (Phororo, 2013). Examples of these programs can be found throughout the literature and include youth training centers that offer entrepreneurial and ICT training and programs to finance youth enterprises (Malunda, 2011). The Government of Rwanda and donors are responding to the need for innovative approaches to youth employment with projects like the community youth mapping project that equips youth with data collection skills for future employment along with insight in identifying services available to them through community canvassing in search of youth programs and services to share amongst peers (FHI 360, n.d.).

Financial Services

Throughout sub-Saharan Africa, there is a growing emphasis placed on youth financial services (YFS) to address the low levels of financial services and financial knowledge that limit the opportunities of many youth (Ramirez & E-MFP Youth Financial Inclusion Action Group, 2015). For adolescent girls and young women in Rwanda where lack of access to and control over resources severely limits their capabilities, financial services represent a pathway to empowerment in the wider society (Calder & Huda, 2013). In attempting to achieve its economic development goals, the government of Rwanda and various NGOs and bilateral agencies have implemented several economic programs intended to make adolescent girls and women more financially independent. Rwanda's Ministry of Youth, created in response to the genocide, was established to address issues including mobilization of the financial sector to incorporate youth (Dalal, 2011). USAID has delivered financial trainings, promoted savings, and sought to address the integrated livelihood needs of poor rural communities (Lyness, 2016; Maclean, Nkubito, Nsabimana, & Habimana, 2015). MasterCard Foundation has helped ensure that over 27,000 Rwandan youth receive access to individual and group savings and loans services, and the UN Capital Development Fund's YouthStart initiative has partnered with Umutanguha Finance Ltd., a Rwandan microfinance institution Umutanguha Finance Ltd. to, to deliver savings, micro-leasing, and peer-to-peer financial literacy services to youth (Ramirez & E-MFP Youth Financial Inclusion Action Group, 2015; The MasterCard Foundation, & The Boston Consulting Group, 2015). Despite these efforts, barriers remain for Rwanda's youth, and particularly its girls. The regulatory environment can pose challenges for youth trying to access financial services, such as prohibiting youth from opening a savings account until they acquire a government identification card at 18 (Calder & Huda, 2013; Dalal, 2011). Very few financial literacy and life skills interventions target adolescent girls specifically, and the programs that do exist are often not gender-sensitive (Calder & Huda, 2013). Village savings and loans associations (VSLAs) are a staple of financial programming across the region, but they rarely target adolescent girls (Calder & Huda, 2013). Though Rwanda has a well-established formal financial services sector, many young women are involved in economic activities that provide little or no access to financial services (Calder & Huda, 2013).

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Adolescent Sexual and Reproductive Health

Adolescents in Rwanda face significant SRH challenges, with particularly prominent gender disparities. According to a SWOT analysis undertaken by the Rwandan Ministry of Health (MOH), adolescents' and young adults aged 15-24 years primary SRH concerns are unwanted pregnancy and HIV infection (Kamugundu & Marx, 2011). Among youth ages 20-24, women have a five times higher prevalence of HIV than do their male peers, and young women are more likely to engage in transactional sex, with the "sugar daddy" phenomenon constituting an issue of significant concern (Ministry of Health Rwanda, 2012; Test, Mehta, Handler, Mutimura, Bamukunde, & Cohen, 2012; Kamugundu & Marx, 2011). Condom use is inconsistent, including among HIV+ adolescents (Test et al., 2012). Sexuality remains a culturally sensitive and taboo topic and, despite early ages of sexual activity, youth are often unable to talk to their parents about SRH topics and health services are often not youth-friendly (Kamugundu & Marx, 2011; Ntirushwa, 2010). While a report analyzing national survey data from 70 developing countries finds that Rwandan adolescents' knowledge of topics like contraception and condom use is relatively high when compared to other developing countries, the Permanent Secretary of Rwanda's MOH has found that adolescents may lack the ability to apply the knowledge they possess, and limited access to prevention services, condoms, and contraception remains a serious barrier (Bingwaho, 2009; UNICEF, n.d.; Binagwaho, Fuller, Kerry, Dougherty, Abonyitor, Wagner, Nzayizera, Farmer, 2012). Various government and NGO programs have attempted to address the SRH needs of Rwanda's youth, including initiatives like mobiles for reproductive health (m4rh), voluntary medical male circumcision targeting adolescents, and peer SRH education (FHI 360, 2013; Njeuhmeli, Hatzold, Gold, Mahler, Kripke, Seifert-Ahanda, Castor, Mavhu, Mugurungi, Ncube, Koshuma, Sgaier, Conly, & Kasedde, 2014; Michielsen, Beauclair, Delva, Roelens, Rossem, Temmerman, 2012; UNICEF, n.d.). In 2015, the Rwandan government adopted and implemented a comprehensive adolescent SRH policy that outlined a minimum package of services meant to include: information about SRH and rights; counseling and access to family planning methods; youth-friendly antenatal, delivery, and postnatal care; youth-friendly confidential counseling and testing for HIV and prevention and treatment for sexually transmitted infections (STIs); youth-friendly prevention and management of GBV; information, counseling, and vaccination against cervical cancer; prenatal and prenatal counseling; and life skills education (Ministry of Health Rwanda, 2012).

Study Methodology

Data Collection Methods

Data for the baseline study were collected in schools. Parents, adolescents, and teachers were present on a date arranged by CARE Rwanda and local partners. Enumerators interviewed each person individually after the interviewee granted consent, or for adolescents, after their parents granted consent and the youth also assented. CARE Rwanda researchers (enumerators) administered surveys to adolescents.

If a potential respondent could not be located or refused to participate, enumerators recruited another eligible participant into the study based on the series of criteria below. Enumerator teams also collected consent forms for focus group discussions. Per direction from the National Ethics Committee, moderators for the adolescent focus group discussions were of the same sex as the participants. The first two data collection periods occurred during the annual holiday break and the third occurred after the students returned to school. Survey data were collected using Android tablets or smartphones, with all data entered by enumerators.

Focus group discussions (FGDs) were also conducted during this study, run by a coordinator and an assistant (an enumerator). Usually, the FGDs were held after survey administration had been completed for the day. The discussions were recorded and ran for approximately one hour.

All instruments and procedures were approved by the Rwanda National Ethics Committee.

Survey Design

The survey items administered were from CARE USA, including constructs already developed under the Common Indicator Framework (CIF; see <http://www.care.org/sites/default/files/documents/CARE-CIF-Toolkit-FINAL-WEB.pdf>) to track multiple constructs (e.g., gender beliefs and youth leadership). The survey items were translated, programmed into KoBo, the data collection platform, and some last-minute, internal revisions were made as enumerators practiced using the instruments during the trainings. The discussions followed prompts included in an interview guide, which CARE USA and CARE Rwanda developed prior to data collection. The prompts covered multiple program goals and activities, as well as aspects of the CIF, many of which were also assessed via the surveys.

Data Collection Locations

Researchers administered surveys using in-person interviews; the adolescent interviews lasted approximately one hour, head of household interviews were approximately 45 minutes, and the teacher interviews lasted approximately 30 minutes.

The baseline study was conducted in a randomly selected, stratified sample of 34 lower secondary schools (clusters) and associated catchment areas in Rwanda's Western and Southern provinces. Thus, data collection took place in 68 schools in nine districts, five districts in the Southern Province, and four in the Western Province.

Target Population

The baseline study was designed to better understand the current status of the adolescents in S1, in nine-year basic education secondary schools, so that the project activities could adequately address the needs and perceptions of adolescents and those who influence their opinions, such as parents and teachers. Researchers selected a random student sample (girls and boys) among those in the initial grade of lower secondary school in selected clusters.

The sample included 325 girls and 325 boys in each province. Household surveys were also conducted for most of the adolescents in the cohort. Additionally, for each of the 68 schools, two teachers (one male and one female) were given a short questionnaire. Finally, researchers conducted a series of focus group discussions (FGDs) in two schools per district with adolescents, parents, teachers, and health clinic workers¹.

Sampling

This sample of 325 students in each region (i.e., 325 in Western Province and 325 in Southern Province, calculated based on an estimated change of 10 percent in the dropout rate, 80 percent statistical power², 95 percent confidence level³ and 10 percent attrition in the sample) will form a cohort for longitudinal tracking during the life of the project.

During the first data collection period in December 2016, researchers relied on few replacements. However, many of the sample students did not show up for interviews and CARE Rwanda requested that replacements be used. Once replacement criteria were in place, CARE USA allowed replacements to be

¹ The total number of participants in the FGD was not noted.

² The statistical power determines the probability that the sample will be sufficient to detect an effect (change) at the expected level (10 percent reduction in the dropout rate).

³ The confidence level determines the probability that the results for the selected sample will reflect the results of other possible samples within the confidence interval. In this case, 95 percent of the samples would reflect the same result as the selected sample.

used. Therefore, the second and third data collection periods in December 2016 and February 2017 included more replacements than the first. CARE Rwanda used the following criteria to choose replacements:

Replacement criteria (priority given to sampled students)

1. Consider students from S1.
2. Randomly select the required number of students from the readily available list of students.
3. Consider the sex and class of the sampled student to be replaced.
4. The already completed replacements to be considered if and only if they meet criteria numbers 1 and 3.

Data Collection Procedures and Timeline

Primary data collection took place between December 5 and December 21, 2016, with supplementary data collection for approximately two weeks in February 2017 to meet sample size numbers. CARE Rwanda hired 38 enumerators, nine of whom were supervisors, to collect quantitative and qualitative data. Enumerators collected data electronically, using Kobo Toolkit, an open source software provided by the Harvard Humanitarian Initiative. The data collection period began after CARE Rwanda obtained permission from Rwanda's National Ethics Committee, which approves research and evaluation that incorporates human subject research carried out in the country.

JBS International and CARE Rwanda trained enumerators from November 21 to November 24, 2016, with a pilot test on the last day. The training provided information about the PCTFI, data collection protocols, and digital data collection. The training also served as a forum to edit, update, and upload the instruments. During this three-step process, enumerators provided feedback during the day and the JBS team updated and launched a new draft nightly. The final survey draft was launched on December 5, 2016. Enumerator teams also took paper copies of all instruments into the field in case of electronic malfunction.

Local partners and CARE Rwanda communicated with teachers and headmasters to organize data collection. Enumerators were dispatched in nine teams of five: four enumerators and one supervisor. Supervisors oversaw and organized the data collection, including: communicating with school officials, generating ID numbers for each participant, tracking participant contact data, running focus groups, and determining whether another adolescent met the replacement criteria. Members of CARE Rwanda or the evaluation team visited schools with enumerator teams as often as possible.

Enumerators collected the data offline and sent it whenever they could access an internet connection. Once sent, the information from Kobo Collect was compiled and stored in Kobo's server and was accessible from an online database. During the two data collection periods, quantitative data was collected from 1,219 adolescents, 1,192 heads of household, and 134 teachers in 68 schools. Focus group discussions took place in 20 schools, 10 schools in each of the Southern and Western Provinces.

Commented [HE6]: Community Health Workers left out!

Data Cleaning

JBS researchers undertook a series of steps to clean the Rwanda data, match the adolescent and household surveys, and merge the datasets. JBS downloaded the raw data into Excel directly from Kobo and did most of the cleaning in Excel. The first step in the process was to create and correct linking numbers and unique ID numbers. JBS researchers created two new columns, each of which concatenated the columns that created the code for the linking number and unique ID number. The linking number in the adolescent and head of household surveys were the same up to the final digit in the code, which identified the respondent as an adolescent or head of household. The code for the linking number/unique ID number was as follows:

1. Country code (4)
2. Province code (Southern Province=1, Western Province=2)
3. District code (1-9)
4. School code (1-68)
5. Respondent ID number (generated in the field, same for adolescent and household)
6. Respondent type (adolescent=1, head of household=2)

Researchers made adjustments during data cleaning when an enumerator had entered an incorrect respondent ID number or when a respondent ID number was duplicated. Researchers changed the respondent ID number when necessary so that all respondent ID numbers were unique at each of the 68 schools. Researchers also made corrections when a province, district, or school code had been entered incorrectly. When researchers changed a linking number in the adolescent dataset, the corresponding head of household number was located and changed to ensure accurate matches.

Once researchers corrected all codes, most of the numbers in each dataset were unique. However, some siblings had the same parent and needed to be coded as one household. Therefore, researchers added extra digits, usually 1 and 2, to each sibling's unique ID number. The extra digits were added after the respondent ID number, but before the respondent type, so that the linking number would be the same as the head of household. JBS identified and deleted the duplicate surveys in both the adolescent and head of household datasets. Finally, researchers excluded 24 surveys of adolescents whose level in school had been identified as S2 and were therefore ineligible. For merged analyses, if more than one adolescent shared the same guardian, researchers selected one adolescent at random to produce a dataset with a one-to-one match of adolescents to households. The matched dataset, used for scales and cross-dataset analysis, contained slightly fewer adolescents for this reason (N=1,187 adolescents).

Next, JBS researchers cleaned columns with inconsistent input. For example, JBS found symbols and punctuation in the column showing household income. In addition, the team found inconsistencies in responses giving timeframes. JBS also looked for other potential entry errors in open-ended responses. Next, responses were checked for out-of-range values across the survey, non-normal distribution in variables, and patterns of missing data that could not be explained by the survey's skip logic. Additional checks completed included making sure that the survey type was accurate given the survey that was completed, and checking to make sure the correct province was chosen based on the school choice. Once there were three clean datasets—adolescent, household, and teacher—adolescent and household were merged together to create a fourth dataset.

Qualitative Transcription, Coding, and Analysis

Researchers conducted 62 FGDs in Kinyarwanda (16 with adolescents, 16 with parents/heads of households, 15 with teachers, and 15 with community health workers) and audio-recorded them for analysis. They were transcribed and translated by CARE Rwanda and local research staff on site. Translations were checked by a secondary reviewer, and JBS staff reviewed the translated files prior to coding. Files that appeared to have problems with the translations (for example, summarization of the responses rather than full translation) were returned to the translators for revisions. Final transcript files ran from 4 to 12 pages long per focus group.

JBS developed an extensive codebook for qualitative coding in ATLAS.ti based on the key constructs in CARE's CIF. The list of codes used follows below:

- School Completion
 - School completion – Challenges/barriers
 - School completion – Supports

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- School completion – Suggestions
- School persistence/retention
 - School persistence/retention – Challenges/barriers
 - School persistence/retention – Supports
 - School persistence/retention - Suggestions
- Change in school outcomes
 - Change in school outcomes - Transition
 - Change in school outcomes - Progression
 - Change in school outcomes - Retention
 - Change in school outcomes – Academic performance
- Learning Achievements
 - Learning achievements – Challenges/barriers
 - Learning achievements – Supports
 - Learning Achievements - Suggestions
- Relevance of curricular content
 - Relevance of curricular content - Challenges/barriers
 - Relevance of curricular content – Supports
 - Relevance of curricular content - Suggestions
 - Relevance of curricular content – Basic skills
 - Relevance of curricular content – contextually appropriate content
- Girl/child-centered processes
 - Girl/child-centered processes – Challenges/barriers
 - Girl/child-centered processes – Supports
 - Girl/child-centered processes - Suggestions
 - Girl/child-centered processes – Quality of education and teaching
 - Girl/child-centered processes – Use of child centered pedagogies and practices
- Teacher gender sensitivity
 - Teacher gender sensitivity- Challenges/barriers
 - Teacher gender sensitivity - Supports
 - Teacher gender sensitivity - Suggestions
 - Teacher gender sensitivity – Gendered teacher practices
 - Teacher gender sensitivity- Gendered classroom management
- Child perception of education equity and equality
 - Child perception of education equity and equality - Opportunities
 - Child perception of education equity and equality - Barriers
 - Child perception of education equity and equality - Gender equity
- Community perceptions of education
 - Community perceptions of education - Challenges/barriers
 - Community perceptions of education - Supports
 - Community perceptions of education - Suggestions
 - Community perceptions of education – Gender equity
- Supportive strategic relations
 - Supportive strategic relations – Challenges/barriers
 - Supportive strategic relations- Supports
 - Supportive strategic relations- Suggestions
 - Supportive strategic relations – Decision makers’ use of power to support girls’ right to education and empowerment

- Structure of rights
 - Structure of Rights – Challenges/barriers
 - Structure of rights – Supports
 - Structure of rights – Suggestions
 - Structure of rights – Equal rights under the law
 - Structure of rights – Effective recourse for infringements on rights
- Girls’ agency
 - Girls’ agency – Challenges/barriers
 - Girls’ agency – Supports
 - Girls’ agency – Suggestions
 - Girls’ agency – Ability to exercise rights
 - Girls’ agency – Ability to make informed decisions
 - Girls’ agency – Control/agency over decisions that affect them
- Structure of access
 - Structure of access – Challenges/barriers
 - Structure of access – Supports
 - Structure of access – Suggestions
 - Structure of access – Equitable access to basic services
- Leadership skill: Voice
 - Leadership skill voice – Challenges/barriers
 - Leadership skill voice – Supports
 - Leadership skill voice - Suggestions
- Leadership skill: decision making
 - Leadership skill decision making – Challenges/barriers
 - Leadership skill decision making - Supports
 - Leadership skill decision making - Suggestions
- Leadership skill: Self confidence
 - Leadership skill Self confidence - Challenges/barriers
 - Leadership skill Self confidence - Supports
 - Leadership skill Self confidence – Suggestions
- Leadership skill: Organization
 - Leadership skill organization – Organizing peers
 - Leadership skill organization – Cooperating with others for community goals
 - Leadership skill organization – Challenges/barriers
 - Leadership skill organization – Supports
 - Leadership skill organization - Suggestions
- Leadership skill: Vision
 - Leadership skill vision – Challenges/barriers
 - Leadership skill vision – Supports
 - Leadership skill vision - Suggestions
- Gender equity beliefs
 - Gender equity beliefs – Challenges/barriers
 - Gender equity beliefs – Supports
 - Gender equity beliefs - Suggestions
 - Gender equity beliefs – Rights
 - Gender equity beliefs – Decision making
 - Gender equity beliefs – Access to services

- Gender equity beliefs – Civic and political
- Time and space issues
 - Time and space issues – Challenges/barriers
 - Time and space issues – Supports
 - Time and space issues – Suggestions
 - Time and space issues – Gendered division of labor
 - Time and space issues – Restrictions on access to specific spaces
- Perceptions of supportive relationships
 - Perceptions of supportive relationships
- Perceptions of supportive structures
 - Perceptions of supportive structures – Access to ASRH services
 - Perceptions of supportive structures – GBV referral
- Perceptions of safety within and outside of schools
 - Perceptions of safety within and outside of schools - Perceptions of safety within schools
 - Perceptions of safety within and outside of schools - Perceptions of safety outside of schools
- ASRH
 - ASRH – Knowledge of ASRH and services
 - ASRH - Sexual activity
 - ASRH – Protective measures
 - ASRH – Reporting GBV and VAC to mentors
- Financial literacy
 - Financial literacy – Meeting basic needs
 - Financial literacy – Pursuing economic opportunities
 - Financial literacy – Use of savings/loans
 - Financial literacy – Knowledge of savings/loans

A team of two JBS coders used the above codes to thematically code all focus group transcripts in ATLAS.ti. As a check on quality control, the coders both coded the same two interviews and then compared the coding to ensure that they were identifying the same issues and coding them consistently. Coders reviewed each transcript twice to ensure that all content was properly coded. The codes extended well beyond what was present in the focus groups transcripts. The coders generated output files for each code in a Word document, which JBS researchers then reviewed to identify key themes, highlighted throughout this report and supported by direct quotes from respondents where possible. It should also be noted that a number of quotes include the moderators' questions to which the participants responded, and some are very leading questions. In all cases included in the report, those leading questions are probing on responses given by another participant, so the leading concept or terminology was introduced by one of the participants. JBS excluded any quotes where the moderator deviated from the script and used a leading probe rather than the suggested ones included in their protocols to ensure that the data reported were not biased by the moderator.

Quantitative Analysis

JBS researchers conducted descriptive analyses on all items on each of the three surveys. The statistics included frequencies, rates, percentages, and means (the report presents valid means, not including "I don't know" and refusals in the denominator). JBS assessed statistical significance of means or percentages by sex for all non-branched items on the survey (i.e., those items that were only asked of some respondents, based on their responses to a previous item). For branched items on the survey, JBS assessed frequencies by sex for descriptive purposes. Analysts employed Chi-square analysis when the

item in question was measured using two and/or a series of non-ordered response categories, and t-tests when the responses could be continually distributed over three or more response options (e.g., the amount saved, and responses on a four-point scale ranging from “strongly disagree” to “strongly agree”). Where response distributions for four-point scale items were highly skewed (e.g., over 90percent of respondents strongly agreed) or a single response category seemed of particular interest, JBS researchers dichotomized responses and employed chi-squared analyses. Results from chi-square or t-test breakdowns are listed in the report when they were significant below $p = .05$. T-tests were employed whenever possible, and throughout the report to provide straightforward descriptive estimates of directional bivariate trends across a wide array of measures. Given the sample sizes for this study, results from these analyses are unlikely to provide misleading results due to non-normal distribution of data (see Lumley et al., 2002).

Where items on the survey included skip patterns (e.g., Do you get information about SRH? If yes, what are the sources?), descriptive statistics are provided to determine which were the most commonly-selected category by particular subgroups. The research team was not able to assess statistical significance across all the selectable categories under various skip-pattern items on the survey, given the adjustments necessary to accommodate unique skip patterns for each item before the report deadline.

Using the merged dataset where adolescents’ surveys were linked to responses from their corresponding head of household, analysts examined an array of bivariate correlations using Pearson’s r . The report presents highlights from these results, where correlations were above .20 in magnitude and/or where significant correlations indicated patterns of interrelatedness or triangulation of key aspects of the survey for understanding regarding SRH, GBV, financial literacy, basic needs (financial resources and poverty) and schooling. Researchers employed repeated measures t-tests to assess differences in response patterns when identical items were included in both the adolescent and household surveys, and these results are reported when the correlation between these items was above .20.

For items where scale construction appeared appropriate, analysts performed scale psychometric analysis using Cronbach’s alpha. This report includes intercorrelations between scales within and between surveys when they were statistically significant and constituted key aspects of the survey for understanding regarding SRH, GBV, financial literacy, basic needs (financial resources and poverty) and schooling.

Survey Demographics

Adolescents

A total of 1,291 in-school, S1 adolescents were included in the Rwanda PCTFI Cohort 3 sample. Roughly half were from each province (49 and 51 percent were from the Southern and Western Provinces, respectively). Table 1 provides the district breakdown for the sample, indicating that the sample was relatively equally distributed across the regions.

Table 1: Geographic Breakdown of Adolescent Sample

	District	Males	Females	Total
Southern	Kamonyi	57	56	113
		8.9%	8.6%	8.8%
	Ruhango	53	55	108
		8.3%	8.4%	8.4%
	Muhanga	63	73	136
		9.9%	11.2%	10.6%
	Nyanza	78	72	150
		12.2%	11.0%	11.6%
Huye	61	69	130	
	9.6%	10.6%	10.1%	
Western	Ngororero	62	90	152
		9.7%	13.8%	11.8%
	Nyabihu	63	74	137
		9.9%	11.3%	10.6%

	District	Males	Females	Total
	Karongi	111	95	206
		17.4%	14.6%	16.0%
	Rutsiro	89	68	157
		13.9%	10.4%	12.2%
Total		637	652	1289
		49.4%	50.6%	

Adolescents attended one of 68 schools across this region. The highest number of students attending a single school was 54 (for School 56 - GS Nyarubuye), and the lowest number of students at the same school was four (for School 40 - GS Kabanda).

Adolescents were equally distributed by gender, with 49 percent and 51 percent of the sample being boys and girls, respectively. The age of the sample ranged from 11 to 19, with a mean of 15 and a mode of 16 (N=335, or 26 percent of the sample; 14 and 15 years were ages with frequencies close to the mode, with frequencies of 285 and 258, respectively).

Household

A total of 1,192 heads of household were included in the Rwanda PCTFI Cohort 3 sample. Roughly half were from each province (49 and 51 percent were from the Southern and Western Provinces, respectively). Table 2 provides the district breakdown for the sample, indicating that the sample was relatively equally distributed across the regions.

Table 2: Geographic Breakdown of Head of Household Sample

Region	District	Males	Females	Total
Southern	Kamonyi	32	71	103
		31.1%	68.9%	8.6%
	Ruhango	29	77	106
		27.4%	72.6%	8.9%
	Muhanga	42	91	133
		31.6%	68.4%	11.2%
Nyanza	28	89	117	
	23.9%	76.1%	9.8%	
Huye	30	91	121	
	24.8%	75.2%	10.2%	
Western	Ngororero	52	89	141
		36.9%	63.1%	11.8%
	Nyabihu	55	82	137
		40.1%	59.9%	11.5%
	Karongi	71	117	188
		37.8%	62.2%	15.8%
Rutsiro	72	74	146	
	49.3%	50.7%	12.2%	
Total		411	781	1,192
		34.5%	65.5%	

The heads of households were parents or other relations of adolescents who attended one of 68 schools across this region. The frequency range of school attended was quite wide, with a maximum of 47 (for School 47 GS Mukamira and School 56 GS Nyarubuye) and a minimum of two (for School 5 GS Makasa).

Sixty-six percent of participants were female and 34 percent were male. Twenty-six participants (2 percent) identified as heads of household were adolescents, and of those, most had at least one living parent. Seventy-seven percent of adolescent heads of household had a living mother and 62 percent had a living father. Two adolescent heads of household—one male and one female—said they were married (8 percent) and 17 (65 percent) said they were responsible for taking care of their younger siblings. Twelve

adolescent heads of household were from the Southern Province (46 percent) and 14 were from the Western Province (54 percent).

Teachers

A total of 134 teachers were included in the CARE Rwanda sample. Forty-eight percent of the sample was male and 52 percent of the sample was female. Roughly half were from each province (48 percent and 52 percent were from the Southern and Western Provinces, respectively). Table 18 provides the district breakdown for the sample.

Table 3: Geographic Breakdown of Teacher Sample

	District	Males	Females	Total
Southern	Kamonyi	6	8	14
		9.4	11.4	10.4%
	Ruhango	5	6	11
		7.8	8.6	8.2%
	Muhanga	7	7	14
		10.9	10.0	10.4%
	Nyanza	6	8	14
		9.4	11.4	10.4%
	Huye	6	6	12
		9.4	8.6	9.0%
Western	Ngororero	8	10	18
		12.5	14.3	13.4%
	Nyabihu	7	7	14
		10.9	10.0	10.4%
	Karongi	9	10	19
		14.1	14.3	14.2%
	Rutsiro	10	8	18
		15.6	11.4	13.4%
Total		64	70	134
		47.8%	52.2%	

Teachers were distributed across 68 schools in the regions. The distribution was fairly equal, with the modal number of teachers in each school being two. However, in a few schools there were three teachers or, in some, one teacher. In one school (School 40) there were four teachers.

Teachers' educational background varied. Roughly one-third of teachers fell into each category: (A0 – 30 percent), (A1 – 34 percent), (A2 – 36 percent). One respondent reported “other” as their highest level of education. The average length of time teachers had been teaching also varied. The mean number of years sought was 9.7. However, responses ranged from one year to 34 years.

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Survey Findings

Basic Needs

Adolescents

Adolescents were asked a series of questions about money and household resources. Fifty-eight percent (N=734) of adolescents responded that they could get money for school fees if they needed it. When asked where they got the money they used at school, the most commonly indicated financial source by a wide margin was the father (78 percent, N=573) and this was the most common response for boys and girls. Other less common responses included from parents/guardians, grandmothers, livestock/agriculture, and from the government or other social programs (e.g., the Good Neighbors Project and World Vision).

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Commented [HE10]: How many (what percentage) of those responses were from boys, girls?

Commented [HE11]: At which rate? Especially it would be interesting to know the percentage for Other social programs

Forty-two percent of adolescents (N=540) responded that they could easily access money for school supplies if they needed it. Fifty-one percent of adolescents (N=638) strongly agreed that they were confident about when they would eat their next meal.

Household

The main source of income for 84 percent of the total households was agriculture. Of the married male heads of household (N=394), 46 percent reported that their wives earn an income, and of the households where a married woman is the head (765 households), 38 percent also reported earning an income; for most of those women, the source of that income was also agriculture (82 percent). Other sources of household income included working for others (e.g. daily work, construction, tea plantation work) and owning a small business. Most households (93 percent) had no one else contributing to the household income. Of the households not headed by an adolescent (N=1,166), about half of the respondents said that both the husband and wife decide how the money is spent, and the remaining half was split between only husband and only wife, 20 percent and 25 percent, respectively.

As a percentage of their gender, female heads of household claimed to own most of the assets far less often. In fact, the association between ownership and gender was statistically significant for house, land, livestock, and phone. Ninety-four percent of men (N=388) claimed to own a house, while only 88 percent of women (N=686) reported the same ($\chi^2(1)=13.02, p < .00$). Eighty-eight percent of men (N=363) and 79 percent of women claimed to own land ($\chi^2(1)=15.24, p < .00$). Fifty-nine percent of men (N=246) and 50 percent of women (N=391) claimed to own livestock ($\chi^2(2)=10.77, p < .01$). Eighty-three percent of men (N=342) and 75 percent of women (N=584) claimed to own a mobile phone ($\chi^2(1)=11.60, p < .00$).

Table 4: Assets respondents claim to own

Asset	Frequency	Valid Percent	Frequency Refuse to Answer
House	1074	90.1	0
Land	982	82.4	0
Livestock	637	53.4	1
Bicycle	104	8.7	0
Mobile Phone	926	77.7	1
Savings ⁴	455	38.2	4
Other (Forest, Car/Moto)	13	1.1	11

Of married male heads of household, 51 percent in the Southern Province (N=69) and 47 percent in the Western Province (N=114) said that their wife earns an income. Of married female heads of household, 43 percent in the Southern Province (N=166) and 39 percent in the Western Province (N=125) say that they earn a living. In both provinces, most report agriculture is their main source of income. In the Southern Province, 51 percent of respondents (N=289) say that both husband and wife decide how the money is spent, and in the Western Province, 55 percent (N=325) also said both. In both provinces, slightly more respondents said that it is the wife who decides how the money is spent (28 percent, N=161 in the Southern Province; 23 percent, N=138 in the Western Province).

One question on the survey inquired more directly about poverty. The question asked all heads of household whether they were confident about when their family would eat their next meal (N=1,192). Sixty-nine percent agreed or strongly agreed. However, of the heads of household who were adolescents (N=26), only 46 percent agreed or strongly agreed. When asked if they knew where to get information on different market prices, 74 percent of all heads of household agreed or agreed strongly. Among adolescents who are heads of household (N=26), 62 percent agreed or agreed strongly.

⁴ Responses differ from C3, which is the same question. Researchers noted that the disparity is likely caused by how people think of “assets”, which may not include savings on first recall.

Basic Needs Measures Triangulation

Measures of basic needs from the adolescent and household surveys were positively correlated. For example, there was a medium positive correlation between adolescents and their head of household on questions regarding whether the adolescent can get money needed for school fees ($r=.37$, $p < .001$) and school supplies ($r=.42$, $p < .001$). Additionally, there was a positive correlation between adolescents' and heads of household's confidence in when they would eat their next meal ($r=.42$, $p < .001$). The distribution of response for these questions was relatively concordant across the adolescent and head of household samples, except for the question about food insecurity, where heads of households were more confident about when the family would eat next ($t(1112) = 3.83$,

Gender and Power Assessment

Gender Equity

The items described in this section are part of the Gender Equity Index (GEI). CARE first developed the GEI in 2008 as a tool for standardized data collection that could longitudinally monitor the changes in aggregate perceptions of gender equity among 10 to 14-year-old boys. In 2012, CARE developed three revised GEI survey tools separated for use with boys and girls ages 10-12, 13-17, and adults (18+). This current iteration of the GEI is a survey that intends to measure individual-level gender equitable attitudes. The results below show the breakdown of the individual items in the GEI for both adolescents and heads of households.

GEI Scale

The GEI consists of 15 items. The scale had slightly better reliability for heads of households (HH) (Cronbach Alpha = .69) compared to adolescents (Cronbach Alpha = .61), though both exhibited reliability below traditional research standards. GEI scores exhibited a positive correlation with the GEI score of their HH ($r=.18$ $p < .05$).

Adolescent

As Table 5 shows, a strong majority of adolescents strongly agreed with all the items on the gender equity scale. The item with the highest proportion (98 percent) of strongly agree responses was, "Girls should be allowed to play sports," while the item with the lowest proportion of strongly agree responses (79 percent) was, "A female president can be as effective as a male president."

The overall adolescent mean on the GEI score (constructed using the framework here: <http://www.care.org/sites/default/files/documents/CARE-GEI-Toolkit-FINAL-WEB.pdf>; scores can range from 9 to 36 with higher scores indicating higher equitableness) was 34.65, with a range of 12 to 36.

Table 5: Gender Equity Frequencies

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
B1a. Women have the right to hold leadership positions in the community	3.96	Frequency	8	3	24	1256	0
		Valid Percent	.6	.2	1.9	97.3	0
B1b. A female president can be as effective as a male president ^a	3.57	Frequency	123	40	107	1019	2
		Valid Percent	9.5	3.1	8.3	78.9	.2
B1c. At home, both boys and girls should ask permission to go play with their friends	3.92	Frequency	18	8	39	1226	0
		Valid Percent	1.4	.6	3.0	95.0	0
	3.93	Frequency	10	10	36	1235	0

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
B1d. Girls have the same right to go to school as boys		Valid Percent	.8	.8	2.8	95.7	0
B1e. It is good for boys to talk about their problems with their male friends	3.64	Frequency	93	58	65	1071	4
		Valid Percent	7.2	4.5	5.0	83.0	.3
B1f. Men and women both have the right to enroll in advanced schooling	3.94	Frequency	14	4	32	1241	0
		Valid Percent	1.1	.3	2.5	96.1	0
B1g. I respect a man who walks away from a fight	3.90	Frequency	24	7	41	1212	7
		Valid Percent	1.9	.5	3.2	93.9	.5
B1h. A husband and wife should decide together if they want to have children	3.97	Frequency	3	2	22	1264	0
		Valid Percent	.2	.2	1.7	97.9	0
B1i. Both men and women have the right to choose why they marry	3.90	Frequency	16	14	48	1204	9
		Valid Percent	1.2	1.1	3.7	93.3	.7
B1j. Girls should be allowed to play sports	3.98	Frequency	2	2	18	1269	0
		Valid Percent	.2	.2	1.4	98.3	0
B1k. Boys should be allowed to play sports	3.99	Frequency	1	1	6	1283	0
		Valid Percent	.1	.1	.5	99.4	0
B1l. If I heard a man insulting a woman, I would tell the man to stop	3.93	Frequency	12	6	39	1231	3
		Valid Percent	.9	.5	3.0	95.4	.2
B1m. If I heard a woman insulting a man, I would tell the woman to stop	3.93	Frequency	10	7	40	1233	1
		Valid Percent	.8	.5	3.1	95.5	.1
B1n. Men should know about family planning before marriage ^a	3.85	Frequency	44	11	43	1184	9
		Valid Percent	3.4	.9	3.3	91.7	.7
B2o. Women should know about family planning before marriage ^b	3.88	Frequency	36	7	36	1207	5
		Valid Percent	2.8	.5	2.8	93.5	.4

Note: ^a significant difference by gender, ^b significant difference by province.

Boys responded significantly more positively to the item, “A female president can be as effective as a male president,” compared to girls ($t=3.9, p < .00$); whereas 84 percent of boys ($N=585$) strongly agreed that a female president can be as effective as a male president, 74 percent of girls ($N=484$) strongly agreed to this item.

The overall GEI score was not significantly different across provinces, though responses from the Southern Province were significantly more positive on two items: 1) Men should know about family planning before marriage (Mean 3.88 versus 3.81; $t=2.1, p < .05$); and 2) Women should know about family planning before marriage (Mean 3.91 versus 3.84; $t=2.1, p < .05$).

Responses were generally very favorable toward gender equity across the sample.

- Both girls and boys have the same opportunities of becoming leaders. - *Adolescent girl, South Kibirizi (Western)*
- If a woman brings an idea, a man can support it. - *Adolescent girl, Mpungwe (Southern)*
- In ancient times girls were maltreated, but now they are promoted. - *Adolescent girl, Gikomero (Southern)*
- It’s because the Rwandan leadership has created equal opportunity to both female and male. - *Adolescent girl, Mpungwe (Southern)*

Adolescent Discussions Regarding Gender Equity (FGD)

Adolescent responses were generally very favorable toward gender equity across the sample, and this was corroborated to a large degree during the FGDs. For example, adolescents described leadership opportunities and academic success.

- Some girls pass exams through competition where by a girl can be sitting with a boy who performs better then she decide to work hard until she passes the exam. – **Adolescent, Karongi (Western)**
- *What are opportunities do girls have to be leaders?* They are many: Both girls and boys have the same opportunities of becoming leaders. *Would you explain for us?* First of all to have self-confidence: when you are confident and be loved by all people nothing cannot make you not to be a leader. – **Adolescent, Karongi (Western)**
- *Do women, men, girls and boys play some roles in formulating general developmental decisions in this area? If yes how do they do it?* Yes. They play a big role so that they can prepare their better future. – **Adolescent, Karongi (Western)**
- *What are opportunities do girls have to be leaders?* But we are all equal. - **Adolescent, Ngororero (Western)**
- *Is there any difference between girls and boys?* At government level, all of them are the same. - **Adolescent, Kamonyi (Southern)**

However, some adolescents talked about differences between boys and girls that implied they were not equal on all levels.

- They do not perform the same way, because boys take the first positions in class. - **Adolescent, Karongi (Western)**
- *Are there any differences between boys and girls?* Boys are stronger than girls in terms of work force. - **Adolescent, Ruhango (Southern)**
- *Some of you agree that their performance is the same others don't agree what do you say to convince me?* - **Adolescent, Kamonyi (Southern)**
- Boys are stronger than girls in terms of work force. - **Adolescent Girl, Huye (Southern)**
- *Is there any difference between girls and boys?* They don't have the same forces. Some activities may be done by boys but girls can't do. - **Adolescent, Kamonyi (Southern)**

Household

For heads of household, the mean GEI score was 34.77, with a range of 9 to 36. GEI scores were not significantly different across genders or provinces. The head of household mean was slightly higher than the adolescent mean (34.65).

As Table 6 shows, the vast majority of heads of households strongly agreed with all the items on the gender equity scale. The item with the highest proportion (99 percent, N=1,150) of strongly agree responses was “Boys should be allowed to play sports,” while the item with the lowest proportion of strongly agree responses (79 percent, N=919) was, “It is good for men to talk about their problems with their male friends.”

When independent samples t-tests were performed for gender, women had significantly lower means than men on two of the GEI items, “A female president can be as effective as a male president” (M Male=3.75, M Female=3.64; $t=2.44, p < .02$), and, “Girls have the same right to go to school as boys” (M Male=3.97, M Female=3.93; $t=2.15, p < .03$). For the latter, it is not clear if respondents viewed the statement as opinion or fact. Several items in the gender equity index proved to have statistically significant associations between heads of household and province. In the Southern Province, significantly more respondents (M=3.92) thought that men should know about family planning before marriage than in the

Western Province (M=3.85; t=2.66, $p < .01$). The Southern Province also had a higher mean for the item concerning women knowing about family planning before marriage (Southern M=3.94, Western M=3.89), though not as noteworthy (t=1.76, $p < .10$).

Table 5: Household Gender Equity Responses

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
D1. Women have the right to hold leadership positions in the community.	3.94	Frequency	4	5	50	1107	0
		Valid Percent	.3	.4	4.3	94.9	
D2. A female president can be as effective as a male president. ^a	3.68	Frequency	54	53	107	944	8
		Valid Percent	4.7	4.6	9.2	81.5	
D3. At home, both boys and girls should ask permission to go play with their friends	3.91	Frequency	8	13	58	1085	2
		Valid Percent	.7	1.1	5.0	93.2	
D4. Girls have the same right to go to school as boys. ^a	3.94	Frequency	6	6	36	1117	1
		Valid Percent	.5	.5	3.1	95.9	
D5. It is good for men to talk about their problems with their male friends.	3.56	Frequency	105	55	84	919	3
		Valid Percent	9.0	4.7	7.2	79.0	
D6. Men and women both have the right to enroll in advanced schooling.	3.96	Frequency	5	5	22	1134	0
		Valid Percent	.4	.4	1.9	97.3	
D7. I respect a man who walks away from a fight.	3.96	Frequency	5	2	29	1128	2
		Valid Percent	.4	.2	2.5	96.9	
D8. A husband and wife should decide together if they want to have children.	3.96	Frequency	5	2	26	1132	1
		Valid Percent	.4	.2	2.2	97.2	
D9. Both men and women have the right to choose why they marry.	3.96	Frequency	2	6	28	1127	3
		Valid Percent	.2	.5	2.4	96.9	
D10. Girls should be allowed to play sports.	3.97	Frequency	3	1	28	1133	1
		Valid Percent	.3	.1	2.4	97.3	
D11. Boys should be allowed to play sports.	3.98	Frequency	2	1	13	1150	0
		Valid Percent	.2	.1	1.1	98.6	
D12. If I heard a man hurting a woman, I would tell the man to stop.	3.94	Frequency	8	4	39	1115	0
		Valid Percent	.7	.3	3.3	95.6	
D13. If I heard a woman hurting a man, I would tell the woman to stop.	3.94	Frequency	6	7	42	1111	0
		Valid Percent	.5	.6	3.6	95.3	
D14. Men should know about family planning before marriage. ^b	3.88	Frequency	25	13	34	1087	7
		Valid Percent	2.2	1.1	2.9	93.8	
D15. Women should know about family planning before marriage. ^b	3.91	Frequency	20	7	27	1109	3
		Valid Percent	1.7	.6	2.3	95.4	

Note: ^a significant difference by gender, ^b significant difference by province.

Adolescent Sexual Reproductive Health (SRH) Knowledge and Access

Adolescent

Eighty-seven percent (N=1,125) of respondents reported that they got information about body changes. Boys' and girls' responses to this item were significantly different ($\chi^2(1) = 26.2, p < .00$), with 83 percent of boys (N=525) responding "yes," compared to 92 percent of girls (N=600).

Adolescents most commonly reported that teachers were a source of information (N= 626, 56 percent), followed by parents (N=602), school (N=431), friends (N=401), and then radio (N=378). The least frequently noted sources included the internet (N=8), religious leaders (N=15), and TV (N=31). Adolescents who wrote in other responses typically listed siblings (brothers or sisters), health centers, or themselves as sources of information about body changes. The source with the highest proportion of "yes" responses for boys was teachers (59 percent; N=310), whereas for girls it was parents (61 percent; N=367).

Eighty-nine percent (N=1,143) of adolescents reported that they got information about sex, HIV/AIDS, STIs, or family planning. Girls reported getting this information at a significantly higher rate than boys, at

Commented [HE12]: Disaggregate by sex (girls and boys) and province.

90 percent compared to 87 percent ($\chi^2(1) = 3.9, p < .05$). Adolescents most commonly reported that teachers were a source of this information (N= 651, 57 percent), followed by radio (N=526), school (N=477), parents (N=444), and friends (N=303). The most common “other” responses included: hospital or health center doctors/employees (N=107), community members/neighbors (N=7), and friends (N=6). The least frequently noted sources included religious leaders (N=12), the internet (N=17), TV (N=40), and youth organizations (N=40).

Twenty-one percent (N=265) of adolescents reported that they visited a health facility/hospital in the past twelve months to seek any service related to SRH. Boys reported visiting health facilities at a significantly higher rate than girls, at 26 percent (N=168) compared to 15 percent (N=97; $\chi^2(1) = 26.1, p < .00$). Of those who responded “no,” the most common reason provided was “other” (N=613; 60 percent); this was by far the most commonly chosen item for both boys and girls (61 percent and 59 percent, respectively). When asked to expand on why they had not visited a health facility, the most common responses included: “I’m not interested” (N=157), “I don’t need to go” (N=136), “I am/was not sick” (N=74), “I’m still too young/it’s not yet time” (N=72), “I don’t have the time”, (N=60) and “I’m not informed” (N=28). Focus group responses reflected the same sentiments, primarily that the adolescents were not sick or did not need to go, but the moderators did not probe further. The most common closed-ended option selected by adolescents, both boys and girls, was, “I don’t know where to go” (N=187). The other closed-ended choices were selected by fewer than 10 percent of adolescents who were asked this question.

SRH Behaviors

Six percent (N=77) of adolescents reported that they have had sexual intercourse. The rate of sexual activity significantly differed by sex ($\chi^2(1) = 24.1, p < .00$), with three percent of girls (N=18), and nine percent of boys (N=59) responding “yes.” For those who reported having had sexual intercourse, the average age at their first sexual encounter was 10 years old, with a minimum of five years old and a maximum of 18 years old. Eighty-two percent (N=63) of adolescents who have had sex reported that they did *not* use a condom during their last sexual encounter, and four percent (N=3) reported that they are currently using a contraceptive method other than condoms. Of the three adolescents reporting that they are currently using a contraceptive method other than condoms, one reported use of implants, and two indicated “other” and listed “counting” and “taking time to think deeper before making a final decision.” For those responding that they had not had sexual intercourse (N=1,188), 95 percent (N=1,123) reported that they would use a condom if they ever had sex before marriage. Ninety-seven percent of boys, and 93 percent of girls responded “yes,” and this difference was statistically significant ($\chi^2(1) = 10.2, p < .00$).

Results indicated significant differences across province on items regarding contraception use. A higher proportion of respondents from the Southern Province than the Western Province responded that they would use a condom if they ever had sex before marriage (97 percent [N=575] versus 92 percent [N=548]; $\chi^2(1) = 15.4, p < .00$); knew where to get a contraceptive method if they wanted it (79 percent [N=504] versus 70 percent [N=449]; $\chi^2(1) = 13.7, p < .00$); and that they would use a contraceptive method if they knew how to use it (89 percent [N=555] versus 80 percent [N=504]; $\chi^2(1) = 16.3, p < .00$).

Seventy-five percent (N=953) of all the adolescents who took the survey reported that they knew where to get a contraceptive method if they wanted it. Eighty percent of boys (N=498), and seventy percent of girls (N=455) responded “yes,” and this difference was statistically significant ($\chi^2(1) = 14.4, p < .00$). Eighty-four percent (N=1,059) of all the adolescents who took the survey responded that they would use a contraceptive method if they knew how to access it. Eighty-nine percent of boys (N=546), and eighty percent of girls (n=513) responded “yes,” and this difference was statistically significant ($\chi^2(1) = 16.6, p < .00$). Girls were asked whether they had ever been pregnant, to which four percent (N=27) responded “yes” Note that more girls reported being pregnant than having initiated sexual activity. Researchers noted that there may be confusion about what constitutes sexual activity in the earlier question. Less

than one percent of girls (N=1) reported that they had had a child. The adolescent who had a child reported that she was 15 years old at the birth of her child.

Adolescent Discussions About SRH (FGD)

Adolescents' reports regarding access to SRH information indicated that they felt that availability was high. Key sources of information were parents and teachers, in addition to health centers. During FGDs, adolescents described how parents talked to them about SRH.

- *Do your parents talk to you about reproductive Health?* Yes. They tell us how to behave before [someone might] seduce us to do wrong things. - **Adolescent, Nyabihu (Western)**
- *Do your parents talk to you about reproductive Health?* Yes we are put aside and be told about reproductive health. Our dad sit with us and tell us about reproductive health. - **Adolescent, Karongi (Western)**
- *Do your parents talk to you about reproductive Health?* Yes. As a teenage girl, they tell you about your periods, how it starts for the first time, how they may change and tell you that when you will see them - don't worry, it has to happen. - **Adolescent, Kamonyi (Southern)**
- *Do your parents talk to you about reproductive Health? Yes. Adolescents and teenagers, menstruation period, sexual intercourse? If yes how do they do it? What do they tell you?* They may tell you about how you can prevent yourself so that you may not be infected by HIV/AIDS. Either advise you to use condoms when it fails to abstinence. I think for us who are in this discussion we are gaining something from this discussion. - **Adolescent, Karongi (Western)**
- *Do your parents talk to you about reproductive Health?* They are helping us. Parents sometimes tell us that you must take care of your life. - **Adolescent, Ngororero (Western)**
- *Did your parents discuss with you about the living in adolescence stage?* They told us about abstinence from sex in order to protect our life from diseases. Diseases caused by sexual intercourse. They gave us an advice of not understanding those who wants to destroy us like Sugar Dads. - **Adolescent, Ngororero (Western)**

However, there was a small remaining percentage of adolescents who reported on the survey that they cannot access services and do not know where to go. In the FGD, some adolescents did not appear to have anyone to talk to about SRH.

- *What challenges do you meet while seeking reproductive health services from Health centers?* Lacking someone to advise you. - **Adolescent, Nyabihu (Western)**
- *Who can tell me that their parents feel ashamed to tell their children about sexual reproductive health?* Just my parent tells me about sexual health, reproduction when he is drunk. - **Adolescent, Karongi (Western)**
- *Let say by the time when you go in menstruation period for the first time did you tell your mum or your dad?* No. You never tell anybody? Nobody I told, but after some times I told somebody. - **Adolescent, Karongi (Western)**

Adolescents' confidence in accessing SRH services on the survey was high generally. They explained that health centers, hospitals, and community health workers were accessible to them.

Commented [HE13]: Does this mean that the big number of adolescent reported that they can easily access SRH services? Not specific and disaggregate per sex

- *Is it easy to access health facilities for reproductive health services?* Health facility is near to our place; Health facility workers give us an excellent service; Community health workers are active. - **Adolescent, Rutsiro (Western)**
- *What do you do when you want a condom?* You can go to look for it at health center. I can secretly go to look for a nurse to request condoms. I can go to buy it in a shop. I can go to buy some pills so that you will not be impregnated. You can buy a condom. I can go to take them from health center. - **Adolescent, Muhanga (Southern)**
- *Did health care, health post or any other people help you to get those services?* We go to the hospital to get pills when we had sexual intercourse which is not protected/not using condom. Instead of having sexual intercourse you can abstain from sex. If you want that service they can help you quickly. - **Adolescent, Ngororero (Western)**

However, results from the survey indicated some potential barriers to accessing services, such as the expectation of being yelled at if visiting a health facility, or inability to afford health services. Some additional barriers were mentioned during in the FGDs.

- *At your age can you be brave and you visit the health center asking the above service?* No, I can't do it. - **Adolescent, Karongi (Western)**
- *Is it easy for you to get that services you need?* No, it is not easy for us to get those services because some are very expensive and others you cannot find them. - **Adolescent, Ngororero (Western)**
- *What challenges do you face at health centres in relation to reproductive health services?* Sometimes health workers do not take care of us. - **Adolescent, Karongi (Western)**
- *What challenges do you face at health centres in relation to reproductive health services?* Lack of health insurance; Family poverty. - **Adolescent, Rutsiro (Western)**

Confidence in Accessing Services

As Table 7 shows, a large majority of adolescents gave the same response to all the items regarding confidence in accessing SRH services, usually “strongly agree” (there were three items where strongly disagree was the modal response by a large margin, due to the reverse directionality in the wording compared to the other items). The item with the highest proportion (95 percent) of concurring strongly agree responses was, “Adolescents should be taught about using a condom to prevent HIV,” while the item with the lowest proportion of concurring responses (67 percent strongly disagreed) was, “If I access a health facility for SRH services, the doctor/nurse would yell at me.”

Table 7: Adolescent Responses to SRH Items

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
C3a. I am confident that I could get condoms if I needed them. ^{a,b}	3.65	Frequency	100	41	60	1072	18
		Valid Percent	7.9	3.2	4.7	84.2	
C3b. I am confident I could get an HIV test if I needed it. ^{a,b}	3.90	Frequency	25	13	30	1216	7
		Valid Percent	1.9	1.0	2.3	94.7	
C3c. I am confident that I could get information on how to avoid getting pregnant/impregnating a girl, if I needed it. ^b	3.75	Frequency	61	33	65	1117	15
		Valid Percent	4.8	2.6	5.1	87.5	
	3.56	Frequency	108	60	105	985	33

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
C3d. I am confident I could get a family planning method, other than condoms or pills, if I needed it. ^b		Valid Percent	8.6	4.8	8.3	78.3	
C3e. I am confident I could reach a health facility for SRH services without difficulty. ^{a,b}	3.75	Frequency	50	39	89	1097	16
		Valid Percent	3.9	3.1	7.0	86.0	
C3f. I am confident my parents would support me to access a health facility for SRH services. ^b	3.66	Frequency	70	69	91	1047	14
		Valid Percent	5.5	5.4	7.1	82.0	
C3g. I am confident I could access a health facility for SRH services, even if my parents did not support me. ^{a,b}	3.60	Frequency	102	37	128	1012	12
		Valid Percent	8.0	2.9	10.0	79.1	
C3h. If I access a health facility for SRH services, the doctor/nurse would be helpful. ^{a,b}	3.83	Frequency	24	28	87	1139	13
		Valid Percent	1.9	2.2	6.8	89.1	
C3i. If I access a health facility for SRH services, the doctor/nurse would yell at me. ^b	1.70	Frequency	845	133	95	188	30
		Valid Percent	67.0	10.5	7.5	14.9	
C3j. If I access a health facility for SRH services, my friends would support me. ^b	3.59	Frequency	87	54	150	985	15
		Valid Percent	6.8	4.2	11.8	77.2	
C3k. I would feel confident to access a health facility for SRH services. ^{a,b}	3.76	Frequency	42	34	116	1086	13
		Valid Percent	3.3	2.7	9.1	85.0	
Reverse Coded	Mean (Range 1-4)		St. Agree (1)	Agree (2)	Disagree (3)	St. Disagree (4)	Refuse
C3l. Adolescents should be taught about using a condom to prevent HIV? ^a	1.08	Frequency	1227	35	7	19	3
		Valid Percent	95.3	2.7	.5	1.5	
C3m. Adolescents should be taught about contraceptive methods to prevent pregnancy? ^{a,b}	1.18	Frequency	1164	60	17	47	3
		Valid Percent	90.4	4.7	1.3	3.6	

Note: ^a significant difference by gender, ^b significant difference by province.

Boys' average responses were significantly ($p < .05$) more positive than girls' responses on the following items: (1) "I am confident that I could get condoms if I needed them" ($t=4.15$); (2) "I am confident I could get an HIV test if I needed it" ($t=2.59$); (3) "I am confident I could reach a health facility for SRH services without difficulty" ($t=2.52$); (4) "I am confident I could access a health facility for SRH services, even if my parents did not support me" ($t=2.05$); (5) "If I access a health facility for SRH services, the doctor/nurse would be helpful" ($t=1.97$); (6) "I would feel confident to access a health facility for SRH services" ($t=2.66$); (7) "Adolescents should be taught about using a condom to prevent HIV" ($t=2.34$); and (8) "Adolescents should be taught about contraceptive methods to prevent pregnancy" ($t=3.25$).

Compared to adolescents from the Western Province, respondents from the Southern Province were significantly ($p < .05$) more confident that they could: (1) Get condoms if they needed them (3.71 versus 3.59; $t=2.5$); (2) Get an HIV test if they needed it (3.94 versus 3.86; $t=3.0$); (3) Get information on how to avoid getting pregnant/impregnating a girl, if they needed it (3.82 versus 3.69; $t=3.1$); (4) Get a family planning method, other than condoms or pills, if they needed it (3.66 versus 3.47; $t=3.6$); and (5) Reach a health facility for SRH services without difficulty (3.80 versus 3.71; $t=2.4$). Adolescents from the

Southern Province were significantly ($p < .05$) more confident than those from the Western Province that their parents would support them to access a health facility for SRH services (3.72 versus 3.60; $t=2.6$), and that they could access a health facility for SRH services even if their parents did not support them (3.69 versus 3.52; $t=3.5$). Responses from Southern adolescents were significantly ($p < .05$) more positive that the doctor/nurse would be helpful if they accessed a health facility for SRH services (3.87 versus 3.80; $t=2.3$), and significantly less positive that the doctor/nurse would yell at them (1.62 versus 1.78; $t=2.5$). Southern adolescents more strongly agreed ($p < .05$) that their friends would support them if they accessed a health facility for SRH services, (3.66 versus 3.53; $t=2.9$) and they would feel confident accessing a health facility for SRH services (3.80 versus 3.72; $t=2.1$). Adolescents from the Southern Province more strongly agreed ($p < .05$) that adolescents should be taught about contraceptive methods to prevent pregnancy (1.15 versus 1.22 versus, with items reverse coded; $t=2.1$).

Perceptions, Beliefs, Attitudes and Gender Roles Stereotypes.

Adolescents responded whether the items in Table 8 were true or false, and based on their answers were assigned a score for SRH stereotypes. Adolescents' average score was 8.2 (each "True" response was scored 1, and "False" was scored 0, so the range of possible scores was from 0 to 10; high scores indicated more positive attitudes); boys' average score was 8.4, compared to 8.0, the average for girls ($t=4.38$, $p < .00$). Of the individual items, the item that the most adolescents got correct was, "If used properly, condoms can prevent against HIV transmission," while the item with the highest frequency of incorrect responses was, "Sticking to one sexual monogamous uninfected partner reduces the risk of HIV infection."

Table 8: Adolescent SRH Perceptions, Beliefs, Attitudes

		True	False	Total	Do not know	Refuse to answer
C5a. A girl can get pregnant the first time she has sex.	Frequency	1074	126	1200	89	2
	Valid Percent	89.5	10.5	100.0		
C5b. Condoms can be used more than once.	Frequency	154	1030	1184	107	
	Valid Percent	13.0	87.0	100.0		
C5c. If used properly condoms can prevent against pregnancy.	Frequency	1189	51	1240	50	1
	Valid Percent	95.9	4.1	100.0		
C5d. If used properly condoms can prevent against HIV transmission.	Frequency	1218	34	1252	39	
	Valid Percent	97.3	2.7	100.0		
C5e. A person who looks strong & health can have HIV/AIDs.	Frequency	870	366	1236	53	2
	Valid Percent	70.4	29.6	100.0		
C5f. A person can get HIV/AIDs through mosquito, flea or bedbug bite.	Frequency	95	1158	1253	38	
	Valid Percent	7.6	92.4	100.0		
C5g. A person can get HIV/AIDs through sharing food with a person with HIV/AIDs.	Frequency	78	1190	1268	23	
	Valid Percent	6.2	93.8	100.0		
C5h. A person can get HIV/AIDs by touching a person with AIDs.	Frequency	38	1227	1265	26	
	Valid Percent	3.0	97.0	100.0		
C5i. Sticking to one sexual monogamous uninfected partner reduces the risk of HIV infection.	Frequency	497	656	1153	132	6
	Valid Percent	43.1	56.9	100.0		
C5j. Abstaining from sex prevents HIV infection.	Frequency	1120	145	1265	23	3
	Valid Percent	88.5	11.5	100.0		

Adolescents were asked a series of questions regarding their attitudes around gender roles stereotypes, with the response categories "agree" or "disagree." As Table 9 indicates, the attitude items adolescents most frequently agreed with were: "I have the right to complain if an adult touches me inappropriately" (97 percent); "I have the right to complain if a teacher touches me inappropriately" (96 percent); and "I have the right to complain if a schoolmate touches me inappropriately" (95 percent); while the items with the greatest disagreement were, "'Real men' don't use condoms" (74 percent) and, "The female (sexual partner) is responsible for protection" (67 percent). The item that boys most frequently agreed with was,

“I am confident I could ask my partner to get tested for HIV” (98 percent), while girls most frequently agreed that, “I have the right to complain if an adult touches me inappropriately” (97 percent). On average, adolescents responded “True” to 7.97 of the 10 possible questions. This average significantly differed by province, where the mean for Southern adolescents was 8.11, compared to 7.83 for adolescents in the Western Province ($t=3.5, p < .00$).

Table 9: Adolescent Gender Roles and Stereotypes

		True	False	Total	Refuse to answer
C5k. "Real men" don't use condoms	Frequency	319	901	1220	71
	Valid Percent	26.1	73.9	100.0	
C5l. The female (sexual partner) is responsible for protection.	Frequency	405	814	1219	72
	Valid Percent	33.2	66.8	100.0	
C5m. I have the right to complain if a teacher touches me inappropriately.	Frequency	1227	56	1283	8
	Valid Percent	95.6	4.4	100.0	
C5n. I have the right to complain if an adult touches me inappropriately.	Frequency	1249	38	1287	4
	Valid Percent	97.0	3.0	100.0	
C5o. I have the right to complain if a schoolmate touches me inappropriately.	Frequency	1226	61	1287	4
	Valid Percent	95.3	4.7	100.0	
C5p. I am confident that I can convince my partner to use condoms if desired.	Frequency	1112	127	1239	52
	Valid Percent	89.7	10.3	100.0	
C5q. I am confident I could talk with my partner about contraceptive options.	Frequency	1159	103	1262	29
	Valid Percent	91.8	8.2	100.0	
C5s. I am confident I could ask my partner to get tested for HIV.	Frequency	1229	43	1272	19
	Valid Percent	96.6	3.4	100.0	
C5t. I am confident I could refuse sex if I did not want to have sex.	Frequency	1191	83	1274	17
	Valid Percent	93.5	6.5	100.0	
C5u. I am confident I could resist peer pressure to participate in risky behaviors.	Frequency	1178	99	1277	14
	Valid Percent	92.2	7.8	100.0	

Commented [HE14]: Does this mean refuse to answer, or no question provided? Or missing answer

Three additional questions regarding perceptions, beliefs, attitudes and gender roles stereotypes were posed, and 43 percent of adolescents (N=519) – 48 percent of boys (N=292) versus 38 percent of girls (N=227; $t= -3.59, p < .00$) – strongly disagreed that, “If I ask my partner to use a condom he/she would get angry.” Fifty-two percent of adolescents (57 percent of boys N=350, and 47 percent of girls N=287 [$t= -3.02, p < .00$]) strongly disagreed that, “If I asked my partner to get tested for HIV, he/she would get angry,” and 57 percent of adolescents strongly agreed that, “If I refused sexual intercourse with my partner he/she would get angry.”

Household

Overall, heads of households were fairly positive on SRH education for children. Ninety-one percent of parents (N=1,057) strongly agreed that sexuality education should be taught in the classroom. Many parents, however, reported having difficulty or feeling embarrassed talking to their children about SRH. Table 10 shows head of household knowledge and attitudes towards adolescents' SRH.

Commented [HE15]: Good to show disaggregated data by sex of the parents per province

Table 10: Household SRH Education for Children.

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
F1. Sexuality education should be taught in the classroom	3.82	Frequency	39	20	48	1057	2
		Valid Percent	3.4	1.7	4.1	90.8	
F2. Adolescents, including my own, should be taught how to use a condom to prevent HIV	3.75	Frequency	62	23	59	1020	2
		Valid Percent	5.3	2.0	5.1	87.6	
F3. Adolescents, including my own, should be taught how to use contraception to prevent pregnancy	3.49	Frequency	142	46	75	900	3
		Valid Percent	12.2	4.0	6.4	77.4	

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
F4. Adolescents, including my own, should be allowed to access condoms if they need them	3.36	Frequency	172	63	101	824	6
		Valid Percent	14.8	5.4	8.7	71.0	
F5. Adolescents, including my own, should be allowed to access contraceptives if they need them.	3.28	Frequency	200	77	84	802	3
		Valid Percent	17.2	6.6	7.2	69.0	
F6. Any girl who falls pregnant while still in school should be expelled	1.77	Frequency	776	115	39	234	2
		Valid Percent	66.7	9.9	3.4	20.1	
F7. Both the pregnant girl and boy responsible for pregnancy should be expelled from school	1.72	Frequency	791	120	42	211	2
		Valid Percent	68.0	10.3	3.6	18.1	
F8. The girl should be allowed to come to the same school after delivery to complete her education	3.89	Frequency	23	13	32	1098	0
		Valid Percent	2.0	1.1	2.7	94.2	
F9. Adolescents, including my own, should be taught about appropriate and inappropriate touching	3.81	Frequency	53	12	36	1056	9
		Valid Percent	4.6	1.0	3.1	91.3	
F10. Adolescents, including my own, should be taught Where to get birth control pills ^a	3.16	Frequency	242	76	94	749	5
		Valid Percent	20.8	6.5	8.1	64.5	
F11. Adolescents, including my own, should be taught How to use birth control pills ^a	3.19	Frequency	232	76	95	760	3
		Valid Percent	19.9	6.5	8.2	65.3	
F12. Adolescents, including my own, should be taught Where to get condoms	3.31	Frequency	190	62	107	802	5
		Valid Percent	16.4	5.3	9.2	69.1	
F13. Adolescents, including my own, should be taught how to use condoms	1.58	Frequency	152	53	107	849	5
		Valid Percent	13.1	4.6	9.2	73.1	
F14. Adolescents, including my own, should be taught how to tell a boy/ girl 'NO' if s/he does not want to have sex	3.93	Frequency	12	11	23	1119	1
		Valid Percent	1.0	.9	2.0	96.1	
F15. Schools should have supportive adolescent and youth sexual and reproductive health policies	3.93	Frequency	8	16	30	1109	3
		Valid Percent	.7	1.4	2.6	95.4	
F16. I would get in trouble with the community, if they get to know that I told an adolescent where they can receive SRH services ^b	2.46	Frequency	480	112	107	454	13
		Valid Percent	41.6	9.7	9.3	39.4	
F17. I find it difficult to speak about sex with my children ^a	2.69	Frequency	400	99	127	534	6
		Valid Percent	34.5	8.5	10.9	46.0	
F18. I feel embarrassed to talk about sexuality with my children ^a	2.61	Frequency	438	88	123	510	7
		Valid Percent	37.8	7.6	10.5	44.0	
F19. What is your opinion about this statement: My child can reach SRH services without much difficulty ^a	3.61	Frequency	61	62	138	868	37
		Valid Percent	5.4	5.5	12.2	76.9	

Note: ^a significant difference by gender, ^b significant difference by province.

Of the questions concerning access to knowledge about SRH and contraceptives, the question with the highest proportion of strong agreement (96 percent, N=1,119) was, “Adolescents, including my own, should be taught how to tell a boy/ girl ‘NO’ if s/he does not want to have sex.” The question with the lowest proportion of strong agreement (65 percent, N=749) was, “Adolescents, including my own, should be taught where to get birth control pills.”

Forty-four percent of respondents said that they strongly agreed with the statement, “I feel embarrassed to talk about sexuality with my children.” However, most (95 percent, N=1,109) strongly agreed that, “Schools should have supportive adolescent and youth sexual and reproductive health policies.” Seventy-seven percent (N=868) strongly agreed with the statement, “My child can reach SRH services without

much difficulty.” However, 39 percent strongly agreed with the statement, “I would get in trouble with the community, if they get to know that I told an adolescent where they can receive SRH services.”

When comparing the means for males and females on the question as to whether they thought they would get in trouble with the community if it came out that they had told an adolescent where they could receive SRH services, the female mean was lower, but not statistically significantly lower (2.5 for men and 2.4 for women).

Fifty-seven percent of heads of household (N=665) reported that they had talked to their children about puberty and body changes during the past 12 months. Sixty-nine percent (N=808) of heads of household had spoken to their child about how to say “no” if they do not want to have sex. Fifty-six percent of parents (N=657) had spoken with their children about ways to prevent pregnancy and how to use a condom to prevent HIV and other STIs. Only 27 percent (N=313) had spoken to their children about where to get contraception if they needed it. By gender, women reported having talked with their child about puberty and their changing body proportionally more often than men (61 percent, N=468, for women; 49 percent, N=197, for men). When chi-square test was run on these data, a statistically significant association was observed between gender and the likelihood that a parent would talk to their child about puberty and their changing body ($\chi^2(1)=16.00, p < .00$). The percentage of men and women who had spoken to their children about ways to prevent pregnancy and how to use a condom to prevent HIV and other STIs was more even, 55 percent (N=221) and 56 percent (N=436), respectively. The proportion of women who had talked to their child about how to say no if they did not want to have sex was also higher than men (72 percent, N=547, for women; 65 percent, N=261, for men). When a chi-square test was run on these data, a statistically significant association was observed between gender and the likelihood that a parent would talk to their child about how to say “no” if they do not want to have sex ($\chi^2(1)=5.40, p < .05$). The proportions of men and women who had talked to their child about where to get contraception was lower and similar across genders, 26 percent (N=105) and 27 percent (N=208), respectively.

Fifty-six percent of heads of household (N=603) reported that their child had been tested for HIV or STIs and 44 percent (N=476) said their child had not been tested. Ninety-one percent (N=1,044) reported that if their child asked for money to access a health facility, they would give it to them. When asked what they think would happen if their child went to a health facility for SRH services, 97 percent (N=1,037) said that the health staff would help him/her and 4 percent (N=38) said that the health staff would yell at him/her.

Forty-eight percent of men (N=194) and 54 percent of women (N=409) responded affirmatively to the question whether their child had been tested for HIV or STIs. Ninety-one percent of men (N=365) and 88 percent of women (N=679) said they would give their child money to access a health facility. Eighty-nine percent of both men and women (N=358 and N=679, respectively) thought that the staff at a reproductive health facility would help their child. When chi-square tests were run on these data, no associations were found to be statistically significant.

A statistically significant association was found between province and heads of households agreeing that adolescents, including their own should be taught where to get and how to use birth control pills. Independent samples t-tests show that in the Southern Province, respondents were more likely to agree or strongly agree than those in the Western Province ($t=2.01, p=.04$ and $t=2.04, p < .04$). When asked whether the respondent would get into trouble with the community if they find out that the respondent told an adolescent where they can receive SRH services, head of household respondents in the Western Province were significantly more likely to agree or strongly agree ($t=-2.24, p < .016$). In fact, the mean in for the Western Province was 2.56, while the mean in the Southern Province was 2.37.

Heads of household in the Western Province were also statistically significantly more likely than their counterparts in the Southern Province to find it difficult to talk to their children about sex ($t=-2.79, p < .01$) and feel embarrassed to talk about sexuality with their children ($t=-3.01, p < .00$). Additionally, head of household respondents in the Western Province disagreed with the statement, "My child can reach SRH services without much difficulty," more often than those in the Southern Province (M Southern=3.67, M Western=3.54). The association is statistically significant ($t=2.71, p < .01$).

Sixty-one percent of heads of household in the Southern Province (N=347) reported having talked to their children about puberty and their changing body, while only 54 percent in Western Province (N=318) reported having done the same. A chi-square test reveals a statistically significant association at $\chi^2(1)=6.40, p < .01$. Fifty-eight percent of heads of household in the Southern Province (N=332) and 24 percent in the Western Province (N=325) said they had talked with their adolescent about ways to prevent pregnancy and how to use a condom to prevent HIV and other STIs. Fewer head of household respondents in both provinces reported having talked with their adolescent about where to get contraception if they need it, 29 percent in the Southern Province (N=165) and 25 percent in the Western Province (N=148). However, heads of household in the Southern Province were statistically significantly more likely to have spoken with their adolescent about how to say no if they do not want to have sex. In the Southern Province, 425 respondents replied affirmatively, and in the Western Province 379 replied affirmatively. A chi-square test confirmed the association ($\chi^2(1)=17.99, p < .00$).

Almost half of respondents said that they strongly agreed that they feel embarrassed to talk about sexuality with their children. However, most (95 percent) strongly agreed that "Schools should have supportive adolescent and youth sexual and reproductive health policies."

A large majority strongly agreed that their child can reach SRH services without much difficulty. However, it is worth noting that 39 percent strongly agreed with the statement, "I would get in trouble with the community, if they get to know that I told an adolescent where they can receive SRH services."

By gender, women reported having talked with their child about puberty and their changing body proportionally more often than men. The proportion of women who had talked to their child about how to say no if they did not want to have sex was also higher than men.

- Sometimes radio talks about SRH and if there is time we participate in some meetings in which they talk about sexual reproductive health and when we reach home we tell them the story we heard. - *FGD Parent, Kabitovu (Western)*
- Adolescents are so young to adopt any family planning method but only a nurse can assist them. - *FGD Parent, Kabitovu (Western)*

When asked where do adolescents get information on SRH:

- Parents and teachers are supposed to give them the required information. - *FGD Parent, Mutara (Southern)*

When asked about a young girl who comes to ask about family planning:

- I don't agree with you, I can give her the real information and I chose for her abstinence. I will tell her that she is not allowed to do sex. - *FGD community health worker, Kareba (Western)*
- I knew the situation of my child when I talked to her about SRH. This is because one of the nurses told me my daughter wanted to use family planning. I advised her by telling her that she should not use medical treatment. She should abstain herself by avoiding all kinds of temptations from her peer group of the same age. - *FGD Parent, Karama (Southern)*

- I feel ashamed, when young girl of fifteen year come to me and asks about family planning. It can be a scandal, I cannot tell her immediately how to use family planning but I can try to convince her about who to avoid it. - *FGD community health worker, Kagina Kamonyi (Southern)*
- Of recent, we had one young girl who came to use, she begun seeking for advice, we assisted her on related advice, if she comes again for the second time, we will send her to the health center where she can acquire the basic family planning services then after she may come back to use as much as she wants. - *FGD community health worker, Kabitovu (Western)*

On boy asking for family planning.

- I think it is a problem too, he wants to do things allowed to old people, we can explain to him the risk of getting into immature thinking, to refrain himself until the real time to do it. - *FGD community health worker, Kagina Kamonyi (Southern)*
- An adolescent came and asked me for condoms. I first sat down and discussed with him then after the conversation I gave him what he wanted. - *FGD community health worker, Mutara (Southern)*
- You can start thinking that he is going to get involved in prostitution and I can advise him to abstain, if not, use condom because if he can approach me that means he is already involved. *FGD community health worker, Shoba (Western)*
- The first thing I can do is to converse with him so that I can know why he wants such a service. After I may ask him why he wants that service while he has not yet become a parent. I can tell him that those services are given to married persons; and those services are for people over 20 years of age. - *FGD community health worker, Karama (Southern)*

Adolescent Knowledge and Perceptions of GBV

The survey asked adolescents, “Do you know who you can reach out to for support if you or someone you know experiences gender based violence?” and 90 percent of adolescents (N=1,154) responded “yes” to this question. When asked who they would turn to, adolescents would most commonly reach out to local authorities (62 percent; N=720) and police (57 percent; N=656); this was true for both boys and girls, though 62 percent of boys (N=357) compared to 52 percent of girls (N=299) indicated that they would turn to police ($t=3.39, p < .00$). Other persons mentioned by adolescents were doctors or workers at local health centers or hospitals (N=107), neighbors or other adult community members (N=8), and friends (N=6).

During the survey, enumerators asked adolescents for examples of gender based violence, and marked different types of violence mentioned by adolescents when responding to this item; by a large margin, the most frequently mentioned type of violence was sexual violence (94 percent of respondents; N=1,215) followed by physical violence (51 percent of respondents; N=653).

Adolescents were asked how they would expect to be treated if they reported a case of gender-based violence. Of those responding to this question, 81 percent (N=981) responded that they would be respected, nine percent (N=104) responded that they would be ignored, and 11 percent (N=130) answered that they would get into trouble.

Adolescents' Discussions Around GBV (FGD)

Approximately half of the adolescents reported on the survey that they knew someone who had been a victim of gender-based violence, and these experiences were also mentioned in the FGDs. Adolescents were asked about gender-based violence in their schools and areas and described what they knew about it.

- *How common is gender based violence amongst your peers at school? What is common is that boys like to touch on the girls' breasts, buttocks, on shoulders, and elsewhere on their bodies. – Adolescent Boy, Kamonyi (Southern)*
- *How common is gender based violence amongst your peers at school? Sometimes boys touch on some parts of girls, but when you refuse, he stops touching on you and no longer do it. – Adolescent Boy, Kamonyi (Southern)*
- *How is about issue of gender based violence among your colleagues at school? Boys are used to caress/touch girls. – Adolescent, Kamonyi (Southern)*
- *How is about issue of gender based violence among your colleagues at school? Some old girls disrupt the youngest boys. – Adolescent, Kamonyi (Southern)*
- *How is the situation of gender based violence in your area? Some men beat their wives because they produced girls only. – Adolescent, Nyanza (Southern)*
- *How is the situation of gender based violence in your area? We have that problem, there girls who are producing kids when they are still young. - Adolescent, Karongi (Western)*

However, other adolescents did not believe gender based violence was common in their school or community.

- *Are there any cases of sexual violence within your colleagues at school? At the school where we study that case is not there. - Adolescent, Karongi (Western)*
- *Do you feel secure at school? At school I feel secure no any cases of sexual violence. - Adolescent, Karongi (Western)*
- *How is gender based violence (GBV) amongst your peers at school? We have not yet seen any case of GBV at school. - Adolescent, Rutsiro (Western)*
- *How is about issue of gender based violence among your colleagues at school? Never happen in our community. – Adolescent Girl, Nyanza (Southern)*
- *How about gender based violence among your colleagues in your area/community? We hear about it, that it happens far away but we never witnessed it here in our community or nearby. – Adolescent Boy, Nyanza (Southern)*

Household Gender Based Violence

Seventy-seven percent of heads of household (N=879) reported being aware of cases of gender-based violence. Those who were aware of cases of gender-based violence were asked what actions had been taken on those who perpetrate these practices. Of these, 34 percent (N=293) reported that the perpetrators had been arrested and 60 percent reported that the perpetrators had been prosecuted; four percent did not know what happened to the perpetrators. This question had an “other” choice, for which some unique responses included that the perpetrators had been turned away from the village and the perpetrators had received counseling.

Ninety-six percent of heads of household replied “yes” (N=1,111) when asked, “Do you know who you can reach out to for support if you or someone you know experiences VAC/GBV?” Of the yes respondents, fifty-six percent (N=624) said they would reach out to local authorities, 39 percent (N=431) said they would reach out to police, two percent said a community health worker, less than one percent would reach out to a neighbor, and less than one percent would reach out to their parents. Some “other” responses included GBV agents in the village and the Women's Council. When asked for several

examples of gender based-violence, 59 percent cited physical violence (N=691); 35 percent cited psychological violence (N=403); 95 percent cited sexual violence (N=1,112); 32 percent cited economic violence (N=378); and five percent cited other types of violence (N=63), especially, violation of the child's right to education and harassment.

When heads of household were asked how they would expect to be treated if they wanted to report a case of gender-based violence, 80 percent reported that they expect to be respected (N=896); nine percent (N=105) thought they would get in trouble; six percent (N=67) thought they would be ignored; and five percent reported that they expected to be harassed. Similarly, if their children wanted to report a case of gender-based violence, 77 percent (N=899) expected them to be respected; 10 percent (N=115) expected them to get in trouble; five percent (N=61) expected them to be ignored; and five percent (N=49) expected them to be harassed. For these two questions, the statistics were nearly identical across men and women.

Among heads of household in the Southern Province, 75 percent were aware of cases of gender-based violence (N=424), compared to 78 percent in the Western Province (N=455). Of those respondents, 92 percent in the Southern Province (N=389) and 95 percent in the Western Province (N=420) said that the perpetrator had been arrested or prosecuted. The same percentage (96 percent) of respondents in both provinces said that they know who they can reach out to for support if they or someone they know experiences GBV. There was not a statistically significant difference between the provinces on the question of how they expected to be treated if they wanted to report a case of GBV. Eighty-one percent in the Southern Province (N=442) and 78 percent the Western Province (N=454) said they would be respected; thus, 19 percent of respondents in the Southern Province and 21 percent in the Western Province said they would be ignored, harassed, or get in trouble. When asked how they expected their children to be treated if they wanted to report a case of GBV, 81 percent of heads of household in the Southern Province (N=446) and 78 percent in the Western Province (N=443) said their children would be respected; thus 18 percent of respondents in the Southern Province and 22 percent in the Western Province thought their children would be ignored, harassed, or get into trouble.

Most respondents knew of cases of gender-based violence in their communities. Of those, very high percentage (92 percent) reported that the perpetrator had been arrested or prosecuted. An overwhelming majority of respondents know who they can reach out to for support if they or someone they know are the victim of GBV. Most would reach out to local authorities or police. Most of heads of household reported that they or their children would be respected if they reported a case of GBV.

Fifty percent of respondents knew of cases of early marriage in their communities.

FGD participants described where they would go, or to whom they would turn, if they were aware of GBC cases.

- When local leaders are near, I can run immediately and report the case. - *Adolescent, Nyarubuye (Western)*
- We call police or local leaders. - *Adolescent girl, Gahengeri (Southern)*
- When we get them we ask the support from local leaders and other security organs, the police will take the suspect to the custody and for us the community health workers we take the victim to the hospital. - *Community health worker, Gitwa (Western)*
- When the GBV cases have taken place at school, you report it to the discipline master or a teacher. When it is not at school you report it to the village leader. - *Adolescent boy, Kigina (Southern)*

Intercorrelation Between Head of Household and Adolescent Surveys – Type of Violence Mentioned

As the adolescent and head of household surveys were conducted, interviewers coded whether interviewees mentioned particular types of GBV (e.g., physical, economic) when they were asked to provide examples. Results from intercorrelations using the merged dataset indicated that, when adolescents mentioned physical and economic violence, heads of household mentioned these types of violence at a higher rate (Pearson's r was .31 [$p < .00$] and .26 [$p < .00$] for physical and economic violence, respectively).

Adolescent Perceptions of Early Marriages

Forty-six percent of adolescents (N=598) strongly disagreed and 35 percent strongly agreed (N=454) that it is normal for girls to drop out of school and get married. Further, 56 percent of adolescents (N=725) strongly disagreed and 22 percent (N=286) strongly agreed that it is normal for boys to drop out of school and marry. Forty-one percent of adolescents (N=514) responded “yes” when asked whether they were aware of any cases of gender-based violence.

Adolescent FGD discussions about Early Marriages

Attitudes were mixed regarding whether it was normal for boys or girls to drop out of school and get married. For example, some adolescents commented that early marriage was common and a problem in their area..

- *The cases for girls who have early marriage how does it look like in your area is there any? Yes. Do they have some problems as you can see? Yes, they have problems. They have poor life and others become sick. - Adolescent, Karongi (Western)*
- *How is about the early marriage of girls in this area? We can see it here in our compound. – Adolescent Boy, Nyanza (Southern)*
- *How common is it for girls to experience early marriages in your community? Sometimes you get married because of the bad situation you live in your household. – Adolescent Boy, Kamonyi (Southern)*
- *How common is it for girls to experience early marriages in your community? It is a big challenge and here we have observed some cases. - Adolescent, Rutsiro (Western)*
- *How is about the issue of early marriage of girls in this area? Here, it is a serious problem. – Adolescent Girl, Nyanza (Southern)*

Others thought it was uncommon in their area and/or undesirable, and described the disadvantages.

- *The cases for girls who have early marriage, how does it look like in your area of residence? Yes, it is there, but it is on a low level. - Adolescent, Karongi (Western)*
- *Can you wish to have early marriage? No. Explanation I can give is that, when you marry in early age you start quarrel with your husband and it may lead to divorce. - Adolescent, Karongi (Western)*
- *Can you wish to have early marriage? No. It may lead you to produce many children and some of them can become thieves. You cannot have strong family. - Adolescent, Ngororero (Western)*

- *How can early marriage destroy life?*⁵ It harms one's life because when she gives birth she has to stop school activities, and to resume after some years. - *Adolescent, Muhanga (Southern)*

Household Perceptions of Early Marriages

Fifty-four percent of heads of household respondents replied affirmatively when asked if there are cases of early marriage in their community (N=578). Forty-six percent (N=487) replied no. See Table 10 for attitudes regarding early marriage.

Table 11: Household Attitudes Around Early Marriage

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
E9. It is normal for girls to drop out of school and get married	2.35	Frequency	522	113	127	403	1
		Valid Percent	44.8	9.7	10.9	34.6	
E10. It is normal for boys to drop out of school and marry	1.88	Frequency	678	163	114	210	1
		Valid Percent	58.2	14.0	9.8	18.0	

Commented [HE16]: Disaggregate per province and sex. Related recommendation to address the issue should be included

Perceptions of early marriage varied very little between genders, none significant. Women had a higher mean for whether it was normal for girls to drop out and get married (M Male= 2.33, M Female=2.37), meaning that they agreed more often, and men had a slightly higher mean for whether it was normal for boys to drop out and get married (M Male=1.89, M Female=1.87). Heads of household in the Western Province had a higher mean on both questions than those in the Southern Province, meaning they agreed more often that it was normal for girls and boys to drop out and get married. In the Southern Province, the mean for it being normal for girls to drop out was 2.31 and the mean for boys was 1.83. In the Western Province, the mean for it being normal for girls to drop out was 2.40 and the mean for boys was 1.92.

Parents on early marriages:

- If a man falls in love with an adolescent, he should wait for her until she attains the age stipulated by the law. - *FGD Parent, Mutara (Southern)*
- It's normal here but is not desirable. It has consequences. Early divorce, early pregnancy. They cannot persist. - *FGD Parent, Kareba (Western)*

Intercorrelation Between Attitudes about Marriage and Dropout in the Head of Household and Adolescent Surveys

There was a positive correlation between adolescents' and heads of households' attitudes about female ($r=.44, p < .01$) and male ($r=.30, p < .01$) early marriage. However, there was some divergence in attitudes between the two samples. On average, heads of households more strongly agreed that both men and women have the right to choose who they marry ($t=4.4, d=.17, p < .00$). However, relative to heads of households, more adolescents agreed that it is normal for boys to drop out of school and get married ($t=-2.8, d=0.09, p < .01$).

Commented [HE17]: The highlighted area should be Disaggregated by sex and province. Triangulation of this information against qualitative research findings would be recommended to identify the reason for dropout

⁵ The moderator in this case was probing on a statement made by the respondent, so the response was not biased by the leading question.

Financial Literacy

Adolescent Financial Literacy Score

During the survey, adolescents were read a series of financial scenarios, and asked questions to test their conceptual knowledge. Scores could range from 0 to 19, and adolescents' mean score was 10.74. One adolescent had a perfect score, while 14 percent (N=179) of adolescents got more than 75 percent of the questions correct.

Adolescent Financial Literacy Attitudes

When adolescents were asked who makes decisions about money in the household, the most commonly selected option was “both my mother and father” (40 percent; N=514); “other” responses included other family members such as grandparents (N=21), aunts/uncles (N=4), and siblings (N=2).

Though a chi-square test indicated that there was a significant association ($\chi^2(1) = 12.9, p < .05$) between province and who was the decision maker in the household, the most common choice by adolescents from both provinces was “both my mother and father,” and the rates for this choice were relatively similar (37 [N=238] and 43 percent [N= 276] for Southern and Western adolescents, respectively). Close second and third choices were “father” (34 percent in both groups [N= 214 Southern, N=217 Western]) and “mother” (25 [N=158] and 19 [N=124] percent, respectively).

Thirty-five percent (N=451) of adolescents (42 percent of boys [N=267] and 28 percent of girls [N=184]; $\chi^2(1) = 26.37, p < .00$) reported that they had saved any money in the past 12 months. Of those responding “yes” to this item, the most common way of saving money was “saving at home” (50 percent; N=227). This was the most common response for both boys and girls. “Other” common alternative means of saving money included investing in livestock (N=31), saving with mobile money services such as Airtel and Tigo (N=9), and investing with a group or association (N=9).

The most common source of money saved chosen by adolescents on the survey was “other” (40 percent; N=180), followed by “small business”. The “other” category most commonly included working for others (N=107, doing temporary work or labor), farming or agriculture (N=29) and raising or selling livestock (N=16). Non-“other” categories that adolescents could pick included “my father,” “my mother,” “both my mother and father,” “my brothers,” “my sisters,” or “small business.” Of these, the most common choice was “other” and “mother” for boys (50 percent; N=133) and girls (29 percent; N=54), respectively⁶.

Adolescents who had saved some money reported that they had an average of 7,342.26 RWF in savings, with an overall median of 4,000 RWF, indicating that the distribution of savings is skewed higher (an average and median of 9,134.86 RWF and 5,000 RWF for boys, compared to 4,732.14 RWF and 3,000 RWF for girls⁷). The average amount that adolescents reported was the highest amount of savings they had had in the past 12 months was 8,164.81 RWF (average 10,392.37 RWF and 4,867.31 RWF for boys and girls, respectively⁸), with an overall median of 4,000 RWF. Adolescents from the Southern Province reported having significantly more savings compared to adolescents in the Western Province, with over 8,000 RWF compared to just under 6,500 RWF, respectively ($t=2.1, p < .05$).

Of those who had saved, 62 percent (N=277) responded that they were the person who decided on what their savings were spent. Fifty-two percent (N=218) reported that they set aside money at least two to

Commented [HE18]: Better to present this in a table that disaggregate per sex and province

⁶ The characteristics differences between the “other” options specified in the text and the closed-item options indicate that the results from this question might need to be interpreted with caution, since adolescents may have misunderstood what was being asked.

⁷ $t=5.04, p < .00$

⁸ $t=5.53, p < .00$

three times a month (more than once per month), and 32 percent (N=146) reported that they saved money in a youth savings group.

Intercorrelation Between Generating Income and Saving Among Adolescents

There was a positive correlation between adolescents' reporting that they engaged in activities that generated income and higher rates of saving any money, and those who earned money were more likely to save money. The correlation between the two variables was .46 ($p < .00$). Though the positive correlation may partially indicate that having a source of money is necessary for saving, if there was a null relationship, it may have suggested that adolescents either (a) are not saving money as they might, and so do not have positive attitudes around savings, or (b) needed to spend the money on other necessities.

When asked what they spent their savings on, adolescents most commonly selected "clothes" (45 percent; N=202) and "other" (including livestock [N=131] and shoes [N=10]) and "paying for my own business" (N=117). The most commonly selected option was "clothes" for both boys and girls.

Forty-one percent (N=531) of adolescents (47 percent of boys [N=296], and 36 percent of girls [N=235]; [$\chi^2(1) = 14.83 p < .00$]) reported that they engaged in activities that generated income. Of those adolescents saying "yes" to this item, the most commonly selected type of activity was rearing poultry (39 percent; N=205), "other" (28 percent; N=146) and crop cultivation (25 percent; N=132). "Other" choices reported were: raising other livestock such as rabbits, goats, pigs, and sheep (N=110); working for others (N=13); and agriculture of legumes (N=5). Boys most commonly selected poultry rearing, while girls most commonly selected crop cultivation.

Commented [HE19]: Better to disaggregate the kind of activities per sex and per province

A significantly higher proportion of adolescents from the Western Province (44 percent, N=286) reported engaging in any activities that generate income, compared to adolescents from the Southern Province (39 percent, N=245; $\chi^2(1) = 4.07, p < .05$).

Fifty-four percent of adolescents (N=695) reported that they had learned about the importance of saving. Of those adolescents saying "yes" to this item, teachers (80 percent; N=559) were the most commonly selected learning source by a wide margin (24 percent of adolescents [N=169] listed parents, the next most frequent response). "Other" learning sources included bank or Sacco agents, the radio and books, and local newsletters such as the *Nyampinga Newsletter*.

As Table 12 shows, adolescents were asked a series of questions about their attitudes regarding financial literacy. Scoring responses from 1 to 4 to indicate "strongly disagree" through "strongly agree," the average response on the items ranged from 4.0 ("Saving money is important to me") to 2.3 ("Whenever I do income generating activities, I keep written records of all the expenses I incur [all the money that goes out]"). The modal response for each item was the most strongly agree or disagree category indicating a positive direction (e.g., Strongly *agree* for "Saving money is important to me," and strongly *disagree* for, "I do not like to think about money issues") for most items, but responses were relatively split between strongly agree and strongly disagree for the following three items: (1) "I do not like to think about money issues"; (2) "Whenever I do small income generating activities, I keep written records of all my income"; and (3) "Whenever I do income generating activities, I keep written records of all the expenses I incur (all the money that goes out)."

Table 12: Adolescent Financial Literacy Attitudes

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
E14. Saving money is important to me.	3.98	Frequency	2	1	16	1264	8
		Valid Percent	.2	.1	1.2	98.5	
E15. I do not like to think about money issues ^b .	2.69	Frequency	400	143	191	544	13
		Valid Percent	31.3	11.2	14.9	42.6	
E16. I think about saving money for my future ^a	3.91	Frequency	6	19	58	1199	9
		Valid Percent	.5	1.5	4.5	93.5	
E17. Money is just for spending on things I want.	3.32	Frequency	161	89	190	806	45
		Valid Percent	12.9	7.1	15.2	64.7	
E18. Learning about finances is important to me.	3.95	Frequency	6	4	43	1232	6
		Valid Percent	.5	.3	3.3	95.9	
E19. I like to manage my own money ^a .	3.53	Frequency	117	43	149	940	42
		Valid Percent	9.4	3.4	11.9	75.3	
E20. I set long term financial goals.	3.58	Frequency	87	54	147	948	55
		Valid Percent	7.0	4.4	11.9	76.7	
E21. My financial situation limits my ability to do things that are important to me.	3.22	Frequency	221	82	142	799	47
		Valid Percent	17.8	6.6	11.4	64.2	
E25. I am willing to trade my immediate rewards for greater gains in future ^a .	3.70	Frequency	72	30	100	1043	46
		Valid Percent	5.8	2.4	8.0	83.8	
E26. I know where to get information on different market prices ^a .	3.20	Frequency	232	75	168	800	16
		Valid Percent	18.2	5.9	13.2	62.7	
Asked only to a subset of respondents (N = 531)	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
E22. Whenever I do small income generating activities, I keep written records of all my income.	2.39	Frequency	243	43	29	210	6
		Valid Percent	46.3	8.2	5.5	40.0	
E23. Whenever I do income generating activities, I keep written records of all the expenses I incur (all the money that goes out).	2.32	Frequency	260	36	31	199	5
		Valid Percent	49.4	6.8	5.9	37.8	
E24. Whenever I do an income generating project, I take time to calculate the difference between the money that I get from the project and all the expenses that I incur in running the project.	3.04	Frequency	141	21	37	325	7
		Valid Percent	26.9	4.0	7.1	62.0	

Note: ^a significant differences by gender; ^b significant differences by province.

Boys scored significantly more positively than girls on four financial literacy items ($p < .05$): (1) “I think about saving money for my future” (3.94 compared to 3.88; $t=2.63$); (2) “I like to manage my own money” (3.60 compared to 3.46; $t=2.52$); (3) “I am willing to trade my immediate rewards for greater gains in future” (3.76 compared to 3.64; $t=2.59$); and (4) “I know where to get information on different market prices” (3.31 compared to 3.10; $t=3.30$).

Adolescents in the Western Province more strongly agreed, on average, that they did not like to think about money issues (Mean 2.78 versus 2.60; $t=2.5$, $p < .05$).

Adolescents’ Discussions about Financial Literacy (FGD)

Approximately half of adolescents surveyed reported saving any money and having learned the importance of saving, leaving room for increases in savings during the full study period as well as shifts in the degree to which adolescents save money in places other than at home. During the focus groups, adolescents seemed to understand the importance of saving and typically related saving to their future stability and success.

- *Do you think that saving money is important? If it is important why? It helps you to prepare your better future. - Adolescent, Karongi (Western)*

- *Do you think that saving money is important? If it is important why?* The saved money helps me when I face any problem. - **Adolescent, Rutsiro (Western)**
- You can do saving through growing some crops after, sometimes you harvest and sell your production later you find that you have gained more money. - **Adolescent, Karongi (Western)**
- *What are the necessary skills and knowledge learnt to prepare for your future?* Studying savings can lead to prepare for the better future because of saving you r future can be better than that of a person who never done saving. - **Adolescent, Karongi (Western)**
- When we save money, it is easy to improve our life condition. – **Adolescent Boy, Kamonyi (Southern)-**

Adolescents are still learning financial literacy and described who was teaching them and some of the things they have learned.

- *Who teaches you or taught you about savings?* Parents and teachers. - **Adolescent, Nyabihu (Western)**
- *Who teaches you or taught you about savings?* By our old sisters from NYAMPINGA foundation. – **Adolescent Girl, Nyanza (Southern)**
- *What are the materials used in studying things that are concerned with saving money?*
Wooden box: You can make those things made from the wood that may be used when getting any coin you can throw it there until it is full and you may start developing basing on the little savings you made. - **Adolescent, Karongi (Western)**
- Parents teach savings so that when their children get money should start saving so that in future they can get what they may need Parents and teachers teach savings so that we can have better future. - **Adolescent, Karongi (Western)**
- ...saving on my behalf, it is like when a person gets some money and start keeping slowly by slowly until money grows so that you can use it in the planned project in future. That is what I can call saving. - **Adolescent, Karongi (Western)**

Household Financial Literacy

Fifty-five percent (N=650) of total respondents reported having household savings. Table 13 describes the various ways that respondents reported saving money.

Table 13: Household Savings Practices

Type of saving	Frequency	Valid Percent
At home	29	4.5
In a savings account	271	41.7
Family member saving for them	8	1.2
Informal savings club	402	61.8
Other (Tontine, Sacco, Tigo cash)	41	6.3

If a daughter asked for money for school expenses, 87 percent of respondents (N=1,012) said they would give it to her. If a son asked for money for school expenses, 89 percent (N=1,042) said they would give it to him. Most head of household respondents (96 percent, N=1,115) reported that they would support their child to get training on how to save and how to engage in income generating activities. Fifty-five percent (N=634) say they have taught their child about the importance of saving. Twenty-nine percent (N=342) say that their child has taught them about the importance of savings.

If their children need money for school fees, 56 percent say they are able to get it and one percent did not know⁹. Table 14 shows where children get the money for school fees (N=650), and respondents chose all responses that applied. Fifty-eight percent of heads of household report that their children can get money for school supplies if they need it and one percent do not know.

Table 14: Household Sources of Money for School

Type of saving	Frequency	Valid Percent
Father	515	49.4
Mother	437	67.3
Siblings	34	5.2
Other relatives	18	2.8
Girlfriend/boyfriend	0	0
Teachers sometimes	3	.5
Employees in schools sometimes	1	.1
From my account	3	.3
Part time piece work	7	1.1
Other (Caritas, community members, siblings)	18	2.8

No statistically significant correlations were found between whether a household has savings and whether a son or daughter saves. Additionally, no significant correlations were found between parents that taught their children to save and sons and daughters that have savings; or between households that have savings and heads of household that have taught their children to save. However, when a chi-square test was run to test the association between whether a household has savings and gender, we found a statistically significant association. Significantly more males (60 percent, N=247) reported having household savings than females (52 percent, N=403) ($\chi^2(1) = 8.11, p < .00$). Also, 24 percent of males (N=95) and 32 percent of females (N=247) said that their children have taught them about the importance of saving, which shows a significant association ($\chi^2(1) = 9.02, p < .00$).

Fifty-five percent of head of household respondents in the Southern Province (N=321) and 54 percent in the Western Province (N=329) reported having savings. In both provinces, more respondents who reported having savings said they had been saving in an informal savings club than at home, giving it to a family member or saving in a savings account (60 percent, N=163 in the Southern Province and 54 percent, N=162 in the Western Province), though the latter option was the second most common answer in both provinces. There was not much difference between the provinces on the other savings questions. Ninety-five percent of head of household respondents in the Southern Province (N=539) and ninety-seven percent in the Western Province (N=576) said that they would support their child in getting training on how to save and how to engage in IGAs. Fifty-six percent of respondents in the Southern Province (N=321) and 52 percent in the Western Province (N=313) reported having taught their child about savings; while 32 percent in the Southern Province (N=181) and 27 percent in the Western Province (N=161) said that their child had taught them about savings. The means for knowing where to get information on market prices was 3.21 in the Southern Province and 3.19 in the Western Province. In both provinces, 56 percent of respondents (Southern N=320, Western N=329) said that their child could get money for their school fees, if needed, mostly from the father or mother. The mean for confidence about when their families would eat their next meal was exactly the same in both provinces.

Most head of household respondents (96 percent) reported that they would support their child to get training on how to save and how to engage in income generating activities.

⁹ A 'yes' response on the head of household survey was shared a significant positive correlation with a 'yes' on the adolescent survey ($r=.37, p < .00$).

Significantly more females than males said that their child had taught them about the importance of saving. Significantly more males reported having household savings than females.

- The way we can help teens to save is to advise them how to manage the money got from sold crops. - *FGD Parent, Shoba (Western)*
- We encourage them to keep those small animals like chicken or goats which later produces and multiply in number and can help in the development of a child. - *FGD Parent, Shoba (Western)*
- Adolescents copy our saving methodology. We have savings groups meet known as INTAMBWE which meets every week. Our children also have their own saving groups. - *FGD Parent, Karama (Southern)*

Intercorrelation Between Financial Behaviors in the Head of Household and Adolescent Surveys

In general, adolescent financial behavior is closely tied to financial behavior at the household level. Across several indicators adolescent saving behaviors was positively correlated with saving or teaching about saving in households. For example, adolescents whose head of households report that they taught their children about the importance of saving, were more likely to report saving money in the last 12 months ($r=.11$, $p < .01$). This is important given that, for adolescents, having learned about the importance of saving is also positively correlated with other money garnering activities, such as participating in a youth savings group ($r=.13$, $p < .01$) and engaging in activities that generate income ($r=.14$, $p < .01$).

Leadership

Adolescent Leadership

Twenty-six percent (N=338) of adolescents (30 percent of boys [N=191]), and 23 percent of girls ((N=147); $[\chi^2(1) = 9.21, p < .00]$) reported that they held a leadership position in school or at home at the time of the survey, and 36 percent reported (N=468) that they were involved in a youth group or organization. ‘Other’ was the most common type of organization listed by adolescents (68 percent; N=468), followed by the National Itorero Commission (9 percent; N=40).

The Youth Leadership Index (YLI) was designed specifically by CARE to longitudinally measure changes in self-perceptions of leadership among youth, specifically those aged 10-17. The questions in the YLI ask youth about their self-confidence, their decision-making, problem solving and organizational skills, their sense of voice, and their ability to motivate others. The YLI also measures cooperation, diligence, independent thinking, personal responsibility, and leadership interest.

Youth Leadership Index Scale

The YLI consists of 21 items. The scale demonstrated acceptable reliability among the sample (Cronbach Alpha = .89). Adolescents’ YLI scores were positively correlated with their own GEI scores ($r=.14$, $p < .05$) and their HH’s GEI scores ($r=.09$, $p < .05$), though the magnitude of these effects were in the small range.

The 21 items of the YLI are listed in Table 15. Response categories range from rarely to almost always. Scoring the items from 1 to 4, with ‘almost always’ scored highest, adolescents’ average response across

these items was 2.58, ranging from 1 to 4 with higher scores indicating more skills, knowledge, and leadership. The average score on the leadership items was 2.63 for boys, and 2.53 for girls ($t=4.26, p < .00$). The individual item with the lowest average score for adolescents was “I recognize when people have different skills to contribute to a task”, this was the lowest scoring item for both boys and girls. The individual item with the highest average score for adolescents was, “I cooperate with others to get things done at home,” and this was the highest scoring item for both boys and girls.

Calculating the YLI score via CARE’s YLI Toolkit (which sums all items scored 1-4, losing approximately 100 cases compared to using the average score across all items because of refusals), the average score for all adolescents was 54.38. The average YLI score was significantly higher for boys compared to girls (Mean 55.41 versus 53.35; $t=3.94, p < .00$).

Table 15: YLI Item Responses

	Mean (Range 1-4)		Rarely (1)	Sometimes (2)	Most of the time (3)	Almost always (4)	Refuse
G4. I like to try new activities that I know how to do.	2.08	Frequency	348	531	342	53	17
		Valid Percent	27.3	41.7	26.8	4.2	
G5. My friends ask me for advice.	2.40	Frequency	139	572	496	79	5
		Valid Percent	10.8	44.5	38.6	6.1	
G6. I recognize when people have different skills to contribute to a task.	1.95	Frequency	421	534	275	44	17
		Valid Percent	33.0	41.9	21.6	3.5	
G7. I am comfortable when my teacher asks me to answer a question.	2.71	Frequency	95	351	674	169	2
		Valid Percent	7.4	27.2	52.3	13.1	
G8. I contribute ideas to discussions at home even if they are different from others' ideas.	2.49	Frequency	142	483	549	113	4
		Valid Percent	11.0	37.5	42.7	8.8	
G9. I ask questions at school when I do not understand something.	2.75	Frequency	60	360	711	160	
		Valid Percent	4.6	27.9	55.1	12.4	
G10. I can describe my thoughts to others	2.50	Frequency	140	473	564	107	7
		Valid Percent	10.9	36.8	43.9	8.3	
G11. The things I do set a good example for my peers.	2.62	Frequency	75	454	646	113	3
		Valid Percent	5.8	35.2	50.2	8.8	
G12. I consider possible outcomes of my decisions before making them.	2.54	Frequency	145	402	631	103	10
		Valid Percent	11.3	31.4	49.3	8.0	
G13. I accept responsibility for the outcome my decisions.	2.53	Frequency	184	360	605	129	13
		Valid Percent	14.4	28.2	47.3	10.1	
G14. I recognize when choices I make today can affect my life in the future.	2.53	Frequency	192	336	624	120	19
		Valid Percent	15.1	26.4	49.1	9.4	
G15. I can show what is important to me with my actions.	2.59	Frequency	117	408	639	113	14
		Valid Percent	9.2	31.9	50.0	8.8	
G16. If someone does not understand me, I try to find a different way of saying what is on my mind.	2.47	Frequency	148	466	578	87	12
		Valid Percent	11.6	36.4	45.2	6.8	
G17. I encourage others to join together to help my community.	2.55	Frequency	117	447	611	104	12
		Valid Percent	9.1	34.9	47.8	8.1	
G18. I cooperate with others to get things done at home.	3.11	Frequency	32	155	742	362	
		Valid Percent	2.5	12.0	57.5	28.0	
G19. If someone treats me unfairly at school, I am comfortable telling an adult.	2.56	Frequency	156	398	563	148	26
		Valid Percent	12.3	31.5	44.5	11.7	
G20. I am willing to work hard to achieve my dreams.	2.97	Frequency	57	169	813	249	3
		Valid Percent	4.4	13.1	63.1	19.3	
G21. I am better able to finish a task when I plan ahead.	2.78	Frequency	64	313	756	153	5
		Valid Percent	5.0	24.3	58.8	11.9	
G22. When I have the opportunity, I can organize my peers to do an activity.	2.61	Frequency	88	435	653	111	4
		Valid Percent	6.8	33.8	50.7	8.6	
G23. I am interested in being a leader.	2.75	Frequency	142	239	699	199	12
		Valid Percent	11.1	18.7	54.7	15.6	
G24. I try to understand the cause of a problem before trying to solve it.	2.64	Frequency	100	369	708	108	6
		Valid Percent	7.8	28.7	55.1	8.4	

Strong agreement was less common on the leadership questions. The statement, “In my community, adults listen to girls and boys equally,” had the lowest percentage of strong agreement.

Within these leadership questions, little differentiation was found across genders.

- Sometimes I think that people will laugh at me if I give my opinion which I think they will consider nonsense. When at home parents are quarreling, and you want to reconcile them, sometimes they tell you that you have childish ideas. - *Adolescent boy, Kigina (Southern)*
- I fear to talk in public and especially when in the meeting there are leaders. - *Adolescent girl, Kibirizi (Western)*

Household Leadership

The question with the highest percentage of strong agreement (95 percent, N=1,111) is “In my community, it is normal for women to join clubs or social groups.” The question with the lowest percentage of strong agreement (80 percent, N=932) is “In my community, adults listen to girls and boys equally.” Within these leadership questions, little to no differentiation was found across genders.

Commented [HE20]: EVEN IF LITTLE DIFFERENCE, I THINK IT IS USEFUL TO HAVE SEX DISAGGREGATED Data

Table 16: Community-level Leadership Beliefs and Opportunities

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
D16. Parents/family members consider the child's opinion when they make decisions about schooling ^a	3.88	Frequency	10	11	83	1062	0
		Valid Percent	.9	.9	7.1	91.1	
D17. Parents listen to boys and girls equally ^a	3.85	Frequency	18	18	84	1043	3
		Valid Percent	1.5	1.5	7.2	89.7	
D18. In my community, adults listen to girls and boys equally	3.65	Frequency	67	43	122	932	2
		Valid Percent	5.8	3.7	10.5	80.1	
D19. When making decisions community leaders consider the needs of girls	3.72	Frequency	43	32	136	953	2
		Valid Percent	3.7	2.7	11.7	81.9	
D20. In my community there are leadership opportunities for young boys	3.80	Frequency	27	32	83	1018	6
		Valid Percent	2.3	2.8	7.2	87.8	
D21. In my community there are leadership opportunities for young girls	3.76	Frequency	33	38	101	987	7
		Valid Percent	2.8	3.3	8.7	85.2	
D22. Men and women are equally influential in making community decisions in my community ^a	3.75	Frequency	45	32	89	999	1
		Valid Percent	3.9	2.7	7.6	85.8	
D23. In my community, it is normal for women to join clubs or social groups ^b	3.94	Frequency	6	4	43	1111	2
		Valid Percent	.5	.3	3.7	95.4	

Note: ^a significant difference by gender, ^b significant difference by province.

Among heads of household, significantly more respondents in the Southern Province (M=3.92) than in the Western Province (M=3.85) reported that they consider the child’s opinion when they made decisions about schools ($t=3.11, p < .00$). In addition, Southern Province heads of household also reported that parents listen to boys and girls equally at a significantly higher rate than heads of household in the Western Province (Southern M=3.88, Western M=3.82; $t=1.99, p < .05$). Similarly, the Southern Province respondents (M=3.69) reported that adults in the community listen to boys and girls equally more often than those in the Western Province (M=3.61), but the results of the independent samples t-test

do not show a significant association by province ($t=1.75, p < .08$). Finally, when asked whether it is normal for women to join social clubs, significantly more Southern Province respondents ($M=3.96$) agreed than head of household respondents in the Western Province ($M=3.92; t=2.43, p < .02$).

School

Adolescent Experiences at School

Sixty-four percent ($N=829$) of adolescents (67 percent of boys [$N=428$]), and 61 percent of girls ($N=401$); [$\chi^2(1) = 4.52, p < .05$]) reported that they had ever had to repeat a class; the number of times repeated ranged from 1 (56 percent; $N=464$) to 5 (less than 1 percent; $N=4$). For the adolescents who had repeated a level/grade, the most common reason was “I failed the test at the end of the year” (60 percent; $N=496$). Other reasons reported included: “My parent decided to have me repeat” ($N=28$), “I failed or was not performing well” ($N=20$), “I was too young/immature” ($N=17$), and “I changed schools” ($N=12$). Twenty-nine percent of adolescents ($N=380$) reported that they had been absent from school in the past month, and the average number of days absent was 3.0. Adolescents most commonly indicated that the reason for school absences was sickness (71 percent; $N=269$) by a wide margin, with other common responses including caring for a sick family member and having to work for money.

School Absences Triangulation

Measures of school absences in the adolescent and head of household survey were positively correlated with one another. Responses to the yes/no question (i.e. “Were you absent in the past month?”) in the two surveys were correlated at .41 ($p < .00$), while responses to the number of absences question were correlated at .69 ($p < .00$). Head of household responses regarding the number of absences were associated with adolescents’ reports of the number of times they repeated a class ($r=.26, p < .00$), and having ever dropped out of school and re-enrolled ($r=-.28, p < .00$).

Three items were used to measure adolescents’ perceptions of safety; responses were given on a scale from ‘rarely’ to ‘almost always’. The items scored from 1 to 4, with 4 indicating ‘almost always,’ and stronger feelings of safety. Adolescents’ average response across all the items was 3.1, ranging from 1 to 4. The individual item with the lowest average score by a small margin (the mean score was 3.04) for adolescents was “Do you feel safe on your way to school?” and this was the lowest-scored item for both boys and girls. The individual item with the highest average score for adolescents was, “Do you feel safe at school” (mean score was 3.08); this was the highest scored item for both boys and girls. The third item was “Do you feel safe at home?” which had an average score of 3.07.

Ten percent of adolescents ($N=122$) (13 percent of boys [$N=82$]), and six percent of girls ($N=40$); [$\chi^2(1) = 17.14, p < .00$]) reported that they had dropped out of school and re-enrolled. Of those who had dropped out of school, the most common reason among all adolescents was lack of school fees (53 percent; $N=61$), and this was the most common reason for boys (47 percent; $N=36$) and girls (64 percent; $N=25$).

Ninety-six percent ($N=1,238$) and 95 percent ($N=1,229$) of adolescents reported that teachers at their school help resolve conflict when boys tease girls and when girls tease boys, respectively.

Eighty-eight percent of adolescents ($N=1,139$) responded that teachers ask questions to boys and girls equally (91 percent of boys, and 86 percent of girls; [$\chi^2(1) = 8.34, p < .00$]), and similarly, 88 percent ($N=1,135$) responded that teachers equally encourage boys and girls to participate in classroom activities (91 percent of boys [$N=579$], and 85 percent of girls [$N=556$]; [$\chi^2(1) = 10.21, p < .00$]). Adolescents responded that teachers equally discipline boys and girls verbally (80 percent; $N=1,023$) (83 percent of

boys [N=528], and 77 percent of girls [N=495]; [$\chi^2(1) = 7.89$ $p < .00$]) and physically (79 percent; N=1,003).

Ninety-eight percent of adolescents reported that teachers at school encouraged them most or all of the time (N=1,264). Eighty-three percent of adolescents (N=1,074) strongly agreed that adults in the community listen to girls and boys equally, while 92 percent of adolescents (N=1,171) reported that teachers at school support girls to succeed academically quite a bit or a great deal, and 91 percent of adolescents (N=1,163) reported that teachers at school support boys to succeed academically quite a bit or a great deal. Eighty-five percent of adolescents (N=1,057) reported that their school had policies to protect girls from sexual harassment by teachers and that they worked well, while 84 percent of adolescents (N=1,050) reported that their school had policies to protect boys from sexual harassment by teachers and that they worked well. Eighty-five percent of adolescents (N=1,056) reported that their school had policies to protect girls from sexual harassment by students and that they worked well, while 84 percent of adolescents (N=1,051) reported that their school had policies to protect boys from sexual harassment by students and that they worked well.

Ninety percent (N=575) of adolescents in the Southern Province reported that teachers asked questions of boys and girls equally, which was significantly greater than the 87 percent (N=564) of adolescents in the Western Province that selected this response option ($\chi^2(1) = 4.2$, $p < .05$). Adolescents in the Western Province more strongly agreed, on average, that they felt safe on the way to school (Mean 3.09 versus 2.98; $t=2.7$, $p < .05$). Adolescents in the Southern Province more strongly agreed, on average, that when boys teased girls, teachers at school helped resolve the conflict. (Mean 3.96 versus 3.92; $t=2.1$, $p < .05$).

Household Perceptions of School

Performance

Thirty percent of heads of household (N=346) reported that their child has been absent from school this month. Of those who had students that were absent, 71 percent of heads of household (N=245) said that their child was absent due to sickness, 20 percent (N=70) reported that lack of fees led to the absence, suspension accounted for only 1 absence (less than 1 percent), and 8 percent of participants (N=27) cited 'other' as a reason for the absence. When asked to expand on the 'other' category, respondents noted that children were absent due to being hungry, needing to work for food or money, or needing to care for other family members. The most cited 'other' reason was hunger, followed by working to buy food.

Of the heads of household who were not adolescents, 54 percent (N=629) held the opinion that what children learn at school helps them very much, 40 percent (N=462) thought that what children learn at school helps them quite a bit, 6 percent (N=64) thought that what children learn at school helps them somewhat and 10 percent (N=10) held the opinion that what children learn at school does not help them.

When asked whether they check their child's homework, discuss their child's school performance with him/her, and discuss their child's school performance with their teacher, the most common responses were almost never and some days in the week (see Table 17). Thirty percent reported checking never their child's homework, 13 percent reported never discussing their child's performance with him/her, and 24 percent reported never discussing their child's school performance with the teacher. Only 9 percent said they check their child's homework every day, 17 percent reported discussing their child's performance with him/her every day, and 4 percent reported discussing their child's school performance with the teacher every day. Ten percent of heads of household (N=118) reported being a member of the school's PTA or Board of Management. Of the questions about schooling and homework, no statistically significant associations were found when independent samples t-tests were run for gender.

Eight percent of heads of household in the Southern Province (N=47) and 12 percent in the Western Province (N=71) are members of a school Parent-Teacher Association (PTA) or Board of Management.

Commented [HE21]: TRINGULATION OF THIS QUANTITATIVE DATA WOULD HAVE EXPLAINED BETTER THE SITUATION. For eg what did the FGD WITH ADOLESCENT AND HH say around this issue? Eg: Which policies exist

Commented [HE22]: Who are mostly affected by absenteeism? Girls or boys? Disaggregated per provinces

Commented [HE23]: No reason related to early marriage cause talked before

Despite the low numbers, a chi-square test shows a significant association between residence in the Western Province and membership in one of these organizations $\chi^2(1)=4.18, p < .04$.

Table 17: Parental Supervision of Children’s Performance in School

	Mean (Range 1-4)		Everyday (1)	Some days in the week (2)	Almost never (3)	Never (4)	Refuse
G5. How often do you check your child’s homework books/daily performance?	2.84	Frequency	99	339	380	346	2
		Valid Percent	8.5	29.1	32.6	29.7	
G6. How often do you discuss your child’s school performance with him/her?	2.41	Frequency	196	449	365	154	2
		Valid Percent	16.8	38.6	31.4	13.2	
G7. How often do you discuss your child’s school performance with his/her teacher?	2.95	Frequency	46	245	595	277	3
		Valid Percent	4.0	21.1	51.2	23.8	

Safety and Opportunity

Head of household participants were asked “How often are your daughters safe on their journey to and from school?” Fifty percent (N=559) reported that they were safe most of the time, 33 percent (N=361) said almost always, 13 percent (N=146) said sometimes, and 4 percent (N=40) thought their daughters were rarely safe. Participants were asked “How often are your sons safe on their journey to and from school?” Fifty-one percent (N=574) reported that they were safe most of the time, 32 percent (N=365) said almost always, 13 percent (N=150) said sometimes, and 3 percent (N=36) thought their sons were rarely safe. Additionally, the survey posed the question, “How often are your daughters safe while at school?” Fifty-two percent (N=572) of heads of household thought they were safe most of the time, 35 percent (N=385) thought they were safe almost always, 10 percent (N=112) thought they were safe sometimes, and 4 percent (N=40) said their daughters were rarely safe at school. Next, participants were asked “How often are your sons safe while at school?” Fifty-three percent of heads of household (N=590) thought they were safe most of the time, 34 percent (N=382) thought they were safe almost always, 10 percent (N=117) thought they were safe sometimes, and 3 percent (N=35) said their sons were rarely safe at school.

Of the questions about school opportunity and school safety, the statement with the highest number of participants in strong agreement (97 percent, N=1126) was “Boys have a right to go to school.” The statement with the lowest number of participants in strong agreement (90 percent, N=948) was “Policies at my children’s school protect girls from sexual harassment from students.” Interestingly, the questions about whether policies at the schools that protect boys and girls from sexual harassment by teachers and students elicited the highest number of refusals of any of the questions (See Table 18).

When a t-test was used to compare means for head of household genders, only one question in this category had a statistically significant association ($t=2.96, p < .00$). Men ($M=3.95$) were significantly more likely than women ($M=3.87$) to agree that “boys and girls have an equal opportunity to go to school in my community.”

On questions about how safe heads of household thought their daughters and sons were on their way to school and at school, means in the Southern Province were consistently lower than in the Western Province, meaning that in the Southern Province, respondents chose “rarely” and “sometimes” more often than those in the Western Province. In fact, every item (four items total) in this category showed a significant association between province and safety on the way to school and at school for both sons and daughters (daughters to school $t=-2.40, p < .02$; daughters at school $t=-2.89, p < .00$; sons to school $t=-2.70, p < .01$; sons at school $t=-2.61, p < .01$). Findings for questions about whether heads of household believe boys and girls have a right to go to school, are treated equally at school, and are protected from

harassment at school varied across provinces, with the Southern Province typically having higher means, though none of the items showed statistically significant associations.

Table 18: Household Perceptions of School Safety and Opportunity

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
G13. Girls have a right to go to school	3.92	Frequency	13	16	18	1115	4
		Valid Percent	1.1	1.4	1.5	96.0	
G14. Boys have a right to go to school	3.95	Frequency	6	12	20	1126	2
		Valid Percent	.5	1.0	1.7	96.7	
G15. Boys and girls have an equal opportunity to go to school in my community ^a	3.90	Frequency	19	15	33	1099	0
		Valid Percent	1.6	1.3	2.8	94.3	
G16. In the local school, teachers treat boys and girls equally	3.92	Frequency	10	9	38	1087	22
		Valid Percent	.9	.8	3.3	95.0	
G17. Policies at my children's school protect girls from sexual harassment by teachers ^a	3.82	Frequency	39	16	45	960	106
		Valid Percent	3.7	1.5	4.2	90.6	
G18. Policies at my children's school protect boys from sexual harassment by teachers	3.82	Frequency	41	13	45	963	104
		Valid Percent	3.9	1.2	4.2	90.7	
G19 Policies at my children's school protect girls from sexual harassment from students	3.80	Frequency	43	13	51	948	111
		Valid Percent	4.1	1.2	4.8	89.9	

Note: ^a significant difference by gender, ^b significant difference by province.

Men were significantly more likely to agree that boys and girls had an equal chance to go to school, indicating that the reality of the situation is different than perhaps how it is portrayed in the community. An interesting trend arose in the school section of the survey.

- Nowadays they have equal chance to education as their brothers. Nobody can stop them to go to school. When they study hard and success effectively, they can be leaders. - *Adolescent boy, Kigina (Southern)*

Though most responses concerning how children are treated in school and whether the school policies protect them from sexual harassment showed agreement, a higher proportion of heads of household refused to answer than in any other section, including the SRH section

Teacher Survey Findings

Gender and Power Assessment

School Opportunity

As Table 19 shows, most teachers strongly agreed that both girls (94 percent) and boys (94 percent) have the right to go to school. Although, fewer teachers (84 percent) strongly agreed that boys and girls have an equal opportunity to go to school in their community.

Table 19: School Opportunity

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
1. Girls have the right to go to school	3.84	Frequency	7	0	1	126	0
		Valid Percent	5.2	0	0.7	94.0	
2. Boys have the right to go to school	3.85	Frequency	5	2	1	126	0
		Valid Percent	3.7	1.5	0.7	94.0	

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
3. Boys and girls have an equal opportunity to go to school in my community	3.72	Frequency	5	6	10	113	0
		Valid Percent	3.7	4.5	7.5	84.3	

Table 20 shows that teachers reported praising girls less than boys, with 56 percent and 64 percent reporting praising each ‘most of the time’ or ‘almost always,’ respectively. Many teachers (63 percent) reported that boys ‘rarely’ or ‘sometimes’ act as leaders in class. Thirty-two percent of teachers (N=43) reported boys and girls are equally good at school, and thirty-two percent (N=42) indicated that boys and girls are equally able to solve problems. However, 46 percent of teachers (N=61) reported girls are better at school than boys, while 45 percent (N=58) reported that boys are able to solve problems more than girls.¹⁰

Table 20: Classroom Experience

	Mean (Range 1-4)		Rarely (1)	Sometimes (2)	Most of the time (3)	Almost always (4)	Refuse
5. Boys act as leaders in class	2.17	Frequency	33	48	39	8	6
		Valid Percent	25.8	37.5	30.5	6.3	
6. Girls' performance is praised in class	2.62	Frequency	13	45	54	21	1
		Valid Percent	9.8	33.8	40.6	15.8	
7. Boys' performance is praised in class	2.75	Frequency	5	43	66	20	0
		Valid Percent	3.7	32.1	49.3	14.9	

Nearly three-quarters (74 percent; N=96; M=3.0) reported that teachers at their schools support girls to succeed academically either ‘quite a bit’ or ‘a great deal. More than half (64 percent; N=82; M=2.8) reported that teachers at their schools support boys to succeed academically either ‘quite a bit’ or ‘a great deal.

- Any drop out is a loss to the whole community and the country in general, because they end up engaged in bad practices like prostitution, drug abuse and many others. - *FGD Teacher, Gahengeri (Southern)*
- There are some girls who don't come to school because of the poverty of their parents, for example, when she is on her period she may make her cloth dirty but she doesn't have another one to replace it, then as a solution she stays at home to come back when what she has has dried.” *FGD Teacher, Kagina (Southern)*
- They have their older brothers who have already finished their studies but they don't have jobs then when you ask a child why he/she left school they say ‘apuuu’ (nothing goes). What does it help those who have studied? Where he/she gives an example of an older person that studies but earns nothing from his studies. - *FGD Teacher, Nyabinyenga (Southern)*
- Because there are minerals in our area, he goes and digs them and doesn't go to school. If he has an older sibling, or neighbor with no job yet and he/she completed high school, it discourages him and he says maybe let me work in the mine and dodge class. - *FGD Teacher, Rwamiko (Western)*

¹⁰ There were also some gender differences in who teachers believed is good at school. While 43 percent of women (N=30) believed boys and girls are equally good at school, only 19 percent of men (N=12) selected the same response. This difference was statistically significant ($\chi^2(1) = 9.03$ $p < .01$).

Gender Equity

The items described in this section are part of the Gender Equity Index (GEI) described in the previous section. As Table 21 shows, the vast majority of teachers strongly agreed with all but one of the items on the Gender Equity Index (GEI). The item with the highest proportion (95 percent) of strongly agree responses was “A husband and wife should decide together if they want to have children,” while the item with the lowest proportion of strongly agree responses (51 percent) was “It is good for boys to talk about their problems with their male friends.” The average GEI score was 33.1 with a standard deviation of 5.2. In this sample, scores ranged from 10 to 36. There were some differences on individual items between provinces. Specifically, for the items “Boys should be allowed to play sports,” “Men should know about family planning before marriage,” and “Women should know about family planning before marriage,” the Southern Province had higher averages than the Western Provinces ($p < .05$)

Table 21: Gender Equity Frequencies

	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
12. Women have the right to hold leadership positions in the community	3.84	Frequency	4	1	7	122	0
		Valid Percent	3.0	0.7	5.2	91.0	
13. A female president can be as effective as a male president	3.70	Frequency	7	5	9	112	1
		Valid Percent	5.3	3.8	6.8	84.2	
14. At home, both boys and girls should ask permission to go play with their friends	3.67	Frequency	3	14	7	109	1
		Valid Percent	2.3	10.5	5.3	82.0	
15. Girls have the same right to go to school as boys	3.74	Frequency	5	7	6	116	0
		Valid Percent	3.7	5.2	4.5	86.6	
16. It is good for boys to talk about their problems with their male friends	2.98	Frequency	26	17	22	67	2
		Valid Percent	19.7	12.9	16.7	50.8	
17. Men and women both have the right to enroll in advanced schooling	3.80	Frequency	6	1	6	120	1
		Valid Percent	4.5	0.8	4.5	90.2	
18. I respect a man who walks away from a fight	3.78	Frequency	7	2	4	121	0
		Valid Percent	5.2	1.5	3.0	90.3	
19. A husband and wife should decide together if they want to have children	3.87	Frequency	0	5	2	127	0
		Valid Percent	0	3.7	1.5	94.8	
20. Both men and women have the right to choose why they marry	3.80	Frequency	6	1	7	119	1
		Valid Percent	4.5	0.8	5.3	89.5	
21. Girls should be allowed to play sports	3.84	Frequency	5	1	5	123	0
		Valid Percent	3.7	0.7	3.7	91.8	
22. Boys should be allowed to play sports	3.84	Frequency	6	0	3	125	0
		Valid Percent	4.5	0	2.2	93.3	
23. If I heard a man insulting a woman, I would tell the man to stop	3.84	Frequency	5	1	5	123	0
		Valid Percent	3.7	0.7	3.7	91.8	
24. If I heard a woman insulting a man, I would tell the woman to stop	3.85	Frequency	5	1	3	125	0
		Valid Percent	3.7	0.7	2.2	93.3	
25. Men should know about family planning before marriage	3.78	Frequency	7	2	4	121	0
		Valid Percent	5.2	1.5	3.0	90.3	
26. Women should know about family planning before marriage	3.76	Frequency	8	2	4	120	0
		Valid Percent	6.0	1.5	3.0	89.6	

Teacher Discussions about Gender Equity (FGD)

The teachers surveyed in Rwanda overwhelmingly agreed that both boys and girls equally have the right to receive a formal education. During focus group discussions, teachers described how they perceived gender-based education – from boys and girls sharing a classroom to deliberate teaching practices - and offered examples of lessons they had used.

- *What do you know about gender based education between girls and boys? What we know is that the Government has equalized them, they increased the number just per cent even before*

it was not happening, I know that they try all of their best every child studies. - **Teacher, Nyanza (Southern)**

- *What do you know about gender based education between girls and boys? Both boys and girls share the same classroom.* - **Teacher, Nyanza (Southern)**
- *What do you know about gender based education between girls and boys? When you are teaching all students are in front of you, you teach/test them at the same level. In their working groups, they are mixed at the level where everyone participates.* - **Teacher, Kamonyi (Southern)**
- *What do you know about gender based education between girls and boys? Like me I teach languages, if we are studying tenses, I ask all students for example; who can give us a sentence in present simple tense regardless of their sex.* - **Teacher, Nyabihu (Western)**
- *Can you give the examples of lessons you have taught and how used this way? There is somewhere I used them in lessons of Families, you take a child and you consider him as a Husband then another one as a Wife others as Children then for making them understand you show the class and say let assume, this boy is Father, this Girl is a Wife then these other students are Children, then after you ask them what are the relationships between them? You know there we use them.* - **Teacher, Nyanza (Southern)**
- *Can you give the examples of lessons you have taught and how used this way? Me, I teach comparison in S4 where I gave an example of a girl who may be intelligent and a boy who is intelligent, you use equality then you say, “Sandrine is intelligent like Felix”, so is a kind of integrating gender where you show them that they have the same level of knowledge.* - **Teacher, Nyanza (Southern)**
- *Can you give the examples of lessons you have taught and how used this way? Since we are in practical things, I want to show you when and how you show students that there must be equality between boys and girls. For example, to us language teachers; a sentence is composed of two parts..., therefore like a sentence cannot have only one part, the same way a family must have boys and girls. In so doing you are also teaching gender lessons.* - **Teacher, Nyabihu (Western)**
- *Can you give the examples of lessons you have taught and how used this way? The only subject that touches equity is sports and physical education, you can find that for example a young boy is able to jump, we encourage girls to do the same and even in computer science, teacher can talk about equality.* - **Teacher, Karongi (Western)**

While teachers' perception, as communicated in the FGDs, was that practices regarding learning in the classroom tended to favor boys over girls, they tended to be in agreement that both school safety and school discipline is equitable between genders. Teachers talked about school safety in terms of physical security, but also stability of the child's living situation which affects learning readiness.

- *Are boys and girls secure at school? Yes, they are secure. If they are secure, how is this security ensured? The indicator of security of students at school is that, the student leaves home for school and attends classes on time. Then all students are treated equally, they receive the same services and if anything happens s/he gets immediate support.* - **Teacher, Nyabihu (Western)**
- *If yes, what's done to keep this security? It's because the teacher takes all the students at the same level. She/he helps them to solve their problem without any discrimination.* - **Teacher, Kamonyi (Southern)**

- *These girls and boy that we are talking about if you see, do you think they have stability (security) during their lessons?* Stability, its according to what kind of stability (security) you are meaning, ehhh, what I wanted to mean is that yes they are stable because there is no gun shorts, so they study in peace but if come on their side you find that they are not stable because there is no way you can study with an empty stomach, then that kid really will not be stable and even there is one who came when at home they have spent a whole night fighting that one will come in class not stable, and then the other one who has come with no pen or a tone skirt will not be stable there are some securities that they have and there are also some that they don't. - **Teacher, Muhanga (Southern)**

School Discipline

Table 22 demonstrates teachers' responses to questions about school discipline. Fifteen percent of teachers report girls are disciplined verbally almost always, while 13 percent report boys are almost always disciplined verbally. Many teachers report that girls (94 percent) and boys (95 percent) are rarely or sometimes disciplined physically in class.

Table 22: School Discipline

	Mean (Range 1-4)		Rarely (1)	Sometimes (2)	Most of the time (3)	Almost always (4)	Refuse
27. Girls are disciplined verbally in class	2.49	Frequency	17	49	41	19	8
		Valid Percent	13.5	38.9	32.5	15.1	
28. Boys are disciplined verbally in class	2.46	Frequency	18	49	44	16	7
		Valid Percent	14.2	38.6	34.6	12.6	
29. Girls are disciplined physically in class	1.53	Frequency	58	39	2	4	31
		Valid Percent	56.3	37.9	1.9	3.9	
30. Boys are disciplined physically in class	1.51	Frequency	59	40	2	3	30
		Valid Percent	56.7	38.5	1.9	2.9	

School Safety

As shown in Table 23, many teachers believe that the policies at their school protect girls and boys from sexual harassment by teachers and students. Scoring the item 1 (no policies to protect) to 4 (policies that protect well), the question with the highest average score was "Policies at my school protect girls from sexual harassment by teachers," with a mean of 3.8.

Table 23: Harassment Policies

Policies at my school protect...	Mean (Range 1-4)		No policies (1)	Do not protect (2)	Protect somewhat (3)	Protect well (4)	Refuse
33. Girls from sexual harassment by teachers	3.78	Frequency	5	2	10	116	1
		Valid Percent	3.8	1.5	7.5	87.2	
34. Boys from sexual harassment by teachers	3.72	Frequency	7	2	12	112	1
		Valid Percent	5.3	1.5	9.0	84.2	
35. Girls from sexual harassment by students	3.74	Frequency	6	2	13	112	1
		Valid Percent	4.5	1.5	9.8	84.2	
36. Boys from sexual harassment by students	3.73	Frequency	6	2	14	111	1
		Valid Percent	4.5	1.5	10.5	83	

Many teachers also reported that girls (90 percent, N=119) and boys (93 percent, N=125) are either totally safe at school or safe to a large extent. Most teachers (95 percent; N=122) were aware of a teacher code of conduct at their schools. Of those who were aware of a teacher code of conduct, many (84 percent; N=102) reported hearing of teachers who have violated the code of conduct. There were also gender differences. Specifically, ninety-three percent of males (N=57) aware of a code of conduct had heard of

teachers who violated the code of conduct compared to 75 percent (N=45) of female teachers ($\chi^2(1) = 7.72$ $p < .01$). Teachers most commonly reported that being charged by the police was a repercussion of violating the teacher code of conduct (57 percent; N=58), followed by being fired (48 percent; N=49).

Many teachers (96 percent; N=126) reported being aware of any GBV referral mechanisms. Over two-thirds of teachers (69 percent; N=84) reported that they would expect to be respected if they wanted to report a case of GBV, while many teachers (84 percent; N=103) reported that they would expect their students to be respected if they wanted to report a case of GBV.

Sexual Reproductive Health (SRH) Knowledge

Most teachers (97 percent; N=122) believed that if their students went to a health facility for reproductive health services, the health staff would help him/her. Additionally, 93 percent of teachers (N=125) strongly agreed that sexuality education should be taught in the classroom. Similarly, 93 percent (N=125) strongly agreed that schools should have supportive adolescent and youth sexual and reproductive health policies. Scoring the item 1 (strongly disagree) to 4 (strongly agree), teachers in the Southern Province (M=4.0) had higher averages than teachers in the Western Province (M=3.7, $p < .05$). This difference was statistically significant. Table 24 demonstrates that teachers' attitudes regarding adolescents' sexual reproductive health knowledge about specific topics vary. For example, scoring the item 1 (strongly disagree) to 4 (strongly agree), the question with the highest average score was, "Adolescents, including their students, should be taught how to tell a boy/girl if s/he does not want to have sex" with an average score of 3.83. On the other hand, the questions with the lowest average score (M=2.88) was, "Adolescents, including their students, should be taught where to get birth control pills."

Table 24: SRH Knowledge Attitudes

Adolescents, including my students should be ...	Mean (Range 1-4)		St. Disagree (1)	Disagree (2)	Agree (3)	St. Agree (4)	Refuse
46. Taught how to use a condom to prevent HIV	3.75	Frequency	8	2	5	119	0
		Valid Percent	6.0	1.5	3.7	88.8	
47. Taught how to use birth control pills to prevent pregnancy	3.35	Frequency	20	6	14	93	1
		Valid Percent	15.0	4.5	10.5	69.9	
48. Allowed to access condoms if they need them	3.15	Frequency	24	12	16	79	3
		Valid Percent	18.3	9.2	12.2	60.3	
49. Allowed to access contraceptives if they need them	3.01	Frequency	32	8	17	73	4
		Valid Percent	24.6	6.2	13.1	56.2	
53. Taught about appropriate and inappropriate touching	3.73	Frequency	8	2	7	113	4
		Valid Percent	6.2	1.5	5.4	86.9	
54. Taught where to get birth control pills	2.88	Frequency	40	6	15	70	3
		Valid Percent	30.5	4.6	11.5	53.4	
55. Taught how to use birth control pills	3.01	Frequency	37	2	15	77	3
		Valid Percent	28.2	1.5	11.5	58.8	
56. Taught where to get condoms	3.14	Frequency	27	9	15	82	1
		Valid Percent	20.3	6.8	11.3	61.7	
57. Taught how to use condoms	3.54	Frequency	16	0	13	104	1
		Valid Percent	12.0	0	9.8	78.2	
58. Taught how to tell a boy/girl if s/he does not want to have sex	3.83	Frequency	6	0	5	122	1
		Valid Percent	4.5	0	3.8	91.7	

Regarding adolescent pregnancy during school, many teachers agreed that girls and boys should not be disciplined. Specifically, 91 percent of teachers (N=120) strongly disagreed or disagreed somewhat that any girl who falls pregnant while still in school should be expelled. Additionally, 88 percent of teachers (N=115) strongly disagreed or disagreed somewhat that both the pregnant girl and boy responsible for pregnancy should be expelled from school. Lastly, most teachers (93 percent, N=125) strongly agreed that the girl should be allowed to come to the same school after delivery to complete her education.

Two-thirds of the teachers (66 percent; N=88) strongly disagreed or disagreed somewhat that they would get in trouble with the community if the community found out they told an adolescent where they could

receive SRH services. Roughly two-thirds of teachers (67 percent; N=89) reported that they strongly disagreed with the statement “I find it difficult to speak about sex with my students.” Additionally, roughly the same percentage (68 percent; N=90) reported that they strongly disagreed with the statement “I feel embarrassed to talk about sexuality with my students.” Lastly, over two-thirds (68 percent; N=91) strongly agreed that adolescents in their communities can reach SRH services without much difficulty.

Teacher Discussions Around SRH Information and Behavior (FGD)

Regarding sexual and reproductive health, most teachers agreed that students had access to necessary services and they also believed that SRH knowledge should be a part of formal education.

In addition to parents, teachers identified other sources of SRH information for youth.

- They go to the health centers. - **Teacher, Ngororero (Western)**
- Healthy advisors in the village these people got some training on healthy reproduction - **Teacher, Ngororero (Western)**
- From the citizens around (their colleagues) and the false news. - **Teacher, Karongi (Western)**
- From our school there is a special room for girls program where the female teachers meet girls and teach them on healthy reproduction in this program last time boys were involved also and they had the same training just help them support their sisters through giving explanations. - **Teacher, Karongi (Western)**

Teachers discussed a wide variety of challenges in making SRH part of formal education, including confronting cultural and religious norms, adolescent shyness, previous incorrect information, lack of parental support, and general misunderstanding.

- *As a teacher do you ever meet some challenges when teaching the lesson of healthy reproduction? Yes. If yes what are those challenges?* Challenges may be there for example; where they say that youth should know how to use condoms yet in our area here we cannot get them so that you may show them while teaching, so teaching them theoretically is a big challenge. - **Teacher, Ngororero (Western)**
- *If yes what are those challenges?* There are some false information students get from colleagues, village youth teams etc. just nearby around and when you are teaching them and you bring what is contrary to what they have heard it is not easy for them to trust yours it is a tag of war to remove what is false and you give what is right. - **Teacher, Karongi (Western)**
- *If yes what are those challenges?* Because their parents don't give them the information, it becomes difficult for us to make them understand it, as it seems to be new for them, they may become shy. - **Teacher, Nyanza (Southern)**
- *If yes what are those challenges?* There we can also say the problem of culture, there some words required to use for making them understanding but due to the culture it's difficult to use them. For us it's a challenge. - **Teacher, Nyanza (Southern)**
- There are still the customs relating to culture. To say things in their own names, it's like making a mistake for them. We are not yet free of expression about reproductive health. **FGD teacher, Kagina (Southern)**
- *If yes what are those challenges?* In fact, as he says, I can for example teach a student that lesson of Reproductive health of girls and boys, when I use the appropriate terms and after

class when student goes back home he/she tells to his/her parents what happens then parents instead of understanding that it was a lesson they start to say, the teach disobeyed the culture! The by chance he/she goes in the club and get some information from there but more than 20 or 30 students in one class don't have the same level of understanding. – **Teacher, Nyanza (Southern)**

- *If yes what are those challenges?* The possible Challenges are that when this lesson starts, all students look down as if you are telling them the extraordinary things. – **Teacher, Kamonyi (Southern)**
- *If yes what are those challenges?* I am a teacher of a religious subject. I can say that in certain schools, authorities cannot allow teachers to use some teaching aids because they are in contradiction of what they believe in, [for example, the] Catholic Church doesn't believe in condom [use]. - **Teacher, Rutsiro (Western)**

Though many teachers believed adolescents should be taught how to use condoms, far fewer teachers agreed that adolescents should be taught where to get birth control pills.

Teachers commented on how students may have difficulty asking for the things they need.

- At school, students approach school's authorities to ask for what they want related to SRH but some students are ashamed to approach community health workers or health facilities to ask them something like condoms. On this point, I can say that if adolescents avoid complexes and ask for that service, they can be given everything for example condoms in case they need them. – **Teacher, Ruhango (Southern)**
- You cannot give him a condom in public because if you do it, he can think that he is permitted to do these things although having sex with someone is considered by Rwandan culture as confidential nobody is supposed to know it, even if at school, people commenced to talk about SRH but some information are still hidden. For instance, a young girl may need Kotex (given for free) but she can decide not to go and ask for it because they won't [want] anyone at school [to] discover that she is living her menstruation periods. While boys think that if anyone in the community learns that you have bought condoms, it means you have informed the public about what you are going do with girls, and adolescents really don't appreciate this news to be known. – **Teacher, Ruhango (Southern)**

Findings Summary

The baseline data collection for Rwanda provided much insight regarding the target program participants and their ecological contexts that will likely be informative and transformative for the program (i.e., parents, school, and community) and data collection moving forward. There were some notable continuities and triangulations across the three surveys, as well as discontinuities. These may indicate important aspects of program context that may be incorporated into program activities moving forward. In particular, these provide a foundation for building achievement, understanding and capacity around the program's indicators that were delineated in the program's M&E framework.

Key Findings

Gender equity

Findings across the adolescent, head of household, and teacher surveys all indicated general support for gender equity, though this did not necessarily manifest itself in a strong positive correlation between adolescent and head of household surveys on the gender equity items. Averaging GEI scores for both surveys, the correlation between adolescents' and head of households' scores were in the small range (.18), though it did suggest a positive association. Consistent findings and high scores on the GEI index

across the datasets indicate that the program might focus on promoting GEI among adolescents, heads of household, and teachers, as they strive to maintain these positive attitudes over time across all program participants and beneficiaries.

That said, the program may choose to target some particular areas of improvement to meet its gender equity outputs. Adolescent boys scored slightly higher than girls on the GEI scale, though with one exception, boys and girls were not significantly different in responses on individual items. That exception was an item concerning female leadership, which perhaps indicates a hesitancy to accept women as leaders, particularly by girls. This finding is incongruent with the widely-held understanding that women tend to hold more egalitarian ideologies and views of gender roles compared to men. However, this finding may reflect deeply engrained gender inequity that has been internalized by adolescent girls. In addition to raising overall gender equity scores, a successful intervention might aim to reduce the gaps in gender equity between boys and girls.

Notably, head of household results were more mixed on questions about talking to adolescents about sex and teaching them specific ways to prevent pregnancy and STIs, on whether it is normal for boys and girls to drop out of school and get married, and on levels of parental involvement in schooling and on homework assignments.

SRH

The CARE Rwanda initiative targets crucial populations (e.g., parents and teachers) in the aim of increasing adolescents' knowledge around SRH, and these baseline findings support an approach that works at the individual, household, and family levels. Results across the surveys indicated general, widespread support for positive SRH behaviors, attitudes, and knowledge, and so maintaining these outcomes and outputs may be a key focus of the program moving forward. Adolescents' reports regarding SRH information indicated that access was high, and that important sources of information included parents and teachers/school. Complementing adolescents' reports of high access to information and positive behaviors, heads of households reported a willingness to support teaching adolescents in the household about sex, pregnancy, and contraception and to promote adolescents' access to contraception. Teachers reported relatively positive attitudes regarding SRH, including access to contraceptives, teaching the use of contraceptives, and talking about sex., which is a possible reason why adolescents listed school and teachers as a key source of SRH information. Given that indicators of type are of central interest to the program and for the M&E framework, future data collections will likely allow researchers to assess whether these positive behaviors, attitudes, and resources stay consistently high throughout the duration of the study, or whether they display drop-off over time.

The results also suggest that there is room to improve access to and knowledge about SRH services. There was a small percentage of adolescents who cannot access services and do not know where to go, and these adolescents may comprise a useful subpopulation for program activities to specifically target, or target more intensively. Over the course of the -five-year period, specifically, the initiative might aim to reduce the gender gaps in confidence in accessing SRH services, given that responses to SRH questions indicated gender differences that potentially reflect wider societal norms and a need for female empowerment. Head of households' responses to some items that concern directly teaching adolescents how to use contraception, (e.g. 'Adolescents, including my own, should be taught how to use condoms,') may indicate some room for potential increases for SRH indicators during the study period. This appeared to be particularly true of men in the household.

Sexual activity and pregnancy were not common among adolescents, and the intended use of contraception for those who were sexually active and those who were not was equally high. However, results from the question asking whether adolescents used a condom the last time they had sex, which indicated a low rate of use, potentially suggest that there is a divergence between intention and use. Confidence in accessing services was high generally, though results indicated some expectation of being

yelled at if visiting a health facility. Generally, boys reported significantly greater confidence accessing services than girls, which may indicate higher feelings of sexual empowerment among boys compared to girls. Scores on SRH knowledge, attitudes, and stereotypes were high overall, again with boys scoring higher than girls. Further, the Southern province scores on confidence and access scores were consistently higher than in the Western province.

Most teachers agreed that students had access to necessary SRH services and they also believed that SRH knowledge should be a part of formal education. However, there was some variation in the specific aspects of SRH that students should know. For example, though many teachers believed adolescents should be taught how to use condoms, far fewer teachers agreed that adolescents should be taught where to get birth control pills. This contrast may reflect a societal norm that men should have greater control over reproductive processes than women. Further, this contrast represents an important focus to be addressed with gender equity and SRH interventions.

Teachers' opinions regarding the specific aspects of SRH appear to be one of the ripest aspects of gender equity to be addressed. While teachers are in agreement that students should be knowledgeable about SRH, it may be useful to engage teachers in conversations about how both adolescent girls and boys are equally responsible for their SRH. An additional area that may be useful to address is the gap between a general understanding of gender equity regarding access to schools and the various ways that teachers perpetuate gender inequity through their classroom pedagogical strategies.

Responses to the head of household survey were also mixed in certain ways, and may highlight that while there is a buy-in from households for teaching SRH, there are also reservations or challenges. Although almost all respondents strongly agreed that sexuality should be taught in the classroom, overall percentages were lower when specific types of contraception were mentioned. For example, two-thirds strongly agreed when asked if adolescents should be taught where to get birth control pills and the same proportion strongly agreed when asked if adolescents should be taught how to use birth control pills. Responses to the questions concerning talking to children about sex and SRH were even more mixed. Just under half of the heads of household strongly agreed that they had difficulty talking to their children about sex, and the same proportion strongly agreed that they were embarrassed to talk about sex with their children.

More women than men said they would talk to their children about sex and would teach their children to say "no" if they did not want to have sex. Despite strong overall agreement with questions about teaching SRH in school and schools having supportive SRH policies, it seems it is less acceptable to help adolescents find SRH services on an individual level. Just over a third of non-adolescent heads of household agreed strongly that they would get in trouble if the community found out they helped an adolescent find SRH services. Head of household respondents from the Southern province were generally more open about many aspects of GE and SRH. Findings show that they were more likely to talk to their children about sexuality, their bodies, and how to access SRH services. Those in the Southern province were also more likely to believe that men and women should know about family planning before marriage.

Parents, then, seemed to want their children to learn about sexuality, even when they were embarrassed or found it difficult to talk to their children about it themselves. Parents appeared to be generally supportive of their children accessing a health facility. However, the mixed results show that this level of comfort with SRH issues is not true for all parents in these provinces and more work could be done to increase their access to knowledge and resources that would help them and their children. Additionally, many heads of household felt they would get in trouble with their communities if they helped an adolescent find SRH services. Effective program approaches for improving or and maintaining SRH outcomes and outputs for participants might incorporate understandings from these complex information patterns to fine

tune the ways that they work toward their overall goals, perhaps using targeted resources or information to promote particular attitudes or positive perceptions among heads of household

GBV

Awareness of cases of victimization and early marriage appeared relatively high in the adolescent, head of household, and teacher surveys. Although the results show that heads of household overwhelmingly disapprove of gender based violence, and people who commit acts of gender based violence are generally arrested, it was clear that it is still a common occurrence in communities. A large proportion of the type of victimization that adolescents mentioned when asked for examples was sexual in nature, while examples from heads of households were more mixed in the types of violence noted. Encouragingly, adolescents and heads of household were concordant in knowing who they should turn to, and feelings that, if they turned to someone, they would be treated with respect. These did not manifest, however, in large positive correlations between variables measuring these aspects across the surveys. While it will be interesting to see whether positive perceptions about what would happen when reporting cases of GBV persist over time, indicators related to GBV in the program's M&E framework suggest that new avenues for reporting cases of GBV will be identified or promoted in future. Hopefully, these additional avenues will help reduce the prevalence of GBV and early marriages in the communities and schools where CARE operates.

Financial Literacy

Approximately half of students reported saving any money and having learned the importance of saving, leaving room for increases in savings and savings education during the full study period and for shifts in the degree to which adolescents save money in places other than at home. Compared to other scales on the survey, adolescents' scores on the financial literacy score and other items appeared relatively lower, again suggesting that this is something that may show positive growth over multiple data collection stages. Of the financial literacy items, adolescents most strongly agreed that saving money and learning about finance are important, suggesting that there is important buy-in and willingness to learn about topics regarding financial literacy.

The significant intercorrelation between earnings and savings indicates that adolescents are willing to save money if they earn it, suggesting that providing greater access to sources of income may be an important means of increasing savings among young people. The importance of saving may be particularly pronounced among girls, who reported fewer savings than boys. Additionally, the intercorrelations between heads of households' attitudes and behaviors regarding saving and adolescent saving practices suggest that focusing efforts on parents can be just as important as, if not more important than teaching adolescents directly about saving. Addressing issues that underlie gender differences related to gender equity and SRH may also serve to reinforce the importance of saving for both boys and girls, leading to an increase in savings, and, eventually, a decreased wage gap between adolescent boys and girls. Savings were also significantly lower in the Western province, suggesting that particular focus, or increased supports in that province may help the program's goal of boosting financial wellbeing for all participants.

At the same time, results from the head of household survey indicated that the household is a central supporting factor for adolescents' financial well-being and literacy. Almost all head of household respondents reported that they would support their child to get training on how to save and how to engage in income generating activities. For example, heads of household who had savings were more likely to not only give their children the money they needed for school, but were more likely to have talked about saving with their children and have children who save.

However, this may be less true when the heads of household are adolescents themselves. Adolescent heads of household were more likely to not be confident about when their family would eat their next meal. Fifty percent of adolescent heads of household felt this way as opposed to about a quarter of all

heads of household. It is expected that younger caretakers would struggle more to provide for their families, and be able to provide less support than older caretakers. These results suggest that that, if there is buy-in and willingness to learn among adolescents, parents and household members, if they are able to provide support, may be important resources for learning and guidance regarding saving money. A multi-tiered approach to improving financial literacy, particularly among girls, households with an adolescent head, and beneficiaries in the Western province may be central to improving finance-related impacts, outcomes, and outputs under the program's M&E framework.

Leadership

Strong agreement was less common on the adolescent survey leadership items compared to the gender equity and SRH items, and the YLI did not approach the top possible score in the same manner as other scores from the survey. This may indicate another opportunity for observable increases in a key program output over time, particularly amongst girls.

In general, adolescents appeared to more strongly agree with items indicating their personal capabilities (e.g., 'I cooperate with others,' 'I am willing to work hard'), while items adolescents agreed with less strongly concerned relational aspects of leadership (e.g., 'I contribute ideas to discussions,' 'I recognize when people have different skills,' 'I can describe my thoughts to others'). The divergent findings around these aspects of leadership suggest that a targeted approach to leadership might prove beneficial. Specifically, adolescents may benefit most from an understanding of how to be a leader in group settings among their peers as opposed to a general understanding of the personal characteristics necessary for leadership.

School

School and school-related measures comprise a central series of impacts under the program's M&E framework, as well as CARE USA's CIF. Adolescent survey results indicated that repeating classes may be a particular concern for boys, and it appears that the main reason for skipping a class was academic rather than medical or economic in nature. This may suggest that targeted learning supports or resources may be an effective tool for reducing the number of adolescents repeating classes. Reports of absences, completion and dropout were concordant across the adolescent and head of household surveys, suggesting that both may be important sources of information for these key impacts, and multi-tiered attempts to improve school participation and retention may be successful in meeting or maintaining school indicators.

Adolescents generally reported feeling roughly equally safe at school, on the way to school, and at home, with the average response in the range between 'most of the time' and 'almost always.' Boys and girls reported no significant differences in their feelings of safety. A large majority of adolescents felt that both boys and girls were well-served by sexual harassment policies. Over time, these reports of feeling safe might exhibit change in either an upward or downward direction. This may suggest that schools are a relatively safe space for addressing barriers for adolescent boys and girls that may inhibit acquiring skills and knowledge about other important aspects of the initiative. The overwhelmingly positive responses, however, do raise concerns about social desirability bias (where respondents provide answers that they believe to be more acceptable).

High ratings of school and teachers as supportive and encouraging among adolescents were in agreement with strong ratings from the head of household respondents regarding school (e.g., 'What children learn at school helps them very much or quite a bit). Adolescents' strong ratings of school safety were consistent with heads of households' ratings of safety, and ratings from all three datasets indicated that sexual harassment policies at schools worked well to protect boys and girls. High ratings across all three datasets agreed that girls are encouraged, supported, and disciplined to a similar degree than boys. These results may suggest (further, given that school and teachers also appear to be a key source of information for young people) that school and teachers may be a key source of moral and social support for all students.

Findings noted above show that schools and teachers are a key source of information for young people in the sample, which may support this finding further. In this case, it is important to pay particular attention to the areas worth addressing for teachers so that knowledge and positive attitudes can be effectively transmitted from teacher to student as the study progresses. This may be particularly important for schools in the Western province, where responses to the survey indicated that schools may be less supportive of girls compared to boys.

Heads of household provided survey responses about school safety that may highlight challenges for some participants, and addressing these challenges may help the program maintain or improve its targeted outcome indicators. In the Western Province, heads of household were more likely to feel that their sons and daughters were safe at school or on the way to school than those in the Southern Province. An interesting trend arose in the school section of the survey. Though most responses concerning how children are treated in school and whether the school policies protect them from sexual harassment showed agreement, a higher proportion of heads of household refused to answer than in any other section, including the SRH section.¹¹ Since these interviews took place in schools, around teachers and headmasters, perhaps respondents were concerned that the faculty would see the results.

Conclusion

The baseline data collection aimed to build a multifaceted understanding of the beneficiaries of the Rwanda PCTFI Cohort 3 (and A Better Environment for Girls (BEE)) efforts, as well as their household and school contexts. Results indicated that support for gender equity and SRH are strong among adolescents, heads of household, and that heads of household and teachers are important and willing sources of information and support. At the same time, there are some key gender gaps in SRH attitudes favoring males, and instances of GBV appear common. Overall, results regarding financial literacy and school revealed room for the program to promote improvement for both male and female participants, and to help close gender gaps where girls are disadvantaged. This information will hopefully be useful for CARE Rwanda staff in fine-tuning their program operations and activities to improve the program's effectiveness, and will provide an important foundation for tracking adolescents and households over time. This longitudinal information can provide rigorous evidence that the program is having its intended benefits, but can also provide nuanced understandings of the ways in which surrounding ecological contexts such as household, school, and community in Rwanda can be dynamic over time. This baseline data collection, however, reveals that adolescents understand the importance of their own social, sexual, academic, and financial well-being, and caregivers and teachers in households and school are engaged, ready to be active promoters of this well-being, ready to solve problems and overcome obstacles in the process.

What would be corrective actions for addressing some issues identified during the baseline? For instance:

- The fact that both adolescents and parents are saying that adolescents (boys and girls) have a right to drop-out their schools for early marriage;
- A large majority of adolescents felt that both boys and girls were well-served by sexual harassment policies.
- Etc.

¹¹ Enumerators had been instructed during training not to read the "refuse to answer" response option. However, it is unclear whether that instruction was consistently followed.

This means a consultant of the baseline survey has to orient C-Rwanda about the corrective actions, M&E recommendations for ongoing monitoring data indicators, tools, and procedures

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Appendix A: Logframe

JBS selected a series of measures for the logframe, based on the M&E framework developed by CARE Rwanda and CARE USA. Indicators for impacts, outcomes, and outputs are included where possible. Impact	Impact Indicator 1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions	
Degree of change in school outcomes (transition, progression, retention) for girls and boys engaged in the project activities	Have you ever dropped out of school, and re-enrolled afterwards?	Planned						
		Achieved	10% Yes					
		Source	H10. Adolescent Survey					
	Have you ever had to repeat any class?	Planned						
		Achieved	64% Yes					
		Source	H1. Adolescent Survey					
	This month have you been absent from school?	Planned						
		Achieved	29% Yes					
		Source	H4. Adolescent Survey					
Outcome	Outcome Indicator 1.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions	

Degree of change amongst boys and girls who state their school environment is positive, supportive, inclusive and safe	The teachers at my school encourage me.	Planned				Range 1-4 (4=St Agree)
		Achieved	3.55			
		Source	H18. Adolescent Survey			
	Teachers at my school support girls to succeed academically.	Planned				Range 1-4 (4=St Agree)
		Achieved	3.37			
		Source	H20. Adolescent Survey			
	Teachers at my school support boys to succeed academically.	Planned				Range 1-4 (4=St Agree)
Achieved		3.37				
Source		H21. Adolescent Survey				
Policies at my school protect girls from sexual harassment by teachers.	Planned				Range 1-4 (4=St Agree)	
	Achieved	3.67				
	Source	H22. Adolescent Survey				
Policies at my school protect boys from sexual harassment by teachers.	Planned				Range 1-4 (4=St Agree)	
	Achieved	3.68				
	Source	H23. Adolescent Survey				
Policies at my school protect girls from sexual harassment by students.	Planned				Range 1-4 (4=St Agree)	
	Achieved	3.68				
	Source	H24. Adolescent Survey				
Policies at my school protect girls from sexual harassment by students.	Planned				Range 1-4 (4=St Agree)	
	Achieved	3.67				
	Source	H25. Adolescent Survey				
Outcome	Outcome Indicator 1.2					

Degree of change amongst schools that demonstrate to be safe and girl friendly, according to the "safe schools" checklist.	No indicator						
Outcome	Outcome Indicator 1.3						
Changes in examples of girls and boys helping each other.	No indicator						
Outcome	Outcome Indicator 1.4						
Changes in # and types of examples of when boys and girls have exhibited leadership competences.	No indicator						
Outcome	Outcome Indicator 1.5		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Degree of change among adolescent girls who report being able to address SRH issues and make decision	Average number of 'agree' on SRH Choice Items	Planned					Range 0-10 (10=more agree)
		Achieved	7.97				
		Source	C5k-C5u Adolescent				
Outcome	Outcome Indicator 1.6		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Degree of change among adolescent girls in self reported sexual activity and protective measures	Have you had any sexual intercourse?	Planned					Of those sexually active
		Achieved	6% Yes				
		Source	C2a. Adolescent Survey				
	Did you use a condom during your last sexual encounter/Are you currently using a contraceptive method other than condoms?	Planned					
		Achieved	21% Yes				
		Source	C2c. Adolescent Survey				

	If you ever have sex before marriage, would you use a condom?	Planned					Of those not sexually active
		Achieved	95% Yes				
		Source					
			C2f. Adolescent Survey				
Outcome	Outcome Indicator 1.7						
Changes in gaps that exist in accessing and using the GBV referral mechanisms	No indicator						
Output	Output Indicator 1.1.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Degree of change in parents/community education opportunity perceptions	Boys and girls have an equal opportunity to go to school in my community. (Head of Household)	Planned					
		Achieved	94% Strongly Agree				
		Source					
			G15. Head of Household Survey				
Output	Output Indicator 1.3.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Number of clubs meetings attended by individual boys and girls	Are you involved in any youth group/organization?	Planned					
		Achieved	36% yes				
		Source					
			G2. Adolescent Survey				
Output	Output Indicator 1.3.2		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Degree of changes in gender equality perceptions	Average Score on GEI items	Planned					Range 1-4 (4=more equitableness); Note different items on scales for Adol and
		Achieved	3.89				
		Source					

amongst students and parents		B2a-o. Adolescent Survey					HH. Used means to preserve N. Mean GEI score calculated per toolkit was 34.65.	
	Average Score on GEI items (Head of Household)	Planned					Range 1-4 (4=more equitableness); Note different items on scales for Adol and HH. Used means to preserve N.	
		Achieved	3.86					
		Source	D1-15. Head of Household Survey					
Output	Output Indicator 1.4.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)		Assumptions
Degree of changes in girls and boys perceptions of leadership abilities	Leadership Abilities Index	Planned					Range 1-4 (4= most positive perceptions of own leadership). Used means to preserve N. Mean YLI score per toolbox was 54.38.	
		Achieved	2.58					
		Source	G4-24. Adolescent Survey					
		Output	Output Indicator 1.5.1		Baseline (2015/16)	Target (2017)		Target 2018 (Project midline)
Degree of change among adolescent girls and boys who have correct knowledge on ASRH	SRH Knowledge Score	Planned					Range 1-10. 10=all items correct	
		Achieved	8.22					
		Source	C5a-j. Adolescent Survey					
		Output	Output Indicator 1.6.1		Baseline (2015/16)	Target (2017)		Target 2018 (Project midline)
Degree of change among adolescent girls and boys who knows how and where to access ASRH services	Have you visited a health facility/hospital in the past 12 months to seek any service related to SRH	Planned						
		Achieved	21% Yes					
		Source	C1e. Adolescent Survey					
	I am confident I could reach a health facility for SRH services without difficulty	Planned						
		Achieved	86% Agree Strongly					

		Source						
		C3e. Adolescent Survey						
Output	Output Indicator 1.7.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions	
Number of adolescent girls and boys and parents who knows the existence of the existing GBV reporting mechanisms	Do you know who you can reach out to for support if you or someone you know experiences gender based violence?	Planned						
		Achieved	90% Yes					
		Source						
	C4d1. Adolescent Survey							
	Do you know who you can reach out to for support if you or someone you know experiences VAC/GBV? (Head of Household)	Planned						
		Achieved	96% Yes					
Source								
E3. Head of Household survey								
Output	Output Indicator 1.7.2		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions	
Number of adolescent girls and boys and parents with a good knowledge GBV and its types	Are you aware of any cases of gender based violence?	Planned						
		Achieved	41% Yes					
		Source						
	C4c. Adolescent Survey							
	Are you aware of any cases of gender based violence? (Head of Household)	Planned						
		Achieved	77% Yes					
Source								
E1. Head of Household Survey								

Impact 2	Impact Indicator 2		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Change in the percentage of girls and boys	Do you engage in any activities that generate income?	Planned					
		Achieved	41% Yes				

pursuing economic opportunities		Source					
		E10. Adolescent Survey					
Outcome	Outcome Indicator 2.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Percentage of girls and boys who report self financing basic needs of school attendance	Where do you get the money you use at school? :: From my account or I do part time piece work	Planned					0=DNK where to get \$\$ from school, or do know but not own account or PT work (e.g. father)
		Achieved	2% from self or PT work.				
		Source					
D2. Adolescent Survey							
Outcome	Outcome Indicator 2.2		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Degree of change in economic confidence and economic ability (for example, the use of savings/loans, and access to and use of economic opportunities) of students	In the last 12 months, have you saved money?	Planned					
		Achieved	35% Yes				
		Source					
E2. Adolescent Survey							
Output	Output Indicator 2.1.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Individual saved amount	Approximately how much savings do you currently have? (mean)	Planned					For those who report having any savings (no savings --> missing)
		Achieved	\$7313.51 Rwf				
		Source					

		E5a. Adolescent Survey					
Output	Output Indicator 2.2.1		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Percentage of girls and boys with accurate knowledge on savings and loan principles	Sum of correct items on financial literacy quiz items	Planned					Range 0 to 19, max score of 21 possible.
		Achieved	10.74				
		Source	F2-F5. Adolescent Survey				
Output	Output Indicator 2.2.2		Baseline (2015/16)	Target (2017)	Target 2018 (Project midline)	Target 2019 (Project endline)	Assumptions
Percentage of girls and boys actively saving on monthly basis	How often do you set money aside for savings? (% responding once per month or more)	Planned					
		Achieved	80%				
		Source	E7. Adolescent Survey				