



# GLOBAL EVALUATION REPORT

## Joining Forces for Food Security & Child Protection in Emergencies

Bangladesh | Burkina Faso | Central African Republic | Ethiopia | South Sudan



# JF-FS&CPIe

|                            |                                                                                      |
|----------------------------|--------------------------------------------------------------------------------------|
| <b>Funded by:</b>          | German Federal Foreign Office (GFFO)                                                 |
| <b>Consortium Lead:</b>    | Plan International Deutschland e.V.                                                  |
| <b>Consortium Members:</b> | ChildFund, Terre des Hommes, SOS Children's Village, Save the Children, World Vision |
| <b>Project Period:</b>     | 1 July 2024 – 31 August 2026                                                         |
| <b>Report Type:</b>        | Final Evaluation and Endline                                                         |
| <b>Prepared by:</b>        | Chloe Maillard - Consultant                                                          |
| <b>Date:</b>               | June 2026                                                                            |



This independent final and endline evaluation assesses the Joining Forces for Food Security and Child Protection in Emergencies project against the OECD-DAC criteria of relevance and coherence, effectiveness, efficiency and coordination, sustainability, together with gender equality and inclusion and child participation. It uses a **mixed-methods, before–after design**, comparing endline indicators with baseline and explaining the movement through participants' own accounts. Because the project had no control group and baseline and endline drew on independent (not panel) samples, the evaluation makes contribution rather than attribution claims, and reads indicator change against three lenses: programmatic design, measurement/survey design, and the external context.

## Overall assessment

The project was **very effective on its protection, knowledge and awareness objectives, and structurally constrained on its food-security objective**. It demonstrably contributed to building children's, caregivers' and communities' knowledge, shifting gender norms, reducing concrete protection risks such as child marriage and child labour, and improving children's psychosocial wellbeing. The evaluation found that the integrated approach generated strong protection, knowledge awareness outcomes. At the same time, persistent food insecurity reflects the severity of humanitarian needs and highlights the importance of combining awareness and protection activities with more sustained food security livelihood and basic needs support in future integrated programmes. These findings are consistent with the wider evidence base on integrated Child Protection and Food Security programming, which demonstrates that food insecurity is a key driver of child protection risks and that intentionally integrated, multi-layered approaches generate stronger outcomes than standalone sectoral interventions.

## Rating by criterion

The table below displays an overall rating of the project's performance against each criterion based on the evaluator's own judgement.

| Criterion                            | Rating                 | Main rationale                                                                                                    |
|--------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Relevance &amp; coherence</b>     | <b>Strong</b>          | Highly relevant, integration concept validated; food security under-scoped (no livelihoods).                      |
| <b>Effectiveness</b>                 | <b>Moderate–Strong</b> | Strong on knowledge, protection and wellbeing; food-security/practice outcomes flat or negative.                  |
| <b>Efficiency &amp; coordination</b> | <b>Moderate</b>        | Strong external coordination and duplication-avoidance; value-for-money unquantified (no cost data).              |
| <b>Sustainability</b>                | <b>Moderate</b>        | Social/behavioural gains durable; economic and institutional foundations fragile.                                 |
| <b>Gender &amp; inclusion</b>        | <b>Moderate–Strong</b> | Strong norm change; girls' agency <sup>1</sup> and male engagement unfinished; girls under-served in South Sudan. |
| <b>Child participation</b>           | <b>Moderate</b>        | Broad consultation but shallow influence; strong tools under-used for real decision-making.                       |
| <b>Impact</b>                        | <b>Moderate–Strong</b> | Real on protection risk and wellbeing; none on the hunger root cause; bounded by scale.                           |

Summary of findings by criterion



## Relevance & coherence

The integrated child-protection–food-security model was highly relevant to contexts where hunger and protection risk are tightly linked, and communities themselves articulated clearly the connection stating that “*food insecurity is the root cause of all risks*”. Its central limitation is linked to the operational design of the model. The food security component was operationalised rather as nutrition messaging accompanied by short-cycle and very small-scale cash or food transfers than as a larger scale food security intervention, with no livelihoods component due to donor guidelines, leaving the material/economic support side of the model under-resourced

## Effectiveness

Knowledge and awareness gains are the strongest but also the most consistent and attributable result. Child self-protection knowledge for instance rose in every country and community nutrition knowledge approached saturation (above 82% everywhere). But the data shows an important **knowledge–practice gap** with household food security (OI5) and infant feeding (OI6) indicators showing no progress in all countries except in Bangladesh and modestly Ethiopia. The gap can be explained by multiple factors including the scale of the activities, measurement on non-identical samples, and a deteriorating external context. Caregiver confidence rose far faster than demonstrated competence, and behaviour change was strongest where awareness was paired with material support. Children rated the programme highly (8.1/10 Bangladesh, 9.1 Burkina Faso, 7.5 Ethiopia for instance).

## Efficiency & coordination

External coordination with government, clusters and other actors was broadly effective, with genuine duplication-avoidance where a formal service/resource map existed (notably Ethiopia; alignment with national and humanitarian coordination frameworks was also reported in South Sudan, Bangladesh, Burkina Faso and CAR). Cross-sectoral coordination was a particular strength: country-level CP–Food Security workshops in CAR, Burkina Faso and Ethiopia (building on the previous phase in Cox’s Bazar and South Sudan) brought both sectors together with cluster endorsement and strong reported knowledge gains, though this joint working was firmer at inter-agency level than in routine field delivery. The consortium added real value through complementary expertise and cross-country learning, but the evaluation also noted some gaps and missed opportunities. For example, in all countries, partners worked in separate zones, with very little shared field delivery. Monitoring was adaptive but also rarely joint.

## Sustainability

The **social and behavioural component of the project is considered relatively durable** (community child-protection structures sometimes acting autonomously, knowledge and norm change, etc.) while the **economic and institutional component remain fragile**. Material gains can only be sustained where support has been built as a productive, market-linked asset (e.g. in Ethiopia provision of goats, in Bangladesh home gardening). Institutional handover is also only possible where government systems have been embedded from the start (Ethiopia/Amhara). The reduction of activities from community volunteers ahead of project’s closure (CAR’s RECOPE for instance) shows how fragile the sustainability of some initiatives is in some contexts. Sustainability is also ultimately capped by economic deprivation, displacement and the absence of livelihood opportunities.



## Gender & inclusion

Gender-norm change is a positive project's achievement with improvements noted in girls' education, reduction in early and forced marriages, more equitable roles within the household. Girls showed greater results at endline than boys on knowledge<sup>1</sup> in all five countries but yet reported lower confidence to act showing a **self-efficacy gap**. Women gained more knowledge at the caregiver level, although men showed greater confidence and capacities in CAR and South Sudan. Access to activities was equitable (both in terms of representation or meaningful participation) in most countries with some activities specifically tailored to gendered needs but **gaps were noted in South Sudan**, where girls were significantly under-consulted, feeling less safe giving feedback and overall less satisfied. Disability inclusion was deliberately pursued but partial, with gaps for severe disability and remote households.

## Child participation

Efforts were made in fostering child participation in the project including through the creation of specific tools to gather their feedback, including ahead of the midterm review workshops. Participation was **broad but often felt shallow for most children**: children were widely consulted but in the Ladder-of-Participation exercises they place themselves on the lower rungs (for most of them as beneficiaries, rarely as influencers or decision-makers). Where the feedback loop was closed (session times, activities and items changed in response to children's input), participation became genuinely meaningful. Feedback mechanisms exist but awareness and felt-safety lag, with Bangladesh's emoji-based, fully-actioned feedback loop standing out as the clear positive exception and the model to scale up across the portfolio.



1. Please refer to [Annex A](#) for all disaggregated quantitative results.

# Recommendations

Based on the evaluation findings, twelve recommendations were developed to inform future integrated child protection and food security programming in humanitarian contexts. They are detailed in section 5.1 Recommendations. They have been grouped and synthesised as follows:

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## 1. Strategic Recommendation 1 — Design context-responsive integrated programmes that address the underlying drivers of child protection risks.: combine behaviour-change and protection with cash and livelihoods at the scale the context demands.

The evaluation's central finding is a knowledge–practice gap — awareness rose but food-security and feeding practices did not, because the economic drivers were under-resourced. Integration only delivers when knowledge is paired with adequate resources and practical skills.

Size cash and livelihoods support to the depth and duration of household vulnerability, adding productive assets/IGA where markets and security allow.

Replace one-off sensitisation with practical, repeated, demonstration-based learning (e.g. cooking demonstrations), and measure demonstrated competence, not just confidence.

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## 2. Strategic Recommendation 2 — Design and deliver as one integrated programme: shared outcomes, joint teams and harmonised measurement.

The CP–FS integration concept was validated but delivered as parallel sectoral workplans with coordination-heavy, partner-specific monitoring. Genuine integration requires shared outcomes and joint delivery.

Build design on a shared CP–FS results framework and resilience pathway (using the [CP–FS Toolbox](#) and What We Need to Know -[WWNK- joint assessment](#)), with joint targeting, joint planning and coordinated implementation.

Introduce harmonised joint monitoring across partners — a small set of shared indicators and where possible cohort tracking — and document finding-to-design linkages for learning.

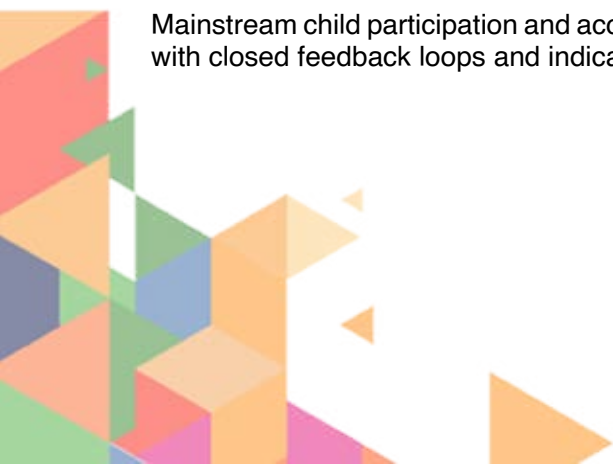
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## 3. Strategic Recommendation 3 — Place children's protection, wellbeing and participation at the centre of integrated programming: sustain safe spaces and case management, and give children real influence.

Child-Friendly Spaces, psychosocial support and case management were the most valued and most impactful components, yet children's influence over decisions was limited and wellbeing under-measured.

Fund Child-Friendly Spaces, psychosocial support and case management as core components, strengthening CFS as entry points linked to referral and case management.

Mainstream child participation and accountability across all interventions and the whole programme cycle, with closed feedback loops and indicators of children's influence — not just attendance.






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#### **4. Strategic Recommendation 4 — Make gender equality and inclusion deliberate: strengthen girls' agency and embed disability and host-community inclusion.**

Girls gained knowledge but not the agency to act on it, and inclusion (disability, host communities) was strongest at the targeting stage but thinner across the rest of the cycle.

Invest in adolescent girls' leadership, life skills, safe spaces and mentorship, with gender-transformative work engaging caregivers, men and community leaders.

Embed inclusion through the whole cycle — dedicated accessibility assessments, disaggregated monitoring and a ring-fenced disability-inclusion budget.

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#### **5. Strategic Recommendation 5 — Target fairly and build for sustainability: transparent targeting, managed expectations, and community structures linked to systems.**

Widespread need made even sound targeting feel unfair and fuelled social tension, while durability depended on community structures that were not consistently embedded in formal systems.

Communicate targeting criteria and programme limits up front, base selection on community prioritisation rather than rigid quotas, and complement individual targeting with community-level measures where need is near-universal.

Plan handover from inception: embed community structures (CBCPCs, including teachers) in government, education and cluster systems (Protection and Food Security Clusters), with light-touch mentoring and IGA where feasible.

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#### **6. Strategic Recommendation 6 — Build adaptive integrated programmes for humanitarian contexts: budget for shocks, access and funding volatility.**

Predictable features of these contexts (insecurity, inflation, displacement, seasonality and funding cuts) repeatedly eroded results and were not adequately planned for.

Build contingency budgets and realistic security/access costs into design, and align activities with seasonal calendars.

Use scenario-based plans with pre-agreed adaptation triggers, reviewing transfer values and budgets against inflation throughout implementation.

# 1. INTRODUCTION

The Joining Forces for Food Security and Child Protection in Emergencies (JF-FS&CPiE) project represents the second phase of the Joining Forces for Child Protection in Emergencies (JF-CPiE) initiative, funded by the German Federal Foreign Office (GFFO). Building on the foundations established during the first phase, this second phase places specific emphasis on the critical interlinkage between food security and child protection risks in humanitarian settings, recognizing that unmet basic needs — particularly food needs — pose a significant risk leading to detrimental outcomes for children.

The project's overarching goal is the reduction of violence, abuse, neglect, and exploitation of girls, boys, and adolescents affected by crises and food insecurity. It leverages food security programming to enhance children's protection and wellbeing, while minimizing the risk of causing harm in the process. Implemented from 1 July 2024 to 31 August 2026 (26 months), the project operates across five countries: Bangladesh, Burkina Faso, the Central African Republic (CAR), Ethiopia, and South Sudan. All contexts are characterized by protracted humanitarian crises, significant displacement, and acute food insecurity.

## 1.1 The Consortium

The JF-FS & CPiE project is implemented by a consortium of six international NGOs based in Germany, led by Plan International Deutschland e.V. The consortium members are:

- Plan International (PI) — Consortium Lead
- ChildFund (CF)
- Terre des Hommes (TdH)
- SOS- Children's Village (SOS)
- Save the Children (SC)
- World Vision (WV)

Each consortium member implements project activities in one or two of the five target countries, in collaboration with local implementing partners. Total project expenditure amounts to €13,368,421.06, of which €12,700,000 was funded by GFFO.



## 1.2 Project Design and Theory of Change

The project applies the socio-ecological model to address the complex, interlocking drivers of child protection risks in food-insecure, crisis-affected contexts. Interventions are organized across four levels:

- Individual level (Outcome 1): Empowering crisis-affected girls, boys, and adolescents with knowledge, skills, and capacity for self-protection, improved nutrition practices, and access to services.
- Family level (Outcome 2): Strengthening caregivers' and families' ability to provide adequate care and prevent negative coping mechanisms linked to food insecurity, such as child labor, early marriage, and exploitation.
- Community level (Outcome 3): Reinforcing community-based child protection mechanisms, awareness, and coordination with food security and nutrition services.
- Institutional/Societal level (Outcome 4): Equipping global, regional, and national humanitarian actors with advocacy tools, evidence, and capacity for integrated, gender-sensitive child protection and food security programming.

This project builds explicitly on lessons learned from the first phase. Key improvements in the second phase include a stronger integration of nutrition-sensitive messaging within child protection activities, enhanced cross-sectoral referral pathways, and a more systematic approach to community feedback mechanisms and child participation.



## 2. OBJECTIVES AND SCOPE OF THE EVALUATION

### 2.1 Overall Objective

The evaluation has three objectives: (1) to measure the change observed between baseline and endline across the project's results framework; (2) to explain the mechanisms behind those changes through the perceptions and experiences of participants; and (3) to identify success factors, constraints and lessons to inform future integrated child protection and food security programming. It is both summative (accounting for results against the logframe) and formative (generating actionable learning for the consortium and donor).

This evaluation contributes to the growing evidence base for integrated humanitarian programming and aims to inform future policy and practice.

### 2.2 Specific Objectives

The evaluation is guided by six specific objectives, aligned with the OECD-DAC evaluation criteria adapted to the humanitarian context and reported in the findings and summary against six criteria — relevance and coherence, effectiveness, efficiency and coordination, sustainability, gender and inclusion, and child participation:

#### Evaluation Criteria & Specific Objectives

- **RELEVANCE:** To determine the extent to which project objectives responded to the needs, vulnerabilities, and priorities of children, caregivers, and communities affected by crises and food insecurity.
- **EFFECTIVENESS:** To determine the extent to which the project achieved its intended objectives and results, as defined by its logframe indicators, including differential results across age groups, sex, and disability status.
- **EFFICIENCY:** To assess how well resources (such as funds, time, and human effort) are converted into results
- **SUSTAINABILITY:** To determine the extent to which the positive effects or impacts of the JF-FS&CPiE project will continue beyond the project lifespan.
- **GENDER & INCLUSION :** To assess the extent to which the project addresses power dynamics, reduce inequalities, and ensure that all individuals (regardless of gender identity, race, class, disability, or age) can equitably contribute to and benefit from it.
- **CHILD PARTICIPATION:** To determine the extent to which the participation of children, adolescents, girls, boys, and persons with disabilities was embedded in the project cycle and contributed to improved quality and accountability.

## 2.3 Geographic Scope

The evaluation covers all five JF-FS&CPiE project countries and their respective implementing areas. The table below summarizes the geographic scope:

| Country                  | Implementing NGO(s)                          | Project Locations                                                                                                                                          |
|--------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bangladesh               | Plan International / World Vision            | Cox's Bazar District: Ukhiya and Teknaf Sub-districts. Host communities and Rohingya refugee camps (17, 1W, 20 extensions, 1E, 8E, 13, 15, 16).            |
| Burkina Faso             | ChildFund / Terre des Hommes                 | Sahel Region (Djibo, Soum; Gorom-Gorom, Oudalan); North Central Region (Bam, Namentenga, and Sanmatenga Provinces). Mixed host community and IDP settings. |
| Central African Republic | Plan International / SOS Children's Villages | Haute-Kotto: Bria (IDP camp, host communities, returnee sites) and Ouadda Sub-divisions. Ouham Prefecture: Bossangoa.                                      |
| Ethiopia                 | ChildFund / Save the Children                | Tigray Region: Eastern Tigray Zone (Adigrat and Wukro Woredas). Amhara Region: Wag Hamra Zone (Sekota Town, Sekota Zuria and Ziquala Woredas).             |
| South Sudan              | Save the Children / World Vision             | Jonglei State: Akobo East and West Counties, Bor South County. Central Equatoria State: Juba County. Western Equatoria: Tambura County.                    |

## 2.5 Target Groups

The evaluation covers three primary target groups, consistent with the project's logframe structure:

- Children and adolescents aged 10–17 (girls and boys) who directly participated in project activities (Outcome 1);
- Caregivers and parents, both female and male, who participated in project activities (Outcome 2);
- Community members, including service providers such as teachers, healthcare workers, local authorities, and members of child protection, food security, or nutrition groups (Outcome 3).

Priority attention is given to the most vulnerable sub-groups, including girls, children and caregivers with disabilities, female-headed households, internally displaced persons (IDPs), and refugee populations.

## 2.6 Temporal Scope

The evaluation covers the full implementation period of the JF-FS&CPiE project, from 1 July 2024 to 31 August 2026, and builds on findings from the project baseline and midterm reflection workshop. Primary data collection for this evaluation was conducted mainly in March–April 2026. Comparisons with the first phase of the JF-CPiE project are drawn where relevant to assess progress and institutional learning across phases.

## 3. METHODOLOGY

### 3.1 Overview and Evaluation Design

This evaluation employed a mixed-methods design, combining quantitative endline measurement with qualitative inquiry to address the full range of evaluation questions and generate learning for future integrated programming. The methodology built directly on the approach used at baseline, ensuring comparability of findings, while introducing complementary qualitative instruments to deepen analysis for all criteria.

The evaluation has been structured as follows:

- Endline survey (quantitative): Standardized questionnaires administered to children, caregivers, and community members across all five countries, using the same tools applied at baseline to measure indicator-level changes.
- Final evaluation (qualitative): Focus group discussions (FGDs) and key informant interviews (KIIs) conducted with project participants, community members, and key stakeholders to explore the evaluation questions in depth.
- Document review: Systematic review of project documentation, including the baseline report, midterm reflection workshop findings, monitoring data, logframe, and country-level reports.

### 3.2 Quantitative Data Collection

#### 3.2.1 Sampling Strategy

The sampling strategy was designed to ensure representativeness across the three primary target groups and across the diverse geographic and population settings of the project (host communities, IDP populations, refugee contexts). The strategy applied two levels of sampling:

- Community-level sampling: Community members were sampled at the village level (rural), neighbourhood or quarter level (urban), or camp level (displacement settings). Convenience sampling was used to identify respondents matching target profiles, with support from community leaders or available lists.
- Household-level sampling: Households were randomly selected within each location. In mixed IDP/host community settings, simplified cluster sampling was applied — first identifying households by category, then randomly selecting from each group. Within each household, the primary caregiver is interviewed.

Special attention was paid to the inclusion of marginalised households, including female-headed households and those from minority groups, to ensure equitable representation.

#### 3.2.2 Sample Sizes

Each country conducted structured baseline and endline surveys with three respondent populations — children (typically 6–17), caregivers, and community members — measuring thirteen core indicators (six outcome: OI1, OI2, OI3, OI5, OI6, OI7; seven output: R1.1, R1.4, R2.1, R2.4, R3.1, R3.2, R3.3). All indicators are disaggregated by sex and by implementing partner; two (OI2 and OI3) are endline-only. Endline survey sample sizes were:

| Country                | Children/<br>Adolescents | Caregivers    | Community     |
|------------------------|--------------------------|---------------|---------------|
| <b>Bangladesh</b>      | 213                      | 213           | 270           |
| <b>Burkina Faso</b>    | 216                      | 234           | 171           |
| <b>CAR</b>             | 481                      | 493           | 90            |
| <b>Ethiopia</b>        | 437                      | 441           | 270           |
| <b>South Sudan</b>     | 445                      | 429           | 212           |
| <b>Total (approx.)</b> | <b>~1,790</b>            | <b>~1,810</b> | <b>~1,140</b> |

### 3.2.3 Data Collection Tools and Process

Standardized questionnaires for children, caregivers, and community members — along with consent and assent forms — were used across all countries. These tools were drawn from the baseline toolkit and updated where necessary. Country-specific contextualisation (terminology, response options) was permitted, subject to prior approval by the Global Consultant, to ensure that tool harmonization was maintained.

Data collection was conducted by in-country consultants using tablets and smartphones for quantitative data. Direct digital data entry eliminated manual transcription errors and enables real-time quality oversight as well as automatic calculation of indicators to avoid mistakes and inconsistencies.

All questionnaires were pre-tested in each country before data collection began.

### 3.2.4 Quality Assurance

A rigorous quality assurance process was applied throughout data collection:

- The methodology and tools were reviewed by technical specialists and by Plan International's Ethical Review Committee.
- Enumerators were trained by in-country consultants, who were in turn trained by the Global Consultant prior to field deployment.
- Automated quality and consistency checks were applied to all completed forms in KoboToolbox, with anomalies flagged for corrective action.
- The in-country consultants monitored data collection progress remotely via the KoboToolbox server, conducting iterative reviews of submitted data.
- Validated and cleaned data was immediately available for analysis. No paper forms were retained. Data ownership remained with Plan International; in-country consultants must not retain any personal respondent data after assignment completion.

### 3.2.5 Data Analysis

Raw datasets were compiled per country upon completion of fieldwork and disaggregated by implementing partners before undergoing a data cleaning process at country level. The Global Consultant led the quantitative analysis, following standardized calculation methods and thresholds defined in the analytical tools.

Country-specific indicator tables were produced, presenting final indicator values disaggregated at minimum by partner, gender and disability status where possible and compared against baseline data.

Country level summary reports were drafted and validation meetings with implementing partners and in-country consultants were held to validate and contextualise findings prior to final reporting.



## 3.3 Qualitative Data Collection

Qualitative data collection was designed to complement and triangulate the endline quantitative survey and address evaluation questions related to relevance, coherence, efficiency, gender and inclusion, sustainability, and child participation that cannot be fully captured through indicator measurement alone. It was also used to triangulate and complement quantitative findings on effectiveness.

The qualitative component comprised more than 200 primary transcripts — focus group discussions (FGDs) with children and adolescents (hereinafter referred to as ‘children’) caregivers and community members, and key informant interviews (KIIs) with project staff, community leaders and institutional/government stakeholders — systematically coded against the 32-criterion frame, plus reviews of secondary documents (baseline studies, the 2025 Global Consolidated Midterm Review, interim reports, IPC/Cadre Harmonisé analyses and humanitarian response plans). Coded primary transcripts by country:

| Country             | Transcripts | Principal respondent groups                                                        |
|---------------------|-------------|------------------------------------------------------------------------------------|
| <b>Bangladesh</b>   | 30          | Institutional stakeholders, community leaders, project staff, children, caregivers |
| <b>Burkina Faso</b> | 20          | Community leaders, children, project staff, stakeholders, caregivers               |
| <b>CAR</b>          | 41          | Community leaders, caregivers, children, community members, staff, stakeholders    |
| <b>Ethiopia</b>     | 63          | Children, institutional stakeholders, caregivers, community members/leaders, staff |
| <b>South Sudan</b>  | 49          | Community leaders, children (FGD), caregivers (FGD), stakeholders, staff           |
| <b>Total</b>        | <b>203</b>  | <b>Six respondent groups across all five countries</b>                             |

### 3.3.1 Focus Group Discussions (FGDs)

FGDs were conducted across the five countries with three primary groups:

- Child-focused FGDs: Facilitated with girls and boys separately, using age-appropriate, participatory methodologies that prioritize the comfort, safety, and agency of child participants.
- Caregiver and community member FGDs: Exploring perceptions of project impact, changes in practices and attitudes, and sustainability of outcomes at family and community level.

FGDs were facilitated by mixed-gender teams, with female facilitators leading all child-focused and women-only sessions. Facilitation teams received specialized training in qualitative data collection and child-sensitive data collection methods, including techniques for creating safe, non-threatening discussion environments.

Child participation and satisfaction were captured through age-appropriate participatory tools: Ladder-of-Participation exercises (variants of Hart’s and the Cornell ladder, in which children place themselves on rungs from “not consulted” to “shared decision-making”), the “stones” weighted-voting exercise, tree-and-shield risk-mapping, image-card consultations for non-literate children, the Wellbeing Tree, and emoji-based feedback. French-language data (Burkina Faso, CAR) were coded in the original language and translated for synthesis.

### 3.3.2 Key Informant Interviews (KIIs)

KIIs were conducted with national and local child protection and food security actors, cluster coordinators, and other key stakeholders involved in or engaged by the project. KIIs focused on institutional-level outcomes, coordination, advocacy impact, and the sustainability of community and system-level changes.

### 3.3.3 Qualitative Analysis

Qualitative data was coded by country consultants into a unified coding matrix in Excel format organised per evaluation questions and sub-questions.



Qualitative data from FGDs and KIs was analysed thematically by the Global Consultant, with findings triangulated against quantitative endline data. Thematic analysis was guided by the evaluation criteria and key evaluation questions. Country-level qualitative findings were synthesized at the global level by the Global Consultant, with interpretation validated through consultation with in-country consultants and implementing partners.

## 3.4 Ethical Considerations and Safeguarding

The evaluation was conducted in full compliance with ethical standards for research involving children and vulnerable populations. All data collection tools and protocols were reviewed and vetted by Plan International's Ethical Review Committee prior to data collection.

### 3.4.1 Informed Consent and Assent

Informed consent was obtained from all adult participants prior to data collection. For child participants, both parental/guardian informed consent and child assent were required. Informed consent and assent processes were conducted in participants' local languages and adapted for low-literacy contexts where necessary. Participation was entirely voluntary, and participants could withdraw at any time without consequence.

### 3.4.2 Confidentiality and Anonymity

All data was anonymised at the point of collection. No personal identifying information was collected or retained in datasets after cleaning. Data was stored on secure KoboToolbox servers with restricted access.

### 3.4.3 Safeguarding and PSHEA

Safeguarding risk assessments were conducted by all implementing partners for all designated implementation areas prior to data collection. Child protection protocols were integrated into all data collection processes, including clear referral pathways for any disclosures or safeguarding concerns identified during data collection. Enumerators and facilitators were trained on safe engagements, code of conduct and their mandatory reporting obligations and on how to respond safely to disclosures. At the end of each questionnaire, a safeguarding risk assessment form was included for enumerators to identify and offer support to any participants who reported being survivors of violence or abuse or being at risk of being harmed. Clear referral pathways were also made available.

## 3.5 Limitations

The findings should be read with the following limitations, which are flagged at the relevant points throughout the report:

- Absence of counterfactual: without a control group, the evaluation establishes contribution, not attribution; the programme's effect cannot be fully isolated from other actors and the wider context.
- Use of independent samples at baseline and endline as opposed to a panel: baseline and endline surveyed different households, so change reflects sample composition and population mobility as well as project effect, especially in camps and displacement sites. The panel approach had been tested during the Phase 1 of the project but proved to be too challenging and costly to implement in such contexts of high mobility.
- Seasonality effects: Baseline data collection (conducted in December time) and endline data collection (conducted in April-May) could not be conducted at the same time during the year, which could have had an impact on food security indicators which are sensitive to survey season and recall period. April is for instance the start of the lean season in CAR and it is also almost the case in Burkina Faso.
- Self-report and social-desirability bias: knowledge, confidence, satisfaction, norm change and risk reduction rest heavily on self-report which are subjective measures and could be affected by desirability bias.
- Small samples at sub-group level: some partner- and sub-population cells (e.g. infant-feeding indicators) rest on small samples and limit the robustness of disaggregated comparison.
- Prospective and short-horizon judgements: the sustainability criteria is inherently forward-looking but is being observed at project closure, when implementation is sometimes still ongoing; long-term effects cannot be measured with confidence.
- It is important to acknowledge that the volatile security situation in all of the countries of implementation, combined with rapidly evolving seasonal conditions, may have significantly impacted the areas of operation covered by this evaluation. Factors such as active hostilities, restricted humanitarian access, and other external events beyond the control of the consortium and its partners may have affected the implementation, scope, and reach of activities during the reporting period. These represent a structural limitation of the present report and should be taken into account when interpreting results and progress against targets. Where relevant, specific contextual constraints are noted at activity or output level throughout the document.

Despite these limitations, the convergence of an independent quantitative dataset of roughly 4,700 survey respondents with more than 200 coded qualitative transcripts across five countries provides a robust, triangulated basis for the findings and recommendations that follow.



## 4. EVALUATION FINDINGS

### 4.1 Relevance & Coherence

This chapter assesses the **relevance** of the JF-FS&CPiE project, i.e. the extent to which its design and interventions responded to the actual needs, priorities and context of crisis-affected children and families, and its **coherence**, understood as both the *internal* consistency of the integrated child-protection (CP) and food-security/nutrition (FS) logic and the *external* fit with national policies, humanitarian coordination architecture and the work of other actors.

**Key Finding 1: The project responded to well-evidenced, pre-existing and context-specific protection and food-insecurity needs**

First of all, the project built on experience and contextual understanding from the project's Phase 1 which targeted the same countries. Across all five countries and all respondent groups, respondents described the prevalence of child protection risks including child labour, child/early and forced marriage, school dropout, neglect, trafficking and unsafe migration, physical and sexual violence, and acute household food insecurity as prevalent in their communities and judged the project to be aligned with the needs. For instance, in **Bangladesh**, caregivers and community leaders in the Cox's Bazar camps and Ukhiya host communities consistently linked the project design to communities' lived priorities, and project staff documented an explicit, evidence-led evolution from a protection-only Phase 1 to an integrated Phase 2:

**“After the Phase 1 evaluation, they saw that food scarcity is a major issue for children... they added it to the second [phase].” — Bangladesh, project staff**

In **Ethiopia**, institutional stakeholders in war- and drought-affected Sekota (Amhara) framed relevance in terms of post-conflict recovery and the most vulnerable, while children's and caregivers' accounts in both Amhara and Tigray corroborated tangible responsiveness to food, schooling and protection needs:

**“The community was deeply affected by the war... the project was designed with this reality in mind... Because it has addressed the needs of these various community groups, this project has proven to be highly relevant.” — Ethiopia, institutional stakeholder**

In **South Sudan**, institutional, project-staff and community respondents in Juba (Muniki, Mangalla), Bor South and Tambura grounded relevance in conflict- and flood-driven displacement and the collapse of services. In **Burkina Faso** and **CAR**, leaders, parents and children in insecurity-affected Sahelian and conflict-affected localities affirmed that activities matched priority needs (protection, schooling, nutrition, hygiene). Design processes were described as participatory by several stakeholders (needs assessments, use of secondary data, and consultation with authorities, customary and religious leaders).

The principal exception is **ChildFund/Tigray (Ethiopia)**, where respondents judged the most acute needs only partially met: “the most critical needs, food and shelter, remain largely unaddressed” (FGD with parents), with aid described as a “breath of life” yet far below demand. This divergence reflects the depth of the needs in post-war Tigray relative to project scale.

These findings confirm that integrated Child Protection and Food Security programming responds to priorities identified by both communities and humanitarian actors.

**Key Finding 2: The integration of food security/nutrition and child protection was near-universally validated as appropriate, including by community members themselves**

The evaluation data shows clearly that integrating Food Security (hereinafter FS) and child protection (hereinafter CP) to reach one objective is contextually appropriate. Respondents in all five countries, including affected caregivers and children, spontaneously described food insecurity as a **root driver** of child protection risks. The causal pathways were consistently described: hunger and economic stress push families toward child labour, child marriage and/or sexual exploitation (specifically for girls), trafficking, unsafe migration and, in conflict settings, exposure to armed recruitment; they also degrade caregiver supervision, school attendance and child health.

**“Whoever speaks of protection speaks of food; addressing the two together is relevant, because if we are hungry, we fall ill.” — Burkina Faso, community leader, Djibo**

**“When families struggle to meet their basic food needs, children are more exposed to risks such as child labour, child marriage, or exploitation... addressing awareness alone is not enough; basic needs must also be met to reduce harmful coping strategies.” — Bangladesh, project staff**

**“Hunger was associated with sickness, school dropout, child labour, injuries and snake bites while searching for wild food, child marriage, teenage pregnancy and broader household stress.” — South Sudan, male caregivers FGD, Tambura**

In **CAR**, respondents added context-specific pathways: children drawn to artisanal mining sites reduce agricultural production and eat poorly; child marriage produces destitute young mothers unable to feed infants; and armed/transhumance conflict (with Peul herders) destroys harvests, each connecting food insecurity to protection harm. Institutional stakeholders across countries also endorsed the integration; an Ethiopian official described it as avoiding the “dependency syndrome” of stand-alone aid by linking case management with income support.

Communities consistently identified food insecurity and child protection risks as interconnected, providing strong evidence that integrated responses reflect how families actually experience humanitarian crises. The only fallback is that in practice and at individual (participant) level, the integration was not fully operationalised, as further discussed in Key Finding 4.

**Key Finding 3: External coherence was generally good with humanitarian coordination and national policy frameworks, but engagement with formal government systems and referral coordination was inconsistent**

Respondents (institutional stakeholders and project staff) acknowledged that the programme operated within recognised national and humanitarian frameworks. In **South Sudan**, the intervention was explicitly tied to the National Development Strategy, the National Child Protection Policy and the Humanitarian Response Plan, and to FSL Cluster and Child Protection Sub-Cluster coordination. In **Bangladesh**, targeting aligned with the Joint Response Plan, and Community-Based Child Protection Committees were functionalised under the Children Act 2013 and earlier UNICEF-supported structures. In **Ethiopia**, alignment was reported with the Productive Safety Net Programme (PSNP) and Disaster Risk Management/Drought-Prevention and Food-Security systems, including SAM (Severe Acute Malnutrition) and MAM (Moderate Acute Malnutrition) identification with health facilities. In **Burkina Faso**, the project worked through the Humanitarian Response Plan, communal child-protection committees and pre-existing structures and accompanied government measures such as the Ministry of Secondary Education and of Professional and Technical Training’s (Ministère de l’Enseignement Secondaire, de la Formation

Professionnelle et Technique – MESFPT) eco-clubs in schools. In **CAR**, institutional actors situated the project within the national child-protection policy and the World Food Programme (WFP) operational framework.

Coherence with **formal government systems**, however, was weaker and more variable. South Sudanese respondents repeatedly flagged “insufficient strengthening of formal government systems, especially at county and payam levels” and noted that referral coordination remained “mostly informal”. In **CAR**, a humanitarian-authority stakeholder in Bossangoa reported never having been consulted, and community-level accounts in Agbagba cited “weak involvement of local authorities”.

As such, the project achieved strong alignment (consistency with the policies and plans of others) but more partial harmonisation and complementarity (joint working with and strengthening of government systems). For a consortium for which Output 4 explicitly targets institutional and systemic change, the reliance on informal referral coordination and the variable inclusion of decentralised authorities is a risk that might directly impact sustainability. Strengthening collaboration with government systems and coordination mechanisms (including Protection Cluster Food Security Cluster) represents an important opportunity to increase sustainability and institutional ownership.

**Key Finding 4: The food-security component was, by design, and nature of the project, small scale and short-cycle, creating a mismatch with the chronic nature of food insecurity and the demand for income-generating support.**

As discussed above, while the FS–CP integration was ensured in all countries, respondents in four of five countries consistently reported that the food-security response was too thin to match need and called specifically for **livelihoods / income-generating activities (IGA)**. In **Burkina Faso**, leaders and children in Djibo, Gorom-Gorom, Yalgo and Kaya repeatedly requested IGA, petty trade and vocational skills, and one project-team member reported a critical operational gap: “food distribution was not effective during the project’s lean-season periods... WASH needs are not resolved”. In **CAR**, cash was widely judged “insufficient for economic autonomy”<sup>2</sup> (project staff, Bossangoa) and malnutrition was reported to persist or recur despite support (“on the nutrition side, there is no positive impact”, Wikamon). This will be seen in the effectiveness section.

The pattern is sharpest in **South Sudan**, where project staff were explicit that the scale, as opposed to the design logic, was the main constraint:

**“The integration was extremely relevant, but in practice the food and cash support was too limited. Families still sent children to collect firewood or work because they lacked food, and stressed caregivers could not easily apply advice from protection sessions.” — South Sudan, project staff**

In Tambura, children and caregivers consistently identified the Child-Friendly Space and school-safety activities as the only clearly visible benefits, while the nutrition/food dimension was “much weaker and less visible”. Caregivers described “continued hunger, disrupted agriculture and livelihoods, low purchasing power”. Children in Bor South noted they “know more about nutrition now but still cannot practice it because households lack enough food”.

2. It should be noted that this falls outside the scope of the cash component as designed within this project, which was specifically intended to respond to immediate Child Protection needs. In addition, cash methodologies in humanitarian contexts are not designed to address structural household economic vulnerability and social exclusion and it is not intended to substitute social protection systems. Rather, it provides time-limited financial support to address acute protection needs, reduce negative coping mechanisms, and contribute to stabilize family situations in crisis contexts while linking to longer term solutions.

The analysis of the project's logframe confirms that this is a **design-scope characteristic linked to the donor's guidelines, not solely an implementation shortfall**. The project's food-security dimension is operationalised through three modalities: nutrition-sensitive activities and life-skills/Infant and Young Child Feeding (IYCF) messaging (R1.3, R2.3); short-term cash-and-voucher assistance, NFIs and in-kind transfers (R2.2); and explicitly "temporary income support" and "short-term emergency support... such as start-up kits and lifesaving items" (Activities A1.5, A2.2, A2.3). There is no livelihoods, agricultural-production or multi-cycle food-assistance output in the results framework, consistent with the humanitarian (non-development) scope of GFFO funding. The scale of direct household transfers (R2.2) is also very small compared to the affected populations: for example 300 households (SSD/World Vision), 370 (SSD/Save the Children), 150 (CAR/Plan) and 150 (BGD/World Vision). This is however consistent with the lifesaving mandate of the German Federal Foreign Office (GFFO) as opposed to a more resilience or food-systems focus mandate that other donors could offer.

The divergent case of **Ethiopia (Save the Children, Amhara)** is interesting to highlight. There, partners interpreted the cash modality productively with ETB 30,000 transfers used as business start-up capital, plus distribution of 5–7 goats per beneficiary for milk, breeding and resale. This quasi-livelihood reading of the CVA line produced a much greater appreciation for the project's relevance to the needs of both caregivers and children:

**"My mother received 30,000 birr... with that money she opened a small shop. With the profit... there has been an improvement in our livelihood."**  
— Ethiopia, child FGD, Sekota Zuriya

The intervention is correctly conceived and deliberately scoped as an acute, protection-led, nutrition-sensitive humanitarian response (aligned with GFFO's mandate); the critique is not of that design but of the **mismatch with food insecurity that is largely structural and chronic**, which acute assistance alone cannot resolve, creating both a need to link with structural/transitional responses and a risk of harm if that linkage is absent. The result is a recurring expectation gap: communities, having accepted the food-protection logic, expected a substantive food-security response and instead received nutrition messaging and, in a few cases, limited transfers. Where partners stretched the cash modality toward productive use (Ethiopia/Amhara), relevance on the food-security side was high; where transfers remained thin relative to mass displacement (South Sudan; parts of CAR), the protective effect was attenuated because, as staff observed, hungry families could not act on protection advice. The food-security objective was under-resourced relative to its own theory of change and set objectives: the number of people reached and duration of food assistance (through cash and in-kind transfers) felt limited compared to the needs in the targeted communities.

**Key Finding 5: Targeting criteria were sound and vulnerability-based, but coverage was small relative to need, generating perceived inequity and, in places, intra-community tension**

Respondents broadly endorsed the logic of targeting, aiming at prioritising the most vulnerable (unaccompanied and separated children (UASC) or other children at risk, children with disabilities, female-headed and displaced households) through community structures, task forces and local-leader verification (documented in Ethiopia, Bangladesh and South Sudan). The recurrent concern was **coverage**. In **Ethiopia**, the "small quota" was the most frequently identified gap, with caregivers, community members, leaders and institutional stakeholders describing reach limited to a few kebeles and the resulting friction:

**"Only few portions of the community are targeted in the project so that conflicts of interest are common among community members."** — Ethiopia, community group member, Zequala

Parallel accounts appear in **CAR** ("the quota is always minimal, as is the envelope"), **South Sudan** ("limited coverage of vulnerable households", targeting "reached only a fraction of the IDP population"), and **Bangladesh** (host-community households perceiving uneven support, and ration tiering that split a flat USD 12 transfer into USD 7/10/12 bands). In South Sudan, stakeholders also identified a specific



equity gap in the host–IDP dynamic, where poor host families not hosting displaced relatives risked exclusion.

Coverage constraints follow directly from the resource envelope as discussed above and are not a targeting-design failure. However, the social cost (perceived unfairness and community tension) is a genuine relevance and do-no-harm consideration, amplified where acute needs are near-universal in the targeted communities.

**Key Finding 6: Other important needs fell outside the project’s scope exposing the limits of FS-CP integration as opposed to a broader CP-basic needs logic**

Respondents identified a consistent set of needs the project could not meet within its mandate. **WASH** gaps recur in South Sudan (“WASH services remained inadequate”) and Ethiopia (a persistent water-supply problem undermining the hygiene messages delivered). **Education costs and infrastructure** (school fees, supplies, feeding, teacher training and physical facilities) are prominent in Burkina Faso (“the project covers neither school fees nor supplies... there are no social-reintegration centres”) and in CAR, where multiple sites reported that teachers were not trained and schools as institutions “received nothing” despite student support. **Mental-health and psychosocial support (MHPSS)** for trauma-affected children was repeatedly judged insufficient in South Sudan across leaders, members and staff. **Disability inclusion** gaps were named in CAR (“persons with disabilities are not included”) and South Sudan.

In sum, the project faced some **boundaries** by focusing on CP-FS integration as opposed to a broader CP + basic needs support integration. The project’s integration logic, while coherent in theory, is narrower than the multi-sectoral reality of the needs in the selected contexts. Strengthening referral to WASH, education and health actors could have been a potential solution to address these needs without overstepping the project’s scope but this was found to be largely informal.

**Key Finding 7: Relevance to children’s own expressed priorities was real but uneven, and evidence of children’s influence over design was limited**

Children’s accounts of relevance were strongly positive in **Bangladesh** (safe spaces, literacy, life-skills, protection awareness) and **Ethiopia** (return to school, nutrition, clubs), where children frequently described concrete benefits to their safety and learning. However, in **South Sudan**, boys in Tambura reported that “activities were not shaped around children’s own priorities” and that benefits were concentrated in school settings rather than the home or wider community. The logframe sets a modest planned target for children’s rate of consultation (outcome indicator o.i.2: 35%), and beyond Child-Friendly Spaces and clubs there is limited evidence that children were able to shape the design or targeting decisions (this is further explored in the section on Child Participation).

## Cross-country comparative analysis

The table below summarises relevance and coherence across the five countries against the chapter's key dimensions, with the dominant pattern and the contextual factor that best explains it. Ratings are based on triangulated evidence across quantitative trends, qualitative findings, consistency across countries, and the extent to which observed results can reasonably be linked to project interventions given the evaluation design limitations.

| Dimension                           | BGD      | BFA     | CAR     | ETH      | SSD     | Dominant pattern & explanatory factor                                                                                                                  |
|-------------------------------------|----------|---------|---------|----------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Needs alignment                     | High     | High    | High    | High–Med | High    | Uniformly strong; partial in Tigray (ETH/ChildFund) where post-war deprivation exceeds programme scale.                                                |
| FS–CP integration logic             | High     | High    | High    | High     | High    | Universal endorsement; communities articulate causal pathways. Strongest finding in chapter.                                                           |
| FS response adequacy                | Medium   | Med–Low | Med–Low | Med–High | Low     | Thin vs structural need; demand for IGA/livelihoods. ETH/Amhara higher via productive cash (goats, business capital); SSD lowest vs mass displacement. |
| External coherence (policy/cluster) | High     | Medium  | Medium  | High–Med | High    | Strong policy/cluster alignment (JRP, PSNP/DRM, HRP, FSL/CP clusters); BFA/ETH limited data on coherence.                                              |
| Government-system engagement        | Med–High | Medium  | Med–Low | Med–High | Med–Low | Weakest in CAR (authority not consulted) & SSD (informal referral, weak system strengthening).                                                         |
| Targeting/coverage                  | Medium   | Medium  | Med–Low | Med–Low  | Med–Low | Sound criteria, small quota; intra-community tension most acute in ETH; host-IDP strain in SSD.                                                        |
| Child-perceived relevance           | High     | Medium  | Medium  | High     | Mixed   | Strong for safety/learning in BGD & ETH; SSD children note activities not shaped to their priorities.                                                  |



## 4.2 Effectiveness

This section assesses the **effectiveness** of the JF-FS&CPiE project i.e. the extent to which it achieved, or is on track to achieve, its intended outcomes and outputs across children, caregivers and communities, and the factors that drove or constrained those results.

### 4.2.1 The quantitative picture: indicator results across five countries

The table consolidates baseline and endline values for the effectiveness indicators in all five countries. Cells are shaded by magnitude of change:

 **Green** for more than +20pp;

 **Light green** for +5 to +20pp;

 **Orange** for -2 to +5pp (stagnant);

 **Red** for regression greater than -2. “n.a.” = not separately reported or no comparable baseline.

### Outcome indicators

| Indicator (%)                              | BGD       | BFA       | CAR       | ETH       | SSD       |
|--------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| OI1 Children able to protect themselves    | 23.3>74.6 | 29.8>59.7 | 17.8>46.2 | 8.0>62.9  | 37.9>37.1 |
| OI2 Children consulted                     | 83.1      | 73.1      | 20.4      | 48.1      | 54.6      |
| OI3 Caregivers know CP-FS risk link        | 83.6      | 91.0      | 73.4      | 76.9      | 82.5      |
| OI5 Households w/ acceptable food security | 11.1>39.0 | 6.4>1.7   | 0.4>1.2   | 1.8>6.1   | 0.5>0.0   |
| OI6 Optimal IYCF (0–23 months)             | 37.9>35.7 | 18.8>15.2 | 10.8>13.0 | 16.2>17.6 | 10.6>16.6 |
| OI7 Caregiver confidence in feeding        | 18.2>78.9 | 18.4>23.9 | 14.0>39.8 | 13.6>35.1 | 54.8>76.9 |

### Output indicators

| Indicator (%)                               | BGD       | BFA       | CAR       | ETH       | SSD       |
|---------------------------------------------|-----------|-----------|-----------|-----------|-----------|
| R1.1 Child self-protection knowledge        | 45.2>62.4 | 43.7>68.5 | 35.0>78.6 | 16.2>56.3 | 26.4>35.1 |
| R1.4 Child nutrition knowledge              | 35.9>84.5 | 53.5>75.5 | 16.2>81.9 | 19.4>64.1 | 42.1>80.0 |
| R2.1 Caregiver protection capacity          | 28.3>77.9 | 16.9>40.6 | 28.5>43.0 | 11.1>50.1 | 54.8>58.5 |
| R2.4 Caregiver nutrition knowledge          | 13.1>19.2 | 25.8>18.8 | 1.2>1.8   | 18.8>40.1 | 9.9>7.5   |
| R3.1 Community CP-risk awareness            | 32.1>97.8 | 26.4>73.1 | 43.7>8.9  | 14.6>57.0 | 32.0>37.7 |
| R3.2 Community nutrition knowledge          | 35.5>99.3 | 46.6>93.0 | 37.8>82.2 | 44.6>98.5 | 34.6>84.4 |
| R3.3 Community favourable feeding attitudes | 19.6>88.5 | 20.2>53.8 | 25.2>16.7 | 19.5>47.4 | 34.0>43.9 |

The detailed quantitative analysis and results per country and gender is available in Annex A: Indicator Results by Gender and Country.



## 4.2.2 Overall performance appraisal

This section gives a high-level appraisal of the project's effectiveness including the key changes achieved and their attribution.

### Overall judgement and key changes achieved

Overall, the project was considered **effective**. The strongest results were observed in knowledge and awareness outcomes, while food-security and feeding outcomes remained weak. The following findings unpack the reasons behind this pattern. Beyond knowledge, the project contributed to genuine **behaviour change** such as contributing to reduced child labour and child marriage, increased girls' schooling, and a shift from corporal punishment to dialogue. This was particularly the case when awareness was paired with cash or productive assets at household level (notably Ethiopia/Amhara). Improved **child wellbeing** was also widely cited, with participation in safe spaces the most-credited factor.

Measured against the logframe's own targets, the **protection-awareness outcome (OI1) was met or exceeded** in most of the portfolio, while the **food-security outcomes (OI5 household food security, OI6 infant feeding) were not achieved** anywhere. This could be linked to different factors, some being internal while others are external as further explained in the Key Findings below.

Beyond the country outcomes, **Outcome 4** (focusing on equipping global, regional and national humanitarian actors with tools, capacity and evidence for integrated CP-FS programming) was an area of clear achievement, and its headline indicator was met (93% of targeted practitioners reached adequate knowledge and skills to strengthen CP-FS collaboration, against a 90% target). The consortium finalised and globally launched the Integrated CP-FS Toolbox (18 practical tools spanning the programme cycle, in English and French), co-hosted with the Global Food Security Cluster and the Global Child Protection Area of Responsibility and drawing 464 participants, and published a global review of CP-FS policies and frameworks with an accompanying lessons-learned product. Capacity-strengthening was delivered through a three-part online learning series and inter-agency workshops in Burkina Faso, CAR (September 2025) and in Ethiopia (May 2026), which recorded strong knowledge gains (90–96% of participants) and adopted joint inter-agency action plans, while advocacy advanced via the Joining Forces Steering Group and a related event on CP-FS integration, hosted by FAO in Rome. With no further phase planned, this **institutional legacy (donor- and cluster-endorsed tools, a published evidence base and an emerging community of practice)** is among the programme's most durable contributions.

## Children's satisfaction

Children's satisfaction was high across contexts, except in South Sudan, as measured in the endline surveys, and qualitatively high where participatory methods were used instead. Scores are on a 0–10 scale.

| Country             | Mean /10 | Girls | Boys | Main reasons cited by children                                                                                                                                                     |
|---------------------|----------|-------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Bangladesh</b>   | 8.1      | 7.9   | 8.3  | Interactive learning (drama, sports, group sessions); safe space to play and learn; quality of relationships with staff.                                                           |
| <b>Burkina Faso</b> | 9.1      | 9.1   | 9.1  | Highest in portfolio, homogeneous (ChildFund 9.4 / TdH 9.0). Quality of EAE activities; perceived usefulness; no negative effects.                                                 |
| <b>CAR</b>          | 8.3      | 8.3   | 8.3  | Plan International 8.77 / SOS 7.82. Child-Friendly Spaces and material support as drivers of satisfaction                                                                          |
| <b>Ethiopia</b>     | 7.5      | 7.6   | 7.4  | Material/cash support (enabling goats, small shops, food, school materials); training (confidence, early-marriage and hygiene awareness); safe spaces. ChildFund 8.04 / Save 7.19. |
| <b>South Sudan</b>  | 6.2      | 5.7   | 6.7  | Moderate due to perceived inequalities in targeting. Two gaps stand out: a partner gap (World Vision 7.38 vs Save the Children 5.62) and a gender gap (girls 5.7 vs boys 6.7).     |

Satisfaction was high for both girls and boys, with slightly higher satisfaction among boys than girls in Bangladesh and South Sudan. Across countries the consistent drivers are the same: a safe, enjoyable space; interactive learning; tangible material support; and supportive relationships with staff, which is precisely the activities the logframe prioritises at the child level, which reinforces the attribution of the protection and wellbeing gains to those activities. Drivers for dissatisfaction were also consistent across contexts: lack of understanding of the targeting criteria for some activities (especially cash and food distribution and other types of distributions) and scale of those same activities being too small for the needs which led to feelings of inequalities and frustration.



## 4.2.3 The key effectiveness findings

Six key findings emerge from the analysis. Each integrates the quantitative result with the qualitative data collected to triangulate it and give it more depth.

### Key Finding 8 : The project greatly improved knowledge and awareness, reaching near-saturation at community level

The greatest results across the whole framework are in knowledge and awareness. Children's self-protection knowledge (R1.1) rose substantially in four of five countries and more modestly in South Sudan; children's nutrition knowledge (R1.4) improved everywhere, even quite sharply in some places; and at community level nutrition knowledge (R3.2) and protection-risk awareness (R3.1) approached saturation with community nutrition knowledge reaching above 80% in every country and above 98% in Bangladesh and Ethiopia. The one knowledge indicator that did not follow this pattern is caregivers' *demonstrated* nutrition knowledge (R2.4), which remained stable in CAR, declined in Burkina Faso and South Sudan, and rose only in Ethiopia.

Three factors can be linked to the knowledge result observed. First, the delivery mechanisms used to raise knowledge, including repeated, structured sessions in Child-Friendly Spaces, child clubs and culinary demonstrations which are the activities delivered most consistently and at scale. The consolidated logframe, at the time when this report is drafted, records 110 Child-Friendly Spaces established or strengthened, 372 age- and gender-sensitive life-skills groups, and close to 1,500 awareness-raising actions across the five countries. Second, baseline levels of knowledge were low, leaving substantial room for improvement. Third, awareness is intrinsically the easiest dimension to shift. The qualitative data confirms the deep and lasting nature of the knowledge gains, with for instance children naming concrete referral actors, emergency numbers and feeding practices.

**"If someone hurts me, I now know what to do: I go straight to my facilitator and explain everything in confidence. Before, I didn't know we could speak. I thought we had to keep quiet. [trans.]" — CAR, girl (14), Bria**

**"We were taught how to prepare porridge with groundnut paste to feed babies well. Before, we didn't know groundnut gives strength." — CAR, mother (FGD), Zere**

The children's survey datasets also show substantive and concrete learnings as displayed below:

| Among children...                                             | Bangladesh  | Burkina Faso | CAR         | Ethiopia    | South Sudan |
|---------------------------------------------------------------|-------------|--------------|-------------|-------------|-------------|
| have heard of violence against children                       | 88.3        | 90.7         | 88.9        | 66.6        | 40.7        |
| feel they have enough information to know who to ask for help | 99.5        | 80.1         | 55.8        | 91.1        | 51.5        |
| <b>agree children have a right to be safe and protected</b>   | <b>99.5</b> | <b>99.5</b>  | <b>98.7</b> | <b>97.5</b> | <b>98.4</b> |

First, we can see that rights awareness is near-universal with 97–99.5% of children in every country affirming children's right to safety and protection (across all five countries). Second, asked who they could turn to, children named a diverse protective map: in Ethiopia teachers and school staff, family, police and community groups; in Bangladesh, strikingly, children named some of the project's own structures (such as the Child Protection Committee, the Child-Friendly Space, the Majhi/Camp-in-Charge and the implementing partner) alongside parents. Being asked who informed them, children credited teachers, family and school most, but also named the project directly (ChildFund in Ethiopia; the Child Protection Committee, CFS and "the organisation" in Bangladesh), linking these results to the project's direct contribution.



As such, the project approaches have been largely effective in raising awareness and knowledge among children and adults, as it has met or exceeded its knowledge-related targets. However, the caveat is that knowledge is a necessary but not a sufficient condition for the outcomes related to behaviour change that the project ultimately aimed at.

**Key Finding 9: Knowledge improved, but resource constraints limited changes in food security and feeding practices.**

Despite important gains in nutrition knowledge, the evaluation shows the limited change in the food-security and feeding *outcome* indicators. Household acceptable food security (OI5) stayed negligible in CAR, Ethiopia and South Sudan and fell in Burkina Faso; optimal infant and young child feeding (OI6) remained low everywhere and slipped in Burkina Faso and Bangladesh; and caregivers' demonstrated feeding knowledge (R2.4) was flat or negative outside Ethiopia. The qualitative data clearly shows that, this is related to a **resource constraint, not a deficit of knowledge or motivation**, as illustrated by the quote below:

**“We are told to eat vegetables, fish, meat... we know all that now. But here we eat only once a day. With the money we have, it is not possible to buy everything needed. Knowledge is not enough when you have no means. [trans.]” — CAR, mother (FGD), Agbagba — Plan International**

Across the Causal diagram exercises conducted as part of the FGDs with community members, stakeholders place **poverty, food insecurity and malnutrition** at the head of the risk chain and then almost consistently explain that the project “reduced some risks... **but malnutrition persists**” or “but lacks material support”. The project reduced the *protection* consequences of food insecurity without reducing the food insecurity itself, or at least not at scale and durably.

**“Causes: poverty, cash mismanagement, mining activity, lack of nutritional knowledge... The SOS project reduced some risks by improving protection and schooling, but malnutrition persists. [trans.]” — CAR, stakeholder causal map**

As explained previously, the food-security component was rather scoped as nutrition-sensitive messaging plus short-cycle and small-scale transfers, with no livelihoods or production output. Nonetheless, the consortium actually *over-delivered* on its planned material support, reaching 7,383 households with cash

or in-kind assistance against a target of 5,574, 1,962 households given short-term emergency support and 1,250 individuals receiving dignity kits and temporary income support. It thus appears that the scale of the material food-security support was modest relative to the scale of needs, Needs that were further amplified by the major humanitarian funding cuts affecting all five contexts during implementation.

However, some methodological reasons could also explain why no change is observable in food security and nutrition-related outcomes. First, the endline could not consult the exact same households measured at baseline (this approach proved to be too challenging and unrealistic considering the context during Phase 1 of the project). In high-mobility, displacement-affected sites, it is likely that a portion of the people surveyed at endline are partly different people, often newer, more deprived arrivals, than those consulted at baseline. In South Sudan, the team notably highlighted recent new arrivals in the camps during the validation workshop. A falling food-security score could then reflect a change in *who* was sampled as much as a change in conditions for a given family. Food-consumption scores are also sensitive to the season and recall period of the survey round (baseline surveys conducted in December-January and endline surveys conducted in April-May - June being usually the start of the lean season in Burkina Faso whereas in CAR it starts from the month of April for instance). As such, part of the apparent stagnation or regressions are at least partly linked to methodological challenges (measuring different people, at a different moment).

In addition, in most of the portfolio, the food-security environment deteriorated over the implementation period for reasons entirely outside the project. Conflict and displacement intensified across the Sahel and South Sudan; inflation and currency pressure eroded purchasing power; and in the Bangladesh camps successive WFP ration reductions lowered the household's access to food for the entire population. In such contexts, an indicator that holds steady may represent the project protecting families from a worse outcome rather than a failing (this theory could have only been tested with the use of a control group at endline). As an example, Burkina Faso's OI5 regression coincides with a documented worsening of the Cadre Harmonisé food-security classification.

Nonetheless, and in such contexts of acute needs, future integrated programmes in contexts of acute food insecurity should combine behaviour change and protection activities with adequately resourced, scalable livelihoods or cash assistance interventions, ensuring that households have the means to apply the knowledge gained..

**Key Finding 10: Many households maintained acceptable food consumption only by relying on negative coping strategies, reflecting persistent economic vulnerability.**

The indicator OI5 ("acceptable household food security") is a composite indicator made of the **Food Consumption Score (FCS)** and Reduced Coping Strategy Index. When looking in more detail at the decomposed data to identify where most households did not pass the bar, the data reveals that acceptable food *consumption* is far more common than the composite OI5 suggests.

| Country     | FCS Poor | FCS Borderline | FCS Acceptable | OI5 composite | Of FCS-acceptable, % meeting OI5 |
|-------------|----------|----------------|----------------|---------------|----------------------------------|
| Ethiopia    | 29.9     | 33.3           | 36.7           | 6.1           | 16.7                             |
| Bangladesh  | 1.4      | 18.8           | 79.8           | 39.0          | 48.8                             |
| South Sudan | 40.3     | 36.1           | 23.5           | 0.0           | 0.0                              |
| CAR         | 45.8     | 38.9           | 15.2           | 1.2           | 8.0                              |

In every country, far more households eat at an acceptable level than qualify as food-secure on the composite (i.e. Ethiopia 37% vs 6%; CAR 15% vs 1%). More importantly, even **among households eating acceptably, only a small minority meet the composite** indicator threshold (17% in Ethiopia, 8% in CAR and none at all in South Sudan) because the composite also captures coping strategies and economic vulnerability. The food-security result is therefore less a story of children and families simply not eating, and more one of families maintaining consumption only by unsustainable means. This underscores that food consumption alone is an insufficient measure of household wellbeing, and points to economic resilience, including livelihoods, support to assets, and income, are critical and under-addressed dimension of the humanitarian response that needs to be linked to longer-term responses. The

coping-strategy data also shows which negative coping strategy was the most used among the consulted households. The share of caregivers who reported **restricting their own (adult) food consumption so that young children could eat** is particularly high, as highlighted in the table below:

| Country      | % adults restricting own food for children | Reading                                    |
|--------------|--------------------------------------------|--------------------------------------------|
| South Sudan  | 88.3                                       | Near-universal adult self-deprivation      |
| Ethiopia     | 74.6                                       | Three in four households                   |
| CAR          | 72.4                                       | Nearly three in four                       |
| Burkina Faso | 53.0                                       | One in two households                      |
| Bangladesh   | 35.2                                       | Lower, consistent with a higher food floor |

This helps explain an underlying finding: the mechanism through which child-level consumption and wellbeing can be held up is mostly through **adult sacrifice**. Caregivers feed children by reducing their own consumption. This is a protective behaviour the project might have reinforced through continued sensitisations.

#### Key Finding 11: Caregivers' confidence increased more than their demonstrated technical knowledge.

Caregivers' confidence in feeding and protection rose sharply which can represent improved agency even though their *demonstrated* technical knowledge lagged behind. In Bangladesh, feeding confidence (OI7) jumped to nearly 80% of caregivers while demonstrated feeding knowledge (R2.4) showed almost no change. Similar trends are observed in CAR. Perceived protection capacity (R2.1) rose strongly across countries, way faster than the technical-knowledge measures.

When looking beyond global results among the whole dataset to focus on the **individuals within each dataset, it is interesting to note that this trend is also confirmed**. For instance, in Ethiopia, 35.1% of caregivers were confident across all feeding dimensions (OI7), but only **8.2% were both confident and competent** on the strict knowledge test, and among confident caregivers only **23% were actually competent**. In other words, confidence and competence are largely independent at the person level, not only at the average. This is even more visible in the other countries where the published gap is widest (e.g. Bangladesh, where confidence OI7 reached 78.9% against demonstrated knowledge R2.4 of 19.2%).

The programme successfully strengthened caregiver confidence and perceived agency but additional practical learning approaches are required to consolidate technical competencies. Parts of the explanation could also be linked to the methodology used to measure those indicators with confidence indicators being based on perception (which could lead to some overstatement and optimistic/desirable responses provided) as opposed to strict competence indicators that directly test knowledge against a set of questions.



**Key Finding 12: Integrated approaches combining awareness and material support were associated with stronger behaviour change.**

The qualitative data collected many testimonies on the reduction of CP risks in the selected areas (29–49 entries per country), and the reductions are concrete and recurrent. Respondents across countries report declining child marriage, child labour and trafficking: “early marriage has been reduced, child labour has decreased”; “child trafficking has decreased.” Some reductions are quantified — in Bangladesh, Community-Based Child Protection Committees were credited with “preventing 38 child marriages,” and World Vision documented the reunification of 25 separated children. Street and accident risks fell as safe spaces drew children off the streets, and in Burkina Faso’s Djibo a community leader linked sensitisation to a systemic drop in water-related drownings. Children themselves articulate the protective effect:

**“I wasn’t aware of the emergency helpline numbers before this project. Now that I know 109 and 999, I feel safer and have shared this with my friends to protect them from abuse and early marriage.” — Bangladesh, adolescent**

The causal diagram exercises led with community members show stakeholders mapping the full chain (from poverty and food insecurity through protection risks to impacts on children) and identify the project’s contribution within it.

**“Causes: poverty, parental neglect, food insecurity > Risks: school drop-out, malnutrition, early marriage, sexual violence > Impact: children deprived of their rights, families weakened. The Plan/SOS project reduced some risks through sensitisation and support”. — CAR, stakeholder causal map**

Behaviour change evidence is also robust. The patterns were observed across countries: increased girls’ school attendance, active child marriage prevention, and a move from corporal punishment toward dialogue. Caregiver protection capacity (R2.1) rose strongly in four countries, which was corroborated in the qualitative data:

**“In the past, because of lack of awareness, we used child labour. But now, after this project gave us awareness, we no longer abuse their labour. Instead, they go to school and come back.” — Ethiopia, parent, Sekota Zuriya — Save the Children**

**“Before, our parents beat us a lot, but today they advise us and explain things to us. [trans.]” — Burkina Faso, child, Zimtenga, FGD**

The most striking pattern is that the most durable behaviour change occurred where awareness was paired with **structures and resources**. The project worked in Ethiopia because it tackled child labour from two sides simultaneously, removing the economic reason through Cash and IGA and changing the social environment that tolerated it through working with communities and offering opportunities to adolescents in activities such as; adolescent clubs, community child-protection networks and access to case-management services that contributed to address the attitudes, knowledge and support gaps at community level. These activities were delivered at meaningful scale: at the time of this evaluation, the logframe records 124 community-based child-protection committees strengthened (full achievement of target), 481 positive-parenting sessions, and 18,183 children reached with case management, psychological first aid or referral, exceeding the planned 16,673. For behaviour changes that did not require any or only minimal additional costs for the household such as supervising children more closely, keeping girls in school or refraining from corporal punishment, change is visible. For changes having an economic impact on the household such as improved feeding or ending economically-driven child labour, it was observable only where material support was also provided.

### **Key Finding 13: Child-Friendly Spaces played a central role in improving children's wellbeing and strengthening child protection.**

Improvements in child wellbeing were strongly and consistently cited across all five countries. Children describe greater confidence, reduced fear, a stronger sense of identity and the capacity to articulate aspirations: "Before joining the project, I was not very confident speaking in front of others. After attending the sessions... I feel stronger and more confident." Bangladesh's Wellbeing Tree exercise found children's "roots" of support had expanded to include project staff, peers and community structures previously absent from their safety network. The impact was most concentrated for the most vulnerable. The evaluation suggests that Child-Friendly Spaces emerged as much more than recreational or psychosocial support activities. They functioned as foundational community-based child protection platforms, providing safe environments for identification of protection concerns, disclosure of abuse, referral pathways, psychosocial first aid, monitoring safety risks where children could develop confidence and resilience while enabling the early identification, referral and follow-up of vulnerable children through case management pathways. This integrated role helps explain why CFS were consistently identified by children, caregivers and community members as among the programme's most valued interventions. Evidence from the evaluation shows that children receiving case management experienced improvements in mental health and their ability to resume normal daily activities, while the reunification of 25 separated children represents a profound, life-changing outcome for those individuals. Together, these findings demonstrate that CFS contributed not only to children's psychosocial wellbeing but also to the effectiveness of the programme's broader child protection system.

**"I used to feel very shy and didn't know how to speak up for myself, but the leadership training gave me the courage to share my opinions. Now I feel much more confident in my own identity and that I have a voice in my community." — Bangladesh, child**

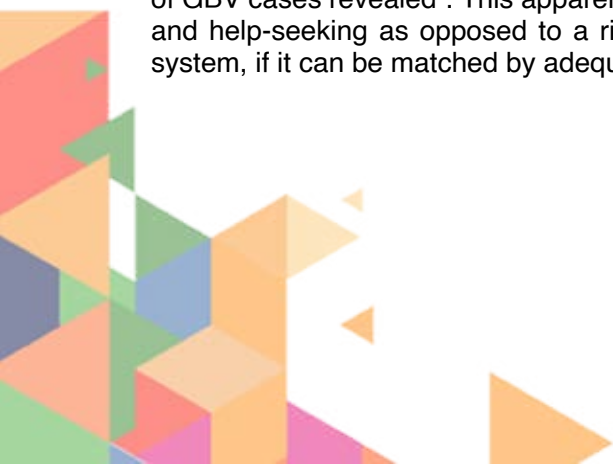
Across countries the majority of stakeholders considered the Child-Friendly Space / Espace Ami des Enfants as the most valued activity. In Tambura, South Sudan, for instance, it was, for caregivers, "the only clearly visible" activity, prized precisely because it kept children safe while parents were busy with survival tasks.

As such, psychosocial wellbeing is arguably the project's deepest impact at the individual level: confidence, safety and voice are foundational, developmentally significant changes, and for case-managed and reunified children the impact is transformative. The qualification is measurement: wellbeing is not captured by a standard quantitative indicator, so its scale is documented qualitatively rather than measured. Its durability, however, depends on the continued existence of the safe spaces that anchor it, since the spaces depend on continued funding and facilitation.

### **Key Finding 14: The project generated both positive and negative unintended effects.**

#### ***Positive unintended effects***

Respondents described secondary benefits beyond the project's results framework that included improved household and community social cohesion, expanded social-support networks for children, and a rise in protection cases being identified and reported. In CAR for instance, sensitisation led to a "multiplication of GBV cases revealed". This apparent increase in cases actually reflects improved disclosure, reporting and help-seeking as opposed to a rising incidence. This is a positive sign of a functioning protection system, if it can be matched by adequate case-management capacity.



### *Negative and adverse unintended effects*

Several negative effects were also noted. The most frequent is social tension between recipients and non-recipients in some areas caused by the small, sharply-targeted assistance compared to the needs. In South Sudan, one key informant noted that “frustration grew among families because food and cash needs were not met, and there was tension between those receiving support and those left out”. In CAR and South Sudan, the data also shows cases of dependency anxiety i.e. feelings of fear that positive effects observed during the project will reverse once cash, food and training stop. Other documented effects, mostly identified in CAR include classroom overcrowding as a counterpart to rising enrolment (“overloaded classes running double shifts”), classroom disruptions when pupils are withdrawn for activities (CAR), and the burden of over-long sessions on children with domestic chores.

Respondents in CAR identified “cash poorly managed, some SOS agents sanctioned for diversion” and “targeting perceived as based on family affinities”. This was, however, detected early on and acted upon immediately to avoid further misconduct.

## 4.2.3 Innovative and promising practices to showcase

Beyond the aggregate results and key learnings, the evaluation identified a number of good practices that were described as particularly effective, appreciated, or replicable. They are highlighted below so that the consortium can document, learn from, and scale them in future projects.

### Community theatre for awareness-raising (Plan International / BITA, Bangladesh)

BITA's use of **community theatre and drama** (through performances dramatising child trafficking and child-protection risks) was identified by informants in Bangladesh as a culturally appropriate and innovative delivery mechanism. Its impact is visible in the data: children spontaneously named “BITA drama performances” among the specific activities from which they retained protection content, and trafficking-awareness (high risk identified in the camps) was among the best-recalled messages. Drama worked well because it is understandable by all whatever the literacy level, because it is emotionally engaging and shareable beyond the session, reaching caregivers and community members in general as well as the children directly involved. It can also be easily adapted across other country contexts, particularly for sensitive topics where more didactic messaging usually lands poorly. Community theatre proved to be an engaging and culturally appropriate way of raising awareness of child protection risks, particularly among children and communities with varying literacy levels. The approach helped reinforce key messages and has strong potential for adaptation in other humanitarian contexts.

### Emoji-based child-friendly feedback mechanisms (Plan International, Bangladesh)

To make accountability genuinely child-friendly the project deployed **feedback and complaint boxes using emoji symbols**, alongside a hotline. Plan International's interim reporting documents 166 feedback items received and **all 166 acknowledged and addressed**, showing a functional accountability and feedback loop rather than a procedural box-ticking exercise. It directly addresses the awareness-and-safety gap in feedback mechanisms (see analysis of OI2a and OI2b in Annex A) found elsewhere in the portfolio and is simple to replicate. The use of emoji-based feedback boxes and hotlines made complaints and feedback more accessible to children. High response rates demonstrated that simple, child-friendly accountability mechanisms can strengthen participation and programme responsiveness.





### The productive-cash / IGA model (Save the Children, Amhara, Ethiopia)

Where the project moved beyond food or cash transfers to **productive assets and income-generating activities** (goats, small business start-up capital), it led to the greatest reported improvement in food security and household wellbeing. The assets reportedly reproduced, provided milk and were in some cases sold to fund schooling. This is the single most important “what works” lesson for closing the knowledge–practice gap. The model is worth replicating and scaling, with attention to setting start-up capital at a realistic level compared to local inflation. Combining cash assistance with productive assets and income-generating activities produced the strongest improvements in household wellbeing and food security. This demonstrates the value of linking Child Protection with Food Security and livelihoods to support longer-term resilience.

### Intensive, locally-anchored culinary demonstrations (SOS, CAR)

SOS’s frequent, hands-on **culinary demonstrations** in isolated rural zones drove the strongest child and community nutrition-knowledge gains in CAR, outperforming results from areas that relied more on messaging. The lesson is that nutrition knowledge moves furthest through repeated, practical, demonstration-based delivery rather than one-off sensitisation. As such, repeated hands-on cooking demonstrations were more effective than awareness sessions alone in improving nutrition knowledge, highlighting the importance of practical learning approaches.

### Participatory, child-led consultation and voice tools (all)

The project developed **child-friendly participatory tools** that made consultation accessible to young and non-literate children such as the “stones” weighted-voting exercise, the tree-and-shield risk-mapping exercise and image-card consultations used during the baseline and final evaluation and standing structures such as the Children’s Parliament and Mini-media clubs in Ethiopia. These are practical instruments for moving children up the participation ladder from being informed to being genuinely heard and are readily transferable across countries.

### Adaptive, feedback-driven budget reallocation (Bangladesh)

In a notable example of **responsive financial management**, the Bangladesh partners reallocated underspending from other budget lines to increase the number of dignity kits. This was a beneficiary-oriented decision made in direct response to community feedback and within existing donor flexibility. It illustrates how routine monitoring and feedback loops can be used to adjust delivery in real time and is a small but replicable model of value-conscious, accountable budget management. In sum, using community feedback to reallocate resources—for example increasing dignity kits—demonstrated how flexible programme management can improve relevance and accountability.

## 4.2.4 Cross-country comparative analysis

Effectiveness ratings by domain and country, with the dominant pattern and its explanatory factor. Ratings integrate the quantitative magnitude/direction of change with the qualitative depth of corroboration.

| Domain                             | BGD        | BFA        | CAR         | ETH        | SSD      | Dominant pattern & explanatory factor                                                                         |
|------------------------------------|------------|------------|-------------|------------|----------|---------------------------------------------------------------------------------------------------------------|
| Child knowledge (R1.1/R1.4)        | High       | High       | High        | High       | Med–High | Strong everywhere on nutrition; CP knowledge weaker in SSD (+8.7pp) reflecting thinner/disrupted delivery.    |
| Community awareness (R3.1/R3.2)    | High       | High       | Med–Low     | High       | Med–High | Near-saturation nutrition knowledge all countries; CAR R3.1/R3.3 regress (sample rotation; CBCPCs wind-down). |
| Caregiver capacity (R2.1)          | High       | Med–High   | Medium      | High       | Low      | Strong where parenting + cash combined; SSD marginal (+3.7pp); CAR Plan/SOS split (artefact-laden).           |
| Feeding practice / IYCF (OI6/R2.4) | Low        | Regression | Very Low    | Medium     | Low      | Knowledge–practice gap; only ETH (productive cash) improves caregiver knowledge; BFA regresses.               |
| Household food security (OI5)      | Medium     | Regression | Very Low    | Low        | Very Low | Not achieved — structural; design lacked livelihoods. BGD highest (39%) on better markets/ration system.      |
| Behaviour / CP-risk reduction      | High       | Med–High   | Medium–High | High       | Medium   | Child labour, girls' schooling, marriage, discipline shift; strongest where cash removed economic driver.     |
| Child wellbeing                    | High       | Medium     | Med–High    | High       | Med–High | CFS/EAE the most-credited mechanism across all countries; deepest where spaces were regular and resourced.    |
| Transformational / systemic        | Med–Strong | Moderate   | Moderate    | Med–Strong | Moderate | Norm shift + protective structures + internalised food–protection framing; incipient, reversible.             |
| Child wellbeing impact             | High       | Moderate   | Med–High    | Strong     | Med–High | Confidence, safety, voice, future orientation; deepest for case-managed/reunified children; CFS-driven.       |
| Transformational / systemic        | Med–High   | Moderate   | Moderate    | Med–High   | Moderate | Norm shift + protective structures + internalised food–protection framing; incipient, reversible.             |
| Negative / unintended impact       | Med–High   | Med–High   | Moderate    | Med–High   | Moderate | Social tension + dependency from thin targeting, feelings of unfairness.                                      |

## 4.3 Efficiency and Coordination

This chapter assesses the **efficiency** of the JF-FS&CPiE project, i.e. how economically and how well-timed resources (funds, staff, time) were converted into results, and its coordination, looking at internal coordination within the Joining Forces consortium and external coordination with government, humanitarian clusters and other actors. Five key findings emerged from the analysis.

**Key Finding 15 : Coordination with governments, clusters and partners strengthened complementarity, although more systematic collaboration could further improve integrated programming.**

Across all five countries, respondents (including institutional stakeholders and project staff) described functional coordination with government structures, humanitarian clusters and other NGOs, and a deliberate effort to complement rather than duplicate. This was mainly achieved through **resource- and partner-mapping**. In **Ethiopia**, a city-administration “Service Map” and joint needs assessments were used to divide labour explicitly and a referral system distributed cases between agencies (one stakeholder describing referring 18 children, “10 to SAVE and 8 to PLAN”). In **Bangladesh**, both partners coordinated closely with Camp-in-Charge (CiC) offices, the Joint Response Plan framework and sector actors (IOM, health, WFP, CDD), with regular camp coordination meetings “ensuring complementarity and avoiding

duplication.” In **South Sudan**, Save the Children updated child-protection referral pathways for the whole of Jonglei State and ran monthly case conferences with ministries, UNMISS and UNICEF. In **Burkina Faso**, complementarity was the recurring frame (DRC conducting door-to-door work while WeWorld operated the Child-Friendly Spaces), and in **CAR** the programme worked through Community-Based Child Protection Committees (CBCPC) networks, health centres, schools and cluster meetings with WFP, Action Against Hunger (ACF), Médecins Sans Frontières (MSF) and Caritas.

**“Regarding the duplication of efforts, a ‘Service Map’ exists within the city administration... they managed food security while we targeted the protection aspect.” — Ethiopia, institutional stakeholder, Sekota Town**

External coordination and the duplication-avoidance efforts seem to have been effective, particularly where a formal service- or resource-map existed. Nonetheless, coordination was frequently described as *informal* (South Sudan community respondents described it as “uneven and mostly informal,” and Bangladesh staff noted that “stronger system-wide collaboration is still needed.”) In addition, isolated *duplication* persisted where mapping was weak: a Djibo leader reported overlap with IRC (“the project coordinates with IRC and existing committees, but there is duplication”), and an Agbagba (CAR) actor was “informed only by the district.”

Beyond internal consortium coordination, the project also generated concrete evidence of cross-sectoral child protection–food security coordination through a series of country-level joint workshops, which country teams reported as an area of clear effectiveness. In September 2025, dedicated CP–Food Security workshops were convened in Bangui, CAR (10–12 September) and Ouagadougou, Burkina Faso (8–10 September, extended to cover livelihoods), each bringing together child-protection and food-security/livelihoods practitioners from across the consortium and the wider humanitarian community, and each co-endorsed by the Global Child Protection Area of Responsibility and the Global Food Security Cluster. Country reporting indicates these events were well received and produced tangible joint outputs: strong self-reported knowledge gains on CP–FS integration (of the order of 90% of participants in CAR and 96% in Burkina Faso), high satisfaction, and joint action plans for continued cross-sector collaboration. A regional Training of Trainers in Ethiopia extended this model, building on equivalent workshops delivered in the previous phase in Cox’s Bazar (Bangladesh) and South Sudan. Taken together, these demonstrate that the consortium was effective at convening child-protection and food-security actors and building shared cross-sectoral capacity, which is one of the greatest “Joining Forces” added value. This cross-sectoral coordination was strongest at the inter-agency, national and global levels (workshops, ToT, cluster endorsement and the CP–FS Toolbox), whereas at field and community level joint planning, shared monitoring and cross-sector referral between the two components were more uneven.

**Key Finding 16 : The consortium model added real value through complementary expertise and cross-country learning, but at a coordination cost and with a structural ceiling as partners worked in separate geographic zones, limiting direct field-level synergies.**

Consortium value was affirmed in every country, based on three main reasons: **complementary expertise**, **cross-learning**, and **wider reach**. In **Bangladesh**, staff described a decentralised model in which “World Vision contributed expertise in WASH and food security, while Plan shared child protection and safeguarding approaches,” and a local partner (BITA) raised community acceptance. In **Ethiopia**, key informants explained how the integration of food security in Phase 2 was itself a product of consortium reflection, and staff valued structured experience-sharing not only between Save the Children and ChildFund but across countries via global and technical teams. For example, Ethiopia was selected to demonstrate its child-participation approach to other country teams. In **CAR**, a project staff member summarised the benefits of the operational model:

**“Working in a consortium forced us out of our silos. We learned from Plan’s approaches to child participation, and Plan learned from our ways of working with the CBCPC. It is real added value.” — CAR, project staff, Bossangoa — SOS**

Nonetheless, in some countries like **Ethiopia**, key informants also noted that working through a consortium requires strong harmonization and quality-assurance mechanisms, and that coordination costs are implied through the need for alignment and joint decision-making. Referring to joint planning and visits, **South Sudan** staff reported that “joint planning sometimes moved slowly and insecurity limited some visits.” A **Burkina Faso** project respondent identified the structural ceiling directly: the consortium’s main weakness is that “the members do not intervene in the same area”, so synergy operates through shared learning and Humanitarian-Response-Plan visibility rather than joint field delivery.

In sum, the Joining Forces model adds value through its **learning and complementarity** advantage, by pooling specialist expertise and transferring practices within and across countries. But because partners operate in different zones, the consortium rarely produces joint field-level delivery, so the gains are in knowledge and coverage scope rather than in shared operational cost.

**Key Finding 17 : Monitoring, reporting and feedback mechanisms were generally robust and used adaptively, but joint monitoring across partners was rare and a few inefficiencies were noted**

Monitoring systems were consistently described as functional and **adaptive**, i.e. used to adjust implementation. In **Bangladesh** for instance, Post-Distribution Monitoring (PDM) led to concrete adjustments (“based on PDM, we changed this approach and shifted more towards providing dignity kits”; release of second-round cash installments was conditioned on monitoring the first). In **Ethiopia**, staff praised the global team’s tools (“if you add activities, it will automatically generate a narrative report”) alongside mandatory PDM within 15 days and satisfaction surveys and described complaint boxes and a toll-free line in each kebele. In **South Sudan**, child-friendly feedback mechanisms and quality-benchmark dashboards were reportedly introduced in mid-2025. **Accountability to affected populations** mechanisms (complaint boxes, hotlines, child-friendly feedback) were reported across countries, The project also institutionalized the use of quarterly reviews and of a midterm review workshop to review achievements to date, consult stakeholders, including children, and adjust planning where required.

On the other hand, **joint monitoring across consortium partners was rare** which was considered as a missed opportunity by several stakeholders. For instance, Bangladesh staff twice noted “we could have done more joint visits”. The need for more systematic joint monitoring and real-time information sharing was also noted in South Sudan. In South Sudan still, some key informants highlighted that the sharing of





monitoring tools was not always timely and in **CAR**, community leaders and an institutional key informant reported that no formal community-level monitoring committee was yet in place and recommended establishing one.

In sum, the project's MEAL system composed of globally standardised, adaptive, and child-friendly tools has been a driver of greater efficiency and effectiveness, leading to improved programming. But the ways of working around monitoring within the consortium could have been improved through more *joint visits and a more* formal strategy to better involve community members in its activities (not only as respondents). The evaluation noted nonetheless an improvement across phases as joint visits were introduced in Phase 2 based on a learning from Phase 1, with learning and exchange or general monitoring as primary purpose.

**Key Finding 18 : Resources were used efficiently within the funds available, but value for money was constrained by under-scale, overheads and staff turnover in some contexts**

Within their budget envelopes, resources were generally judged to be used efficiently: Bangladesh staff stated “the project's time, finances and staff were utilised efficiently”; Ethiopia staff reported the project was “mostly completed within the planned time and budget” and cut costs by “working closely with local government to reduce transportation and logistics costs”; Burkina Faso teams reported that resources were used “proportionally to the activities.” But four constraints limited efficiency. The small scale of most interventions relative to population size reduced overall cost-effectiveness in most countries. In Ethiopia for instance, one staff member described a “budget–demand mismatch,” operating in only 7 of 30 kebeles per woreda. **Overheads** were also criticised, especially in Bangladesh where one institutional stakeholder mentioned:

**“If a project has 65% or 70% administrative costs and 30% beneficiary costs, the actual benefit from it will be very little... it seems like you are spending 100 Taka to do 10 Taka's worth of work.” — Bangladesh, institutional stakeholder, Cox's Bazar**

This is, however, based on stakeholders' perceptions only as there was no deep budget analysis included in the scope of this evaluation.

Staff turnover and reshuffling raised costs in Bangladesh (“repeated orientation of new staff... additional pressure on time and increased operational costs” mentioned by key informants).

**Key Finding 19 : Timeliness and operational continuity were largely maintained, but only through costly workarounds in insecure and disaster-affected settings, and with documented distribution and seasonal delays**

The project kept operating in challenging conditions due to the emergency contexts selected. It managed to ensure continuity. In **Burkina Faso**, reaching insecure Sahel zones required militarised convoys and humanitarian flights, a workaround to maintain accessibility but induced additional costs and risks for the teams and had some impacts on efficiency and, in some cases, the continuity of activities. In **South Sudan**, implementation was disrupted by inflation, procurement pressure and, in Save the Children's Bor South area, staffing changes linked to a US Executive Order affecting the organisation's management structure. World Vision's Mangalla staff reported that "delays in distribution caused frustration." In **Ethiopia**, war caused delays that staff nonetheless absorbed ("there were some delays due to the war, but we used the resources available... in a cost-effective way"). In **Burkina Faso**, food distribution was reported as not scheduled during the lean season which is when it was most needed.

Despite these inefficiencies, the fact that delivery continued at all in Sahel insecurity, post-war Tigray and flood- and conflict-affected Jonglei is itself an efficiency achievement and a mark of operational resilience. Contingency planning and the addition of a crisis modifier budget line for access costs and response to shocks could be considered for future projects planning to operate in such volatile contexts.

### 4.3.1 Cross-country comparative analysis

Ratings by dimension and country, based on qualitative evidence across countries.

| Dimension                             | BGD        | BFA        | CAR        | ETH        | SSD        | Dominant pattern & explanatory factor                                                                                       |
|---------------------------------------|------------|------------|------------|------------|------------|-----------------------------------------------------------------------------------------------------------------------------|
| External coordination                 | Strong     | Med-Strong | Moderate   | Strong     | Strong     | Strongest where a formal service/resource map exists (ETH); informal or duplicative where it does not (BFA Djibo-IRC; CAR). |
| Consortium / internal coordination    | Med-Strong | Moderate   | Med-Strong | Strong     | Moderate   | Value via complementarity + cross-learning; ceiling = separate zones; slow joint planning (SSD); duplicated posts (BGD).    |
| Monitoring & accountability           | Strong     | Moderate   | Limited    | Strong     | Med-Strong | Adaptive PDM/feedback strong within partners; joint monitoring rare; CAR lacked a formal monitoring strategy.               |
| Resource efficiency (within envelope) | Moderate   | Moderate   | Moderate   | Med-Strong | Moderate   | Generally efficient for those reached; capped by under-scale, turnover (BGD) and logistics (ETH Tigray).                    |
| Timeliness / continuity               | Med-Strong | Moderate   | Med-Strong | Med-Strong | Med-Strong | Maintained via costly workarounds; BFA militarised convoys + lean-season gap; SSD inflation/shock; ETH war delays absorbed. |



## 4.4 Sustainability

This chapter assesses the **sustainability** of the JF-FS&CPIE project i.e. the likelihood that its benefits and structures will continue after external support ends. Following the approach used throughout this report, the analysis distinguishes three dimensions of continuation that the evidence consistently separates: **social sustainability** (community structures and local ownership), **behavioural sustainability** (the persistence of knowledge, attitudes and practices), and **economic and institutional sustainability** (the material and governmental foundations including livelihoods, financing and handover to authorities).

Six findings emerge, moving from the strongest sustainability assets to the hardest constraints.

### Key Finding 20 : Community-based child-protection structures are the programme's strongest sustainability asset

In every country the most credible vehicle for continuation is the network of community structures the project built or strengthened: Community-Based Child Protection Committees (CBCPCs in Bangladesh, CPCs/CBCPNs in South Sudan), RECOPE community-protection networks (CAR), kebele-level committees (Ethiopia), and associated adolescent clubs, savings associations and Mother-to-Mother Support Groups. The evidence points to **autonomous action**, which is a great sign of sustainability. In Bangladesh for instance, CBCPCs were independently identifying protection risks and referring cases to government services without being suggested to by project staff, and a BITA staff member described a committee that self-financed a child's exam fee and school uniform: "a shift from project-dependent beneficiaries to autonomous child welfare advocates." Adolescent clubs take actions to talk to elders about child-marriage risks; in South Sudan, project staff described "voluntary CBCPN work, savings associations formed by beneficiaries, and ministry social workers supporting IDP sites."

**"After the BITA project started, we formed a child protection committee with the involvement of everyone in our community... we don't just wait for BITA to organise meetings; we also call people together and share what we've learned." — Bangladesh, community member — Plan International/BITA**

The recurring caveat is that they remain dependent on some level of **facilitation**. A Bangladesh institutional stakeholder warned that without a designated lead the structures might become dormant ("a head is needed to make something done") and a CAR respondent noted that "without the NGO's mediation and support, it's hard for the committee to stay active on its own".

The community-based structure model is the project's best bet for sustainability. It has produced visible ownership and, in places, emerging self-financing small-scale actions. But ownership is nascent and not consolidated yet: The same structures that report being able to act autonomously on one hand are described as needing a "head" or NGO mediation on the other hand. The realistic reading is that these structures will persist in attenuated form and benefit substantially from light-touch, low-cost continued mentoring — making the manner of withdrawal (abrupt vs tapered) decisive for how much survives (see S-5).

### Key Finding 21 : Knowledge and norm change will largely persist, but unevenly and contingent on local leadership

Respondents across all countries anticipated the **knowledge and awareness** gains to be durable: phrases like "the learning will remain", "what people have learned will hopefully continue", "prevention of child trafficking, prevention of child marriage, importance of girls' education... these will continue" illustrate this. Several norm shifts are reported as already self-sustaining, including gender-equitable parenting:



**“After the sessions, I now make sure both my sons and daughters share responsibilities equally... regardless of whether they are boys or girls.”  
— Ethiopia, caregiver**

But the depth of the learnings varies. For instance, a Bangladesh institutional stakeholder observed that although “the learning will remain,” in practice “they return to their previous place very soon... characteristics do not change [without] a head.” In addition, knowledge differs from practice as change in practice and behaviour is dependent on other factors including access to resources for practices such as feeding and dietary diversity. Cost-free behaviours such as supervision, schooling, reporting marriage are the ones most likely to stick.

As such, the behavioural sustainability mirrors behavioural effectiveness findings. In these contexts, sustaining the gains therefore means protecting the easy-to-maintain and less resource-sensitive norm changes and supporting the material conditions for the more costly practices, which could have been achieved to some extent through livelihoods support.

**Key Finding 22: Economic and material sustainability is fragile, except for the productive assets that generate a self-reinforcing cycle**

Across the portfolio, respondents doubt that the material gains will hold without a durable income base : as one camp stakeholder in Bangladesh put it, the tangible benefits will only last ‘if [households] are financially stable,’ a condition largely absent in the aid-dependent camp economy; while they expected the behavioural and knowledge changes (girls’ schooling, rejection of child marriage, feeding practices) to endure. The only exception is related to the **productive assets**. In Ethiopia, IGA goats were “reproducing, providing milk for children, and in some cases being sold to fund education”. They created a multiplier effect that converted a one-off transfer into a continuing income stream. In Bangladesh, home gardening and poultry created what the report calls “a self-reinforcing cycle: from inputs to production to consumption and income to continued production”. This is the strongest example in the dataset of the food-protection integration producing sustained behavioural outcomes. South Sudan’s Mother-to-Mother Support Groups, kitchen gardens and savings groups were also identified by the Midterm Review as “the strongest operational models for bridging the knowledge-practice gap. In CAR the same cash-to-asset multiplier was visible in specific SOS-supported sites: the monetary transfer was unanimously described by beneficiaries as the project’s most impactful component, enabling investment in livestock (goats and

poultry), seeds, medical care and school materials. In Zere, an income-generating CBCPC collective field (“champ collectif générateur de revenus”) and, in Bossangoa, increased household autonomy through income-generating activities were identified as emerging models for turning a one-off transfer into a continuing income base. These were, however, localised bright spots: across all CAR zones and respondent groups the most frequently cited sustainability gap was the absence of a durable income-generation component, with the cash multiplier often undermined (harvests sold before consumption, poor income management, cash diverted to mining sites, and kitchen gardens abandoned to theft). CAR therefore illustrates both the promise of the multiplier where a productive community asset was seeded and the fragility of gains where no durable IGA was built in.

Where support was consumption-based rather than asset-based (through one-off cash, food, kits) sustainability is weak. This is the most actionable sustainability finding: the difference between a gain that dies out after the project closes and one that can be sustained in the longer term is whether support builds a **productive asset linked to markets and savings**. In areas where this was done, the project demonstrated that the model works even though it was deployed at small scale and not as a core output.

**Key Finding 23: Institutional handover and government ownership are the weakest sustainability dimension but stronger where government systems were built in from the start**

Handover to authorities varied from context to context but is relatively weak in most countries. The **positive outlier is Ethiopia/Amhara**, where government co-owned beneficiary selection and monitoring from the outset and built continuation into government systems. A government stakeholder identified concrete handover examples: case files transferred via “information management,” children enrolled in government health insurance (“all children who benefited already have health insurance, so that part is sustainable”), IGA beneficiaries followed up by government experts, and Protection Service Mappings used to manage open cases. The project also complemented the Productive Safety Net Programme rather than duplicating it.

Elsewhere the picture is weaker. In **South Sudan** the data points to government handover being insufficiently formalised, especially in World Vision’s Mangalla IDP sites, with CBCPN committees being tasked to propose modalities for sustaining activities, but these plans were not yet fully finalised at the time of the evaluation. In **CAR**, local authorities were generally informed, but not actors in implementation, which limits institutional anchoring and durability. Authorities were also sometimes described as “reluctant” and not yet “taking over.” In **Bangladesh**, government stakeholders were willing but constrained by their own capacities: “the state cannot replicate the NGO’s facilitation capacity.” Even in Ethiopia, an institutional stakeholder explained:

**“If the project was abandoned, I don’t think the community would hold onto the assets, and the government would [not] be able to follow up sustainably... maybe one person out of a hundred.” — Ethiopia, institutional stakeholder**

Institutional sustainability and government co-ownership should not be considered only exit **built in from inception**. Where the project embedded into government systems (Amhara’s social protection, health insurance and service maps), handover is much stronger. Where government was only informed (CAR) or lacked capacity (South Sudan IDP sites, Bangladesh), handover remains aspirational and relying on individuals’ willingness and motivation.



### Key Finding 24 : Exit planning among community members and groups was also uneven, and in some contexts already showing signs of weakening ahead of closure

Quality of exit planning at community level also ranged widely. **Bangladesh** shows the strongest practice as exit planning began early, focusing on training community groups such as CBCPC and parenting groups. Materials were distributed so activities could continue after project closure. There were also mentions of an explicit plan to align and hand over responsibilities to CBCPC and adolescent groups. At the other extreme, in **CAR** exit could have been further anticipated as CBCPC (RECOPE) volunteers, the backbone of community sensitisation, reportedly already reduced activity in anticipation of project closure:

**“At the start of the project the RECOPE were very active, going house to house to raise awareness. But for some months we see them less. They say they don’t know if the project will continue.” — CAR, community member, Wikamon — SOS**

In **South Sudan**, sustaining modalities were still unfinalised and handover planning was considered as rather weak.

As for handover to government, exit strategy at community level should be more intensely considered as a design parameter. Where transition are planned early and structures are equipped (Bangladesh), continuation can be considered. Where the end approaches without clarity on continuation (CAR), the volunteers that were meant to sustain the work start disengaging. Continuation of funding or the absence of it should also be clearly communicated to ensure a better transition.

## 4.4.1 Cross-country comparative analysis

Ratings by sustainability dimension and country, based on qualitative evidence.

| Dimension                               | BGD        | BFA        | CAR        | ETH        | SSD        | Dominant pattern & explanatory factor                                                                     |
|-----------------------------------------|------------|------------|------------|------------|------------|-----------------------------------------------------------------------------------------------------------|
| Community structures / ownership        | Strong     | Moderate   | Med–Strong | Med–Strong | Med–Strong | CBCPC/CBCPN/CPC/RECOPE functioning, some autonomous; everywhere dependent on facilitation/a ‘head’.       |
| Knowledge & norm continuation           | Strong     | Med–Strong | Moderate   | Strong     | Med–Strong | ‘The learning will remain’; cost-free norms stick, depth uneven, leadership-dependent.                    |
| Economic / material sustainability      | Moderate   | Limited    | Limited    | Moderate   | Limited    | Durable only via productive-asset multiplier (ETH goats, BGD gardening); consumption support fades.       |
| Institutional handover & govt ownership | Limited    | Limited    | Limited    | Med–Strong | Limited    | Strong only where govt systems built in (Amhara: insurance, service maps, PSNP); weak/relevant elsewhere. |
| Exit planning                           | Med–Strong | Limited    | Limited    | Moderate   | Limited    | Early, equipped exit (BGD) vs unmanaged volunteer wind-down before closure (CAR RECOPE).                  |
| Overall sustainability                  | Moderate   | Limited    | Limited    | Med–Strong | Limited    | Social/behavioural layer durable; economic/institutional layer fragile; capped by poverty + displacement. |

## 4.5 Gender and Inclusion

This chapter assesses the JF-FS&CPIE project's performance on **gender equality and social inclusion** i.e. the extent to which it advanced equitable outcomes for girls and women, shifted harmful gender norms, and reached the most marginalised, including children with disabilities and other vulnerable groups. The logframe's commitment to gender-sensitive, inclusive programming provides the standard against which performance is judged.

Six main findings emerged from the triangulation of data across sources. The results of each quantitative indicator disaggregated per gender and country are also available in Annex A: Indicator Results by Gender and Country.

**Key Finding 25: The project contributed to positive shifts in gender norms, particularly for adolescent girls, although continued investment is needed to sustain change.**

Changes in gender norms are widely reported in the qualitative dataset in every country (17–43 entries), and the reports are consistent: girls' voices are more respected, girls are kept longer in school, and discrimination is narrowing as described in the quotes below:

**“Before, girls’ opinions were not taken seriously in many families. Now parents listen to girls a little more and give them more respect at home.”**  
— Bangladesh, community member

**“Before, boys were given the best food and more attention. But the project taught us about equal rights. Now, we don’t discriminate.”** — Ethiopia, caregiver

The qualitative evidence can also be corroborated by some changes identified in the quantitative analysis. For instance, in Ethiopia, optimal infant feeding (OI6) showed a **gender reversal**: girls' optimal feeding rose above boys' (21.4% vs 14.3%, having been lower at baseline). This can be related to the project's emphasis on gender equity in food allocation which reportedly challenged household practices of prioritising boys. Nonetheless, in many contexts norm change is reported as still partial and several respondents stressed that “deeper transformation will take time.”

Norm change is genuine and arguably one of the greatest achievements of the project. The integrated CP–FS model, delivered through sustained sensitisation and positive-parenting work, changed attitudes on the issues most consequential for girls. The evaluation noted some early-stage attitudinal shifts in gender norms, which remain vulnerable to reversal (as noted in the sustainability section above), and uneven across sites.





**Key Finding 26: Girls consistently acquired more knowledge than boys, yet in most countries reported lower confidence to act**

On child self-protection knowledge (R1.1), girls were ahead of boys at endline in **all five countries** (Bangladesh 64.4% vs 60.6%, Burkina Faso 70.6% vs 65.6%, CAR 79.2% vs 77.8%, Ethiopia 59.3% vs 52.6%, South Sudan 35.5% vs 34.6%), and they are ahead on nutrition knowledge (R1.4) in CAR, Ethiopia and South Sudan. Yet on perceived ability to protect themselves (OI1), **boys report higher self-efficacy in four of the five countries**. This was particularly visible in CAR (boys 53.7% vs girls 40.0%) and Ethiopia (65.5% vs 60.9%), with near-parity observed in Bangladesh (78.0% vs 71.2%) and Burkina Faso (60.0% vs 59.5%). South Sudan is the only very marginal exception, where girls edge boys (39.7% vs 38.1%). Overall, girls progress more on knowledge but reach lower self-efficacy potentially because their autonomy is structurally limited by gender norms, parental control and the domestic burden in the selected contexts.

As such, the project effectively transferred knowledge to girls but has not yet converted it into **felt agency** where the surrounding environment (norms, adult control, chores, etc.) limits girls' ability to act. Closing this gap requires more agency-building (voice, decision-making, safe opportunities to practice) and work with the adults but also men and boys. However, due to the nature of the project, agency and the opportunity to act and influence were not strategically planned for and addressed.

**Key Finding 27: Women caregivers gained more in terms of increased knowledge and there were growing signs of shared-parenting norms**

Among adults, the gendered knowledge gains were also concentrated among women although this partly reflects that care and feeding responsibilities fall disproportionately on women. This was identified quantitatively in most countries. Caregiver protection capacity (R2.1) rose far faster for women (Burkina Faso women +28.7pp vs men +12.7pp; Ethiopia women from 7.8 to 52.7% compared to 46.5% for men; and in Bangladesh with 80.6% for women vs 73.0%). A similar pattern is observed on demonstrated feeding knowledge (R2.4) in Bangladesh (22.3% vs 13.5%), Burkina Faso (22.1% vs 12.9%) and South Sudan (8.4% vs 3.6%). In some areas, **men even seem to have been under-reached**, most specifically in Burkina Faso where men's nutrition knowledge regressed by 15.2pp. Nonetheless, the qualitative data coming from CAR, South Sudan, Bangladesh and Ethiopia seem to indicate a genuine shift toward shared responsibility:

**“Before, everyone thought child care fell mostly on the mother. After the sessions, everyone understood that child-rearing is a shared responsibility between both the father and the mother.” — Ethiopia, caregiver**

**“Before, boys were forbidden to sweep and girls to go to school. After SOS, the idea of “50/50”: girls in school, boys take part in domestic chores.” — CAR, caregiver — SOS**

In sum, reaching women effectively is a success of the project. In contexts where women remain often the primary caregivers, these gains matter most for young children. But the data also shows a **male-engagement gap**: fathers and men seem to have been less reached or more difficultly engaged, which can have a capping effect on household-level change and risk leaving norm change one-sided. The emerging shared-parenting norm is promising precisely because it draws men in; scaling deliberate male engagement (fathers' groups, men in nutrition sessions) should be considered for future interventions to tackle gender norms around child care, nutrition and parenting.

**Key Finding 28 : Access to and participation in activities were broadly equitable by gender but in South Sudan girls were significantly under-consulted, felt less safe giving feedback, and were markedly less satisfied**

The project pursued deliberate gender parity and largely achieved it on access. Some activities were also specifically intended for girls such as dignity kits, menstrual-hygiene support and girl-focused outreach and women were the majority of cash and IGA recipients in several countries. On consultation (OI2a), girls were consulted at least as much as boys in Burkina Faso (75.4% vs 70.0%) and Ethiopia (49.0% vs 46.9%), and at near-parity in Bangladesh (girls 82.7% vs boys 83.5%), which reportedly maintained an explicit “50/50” target.

South Sudan is the clear and important exception. There, girls were significantly under-consulted linked to the acute displacement and insecurity that constrained girls' safe participation (OI2a girls 49.5% vs boys 62.8% i.e. a 13-point gap), less likely to feel safe giving feedback (OI2b girls 37.9% vs boys 48.1%), and also quite significantly less satisfied with the project (child satisfaction girls 5.74 vs boys 6.70 out of 10). In CAR, boys were also better informed of complaint mechanisms than girls (45.4% vs 38.9%).

On the dimension the project most directly controls (i.e. who is reached and consulted), gender equity was achieved in most contexts except in South Sudan, where the most acute and displacement coincided with the widest gender participation gap. This is important because South Sudan is also where girls' self-efficacy and satisfaction are lowest. Nonetheless, the project team provided evidence that several consultations have been conducted with children. The project facilitated session in which children met with the senior management team of World Vision to present their concern. Concerns raised by girls during the session led to the creation of a women and girls friendly space in Mangalla.

Even where access was equal, the biggest challenge is moving from equal access to equal **voice and safety** which means ensuring that girls are heard and that the feedback channels are equally known and usable by them.



**Key Finding 29 : Children with disabilities and other marginalised groups were deliberately identified and partially included, but coverage gaps, especially for severe disability and remote households, were noted across the portfolio**

Inclusion was an explicit, operationalised commitment in the project. Respondents described active identification and tailored support: “the project staff goes door-to-door to identify persons with disability”; “surveys were conducted on children with disability and widowed women”; staff were “trained in three sessions on gender, inclusion and disability” with disaggregated targeting and reporting of girls, boys, persons with disabilities, displaced and host populations. In Bangladesh, World Vision partnered with the Centre for Disability in Development (CDD); in South Sudan, Save the Children’s ready-to-use therapeutic food (RUTF) and nutrition support reached vulnerable children, lactating mothers and children with disabilities, and gender equality and inclusion were reflected in staffing, service delivery, dignity-kit distribution and deliberate outreach to girls and children with disabilities. Ethiopia targeted children with disabilities, orphans, unaccompanied and separated children and women-headed households in line with government priority groups.

The consistent caveat was **incomplete coverage**. South Sudan respondents reported “exclusion of some highly vulnerable households, including those with disabilities, remote families and non-IDP host households in Muniki,” and noted that “the participation of children with severe disabilities and remote families remained limited.” A Bangladesh respondent similarly observed that inclusion, while systematically pursued, showed “gaps in consistent practice.”

**“The project worked not only with girls at risk but also with children with disabilities. No one was noticeably left out... though support for children with severe disabilities remained limited.” — South Sudan, project staff (composite of coded entries)**

The project ran into the limits of **reach and specialised capacity**: identifying marginalised groups is necessary but insufficient without the services (assistive devices, specialised care, transport to remote areas) that meaningful inclusion of severe disability requires. The same scale constraint impacted the effectiveness of the project as discussed previously but also inclusion as the most marginalised are the hardest and costliest to reach.

**Key Finding 30: Disability-disaggregated outcomes seem to indicate that adults and children with disabilities benefited equally from project activities in most countries**

Disability-disaggregated data on the quantitative indicators are available and allowed to look at potential patterns to identify even though the data for this sub-group is subject to small sample sizes and thus invite us to be cautious about the interpretation of findings. Each dataset carried a **disability flag** (a Washington-Group-style identifier) for every respondent. Disability is well represented in the caregiver samples (20.9% in CAR, 16.8% in South Sudan, 16.1% in Ethiopia, 9.0% in Burkina Faso and 8.5% in Bangladesh) but less so in the children’s survey as described below. Focusing on the caregivers survey results first and disaggregating food security by disability, we obtain the following results:

| Country      | Disability prevalence | OI5: caregivers with disabilities vs not | FCS-acceptable: caregivers with disabilities vs not | Interpretation                                        |
|--------------|-----------------------|------------------------------------------|-----------------------------------------------------|-------------------------------------------------------|
| Ethiopia     | 16.1%                 | <b>0.0 vs 7.3</b>                        | 26.8 vs 38.6                                        | Clear disadvantage; no disabled caregiver food-secure |
| Bangladesh   | 8.5%                  | <b>27.8 vs 40.0</b>                      | 72.2 vs 80.5                                        | Consistent disadvantage on both measures              |
| South Sudan  | 16.8%                 | 0.0 vs 0.0                               | 25.0 vs 23.2                                        | No gap — insecurity near-universal                    |
| CAR          | 20.9%                 | 1.0 vs 1.3                               | 18.4 vs 14.4                                        | No disadvantage — strong inclusion targeting          |
| Burkina Faso | 9.0%                  | <b>0.0 vs 1.9</b>                        | 9.5 vs 17.8                                         | Disadvantage across the board (small sample)          |

Households with a member with a disability are **clearly worse off on food security in Ethiopia, Bangladesh and Burkina Faso** (in Ethiopia, not one of the 71 disabled-affected caregiver households met the composite indicator threshold), but show **no disadvantage in CAR and South Sudan**.

Extending the disaggregation **beyond food security to the knowledge, confidence and capacity indicators** gives a clear and reassuring pattern. The table below shows the disability *gap* (caregivers with disability minus no disability, in percentage points) on each caregiver indicator<sup>3</sup>:

| Indicator                     | Ethiopia | Bangladesh | South Sudan | CAR   | Burkina Faso | Domain     |
|-------------------------------|----------|------------|-------------|-------|--------------|------------|
| OI5 food security             | -7.3     | -12.2      | 0.0         | -0.3  | -1.9         | material   |
| FCS acceptable                | -11.9    | -8.3       | +1.8        | +4.1  | -8.3         | material   |
| OI7 feeding confidence        | +1.8     | +17.0      | -0.6        | +11.1 | -5.4         | confidence |
| OI3 food-protection knowledge | +0.7     | -6.3       | -4.0        | +8.3  | -0.6         | knowledge  |
| R2.1 protection capacity      | -6.0     | +12.0      | -1.9        | +11.9 | -18.4        | capacity   |
| R2.4 demonstrated knowledge   | -4.2     | +8.7       | +4.4        | -1.1  | -5.0         | knowledge  |

In most countries the disability disadvantage is **concentrated in the material food-security indicators** (red in Ethiopia, Bangladesh and Burkina Faso), while on **knowledge, confidence and capacity results are mixed with no clear trend identifiable**. Persons with disabilities in fact scored higher in several cases, especially in CAR (confidence +11, capacity +12, knowledge +8) and Bangladesh. In **Burkina Faso and Ethiopia however**, persons with disabilities were lagging behind on almost all indicators, including a large gap on protection capacity (R2.1 -18pp) and confidence (OI7 -5pp), so disadvantage is not confined to food security and is also observable in children outcomes (see below). The most plausible interpretation is that the project's **soft components (awareness, training, confidence-building) reached caregivers with disabilities as well as or better than others in most settings** (with deliberate inclusion in activities), but the structural, material disadvantage of living with disability persisted everywhere. In Burkina Faso and Ethiopia, the capacity gap seems to indicate that inclusion in activities was weaker, but this could also be linked to some sampling effects.

Bringing the disability lens to the children's indicators gives a similar picture but does not seem to indicate a "disability penalty." The table below shows the disability gap similarly to the caregivers survey above on child indicators and specific questions of interest. Sample sizes are small<sup>4</sup> and must frame any reading. Bangladesh, with only 1 child with disability in the sample, therefore, cannot be analysed here.

| Child indicator / measure           | South Sudan | CAR   | Ethiopia | Burkina | Domain        |
|-------------------------------------|-------------|-------|----------|---------|---------------|
| Heard of violence against children  | +17.7       | -3.6  | -15.2    | -9.4    | knowledge     |
| Knows whom to contact for help      | -4.7        | +5.1  | -10.6    | —       | knowledge     |
| Has enough information to seek help | +29.5       | +13.7 | -4.3     | -17.3   | knowledge     |
| Children have a right to be safe    | -2.2        | -1.1  | -11.1    | +0.5    | knowledge     |
| R1.1 self-protection knowledge      | +12.1       | -9.2  | -13.5    | -14.7   | knowledge     |
| R1.4 nutrition knowledge            | -15.1       | +5.1  | +5.8     | +6.7    | knowledge     |
| OI1 able to protect self            | +23.8       | +0.5  | -11.4    | -15.0   | capacity      |
| OI2 consulted                       | +23.8       | +10.3 | -9.4     | -10.0   | participation |
| Knows how to raise a complaint      | +26.5       | +19.0 | -9.9     | +1.2    | participation |
| Used a feedback channel             | —           | +2.0  | -13.8    | —       | participation |
| Feels safe giving feedback          | +12.3       | -6.7  | -14.3    | -11.8   | participation |

3. Interpretation: Gap = % people with disability (PwD) minus % people with no disability (expressed in pp). Red = PwD worse by ≥5pp, orange = 2–5pp, green = PwD better by ≥2pp. PwD sub-samples: CAR 103, South Sudan 72, Ethiopia 71, Burkina Faso 21, Bangladesh 18. Bangladesh (n=18) and Burkina Faso (n=21) PwD samples are small, so their gaps are indicative only.

4. Children with disability (CwD) sub-samples are : South Sudan 57, CAR 30, Ethiopia 23, Burkina Faso 11 (very small), and Bangladesh only 1.

Here again, we see that **there is no universal ‘disability penalty’ across the project but findings differ greatly by country**. Children with disabilities tend to show lower results against all indicators except nutrition knowledge, in Ethiopia and Burkina Faso but generally better in South Sudan and CAR. Disability is therefore not, in this project, a uniform disadvantage; what differs seems to be how deliberately each context included children with disabilities.

**Self-protection knowledge is the area of greatest concern for children with disabilities.** In three of the four countries analysed, they lagged on knowing how to protect themselves (R1.1), which is precisely the competency that the most vulnerable children need most, even in CAR, where they are otherwise well represented. However, with children with disabilities sub-samples of 11–57 children per country (and just one in Bangladesh), these are indicative signals, not representative findings.

**Key Finding 31: The project was gender-responsive in its protection work by enabling girls’ retention in school and surfacing hidden GBV but this raised demands it was not always resourced to meet**

The project implemented gender-responsive protection mechanisms that had tangible effects. The data across countries shows that menstrual-hygiene management sessions and access to dignity kits enabled girls’ school retention (for instance, an Ethiopian girl explained that *“because of the training... I no longer feel frightened or shy when menstruation comes, and I don’t miss school”*) and girl-focused awareness-raising activities also reportedly contributed to reducing child marriage. Awareness also **surfaced previously under-reported gender-based violence**: in CAR, sensitisation produced a “multiplication of GBV cases reported”, as previously mentioned which appears to be more an increase in disclosure, as opposed to an increase in incidence, and a sign of a functioning protection response.

But encouraging people to report cases through awareness raising creates a duty to respond or to have structures in place to respond, which does not seem to be always the case. In CAR, community stakeholders mentioned a case of rape reported against a school teacher in one locality; according to project and government partners the case was referred and followed up through the relevant authorities, illustrating that where referral structures function the duty to respond can be met, although such structures were not consistently in place across all locations.

## 4.5.1 Cross-country comparative analysis

Ratings by gender-and-inclusion dimension and country, integrating the coded evidence, the gender-disaggregated indicators and the country-report verdicts.

| Dimension                                    | BGD        | BFA        | CAR        | ETH        | SSD        | Dominant pattern & explanatory factor                                                                                                             |
|----------------------------------------------|------------|------------|------------|------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gender-norm change</b>                    | Strong     | Med–Strong | Med–Strong | Strong     | Med–Strong | Girls’ education, reduced early marriage, more equitable roles; partial, gradual; ETH food-allocation reversal.                                   |
| <b>Girls’ agency / self-efficacy</b>         | Moderate   | Med–Strong | Limited    | Moderate   | Moderate   | Girls know more, feel less able to act; gap sharpest in CAR; near-parity in Burkina Faso.                                                         |
| <b>Women’s gains &amp; male engagement</b>   | Med–Strong | Moderate   | Moderate   | Strong     | Med–Strong | Women gain most (R2.1/OI7/R2.4); men under-reached (BFA men regress); shared-parenting emerging.                                                  |
| <b>Equitable access &amp; participation</b>  | Strong     | Med–Strong | Moderate   | Med–Strong | Med–Strong | Girls reached/consulted ≥ boys; depth shallow; CAR boys better informed on complaint mechanisms.                                                  |
| <b>Disability &amp; vulnerable inclusion</b> | Moderate   | Moderate   | Med–Strong | Med–Strong | Moderate   | Deliberate identification (door-to-door, CDD, RUTF); gaps for severe disability + remote/host HH.                                                 |
| <b>Overall gender &amp; inclusion</b>        | Med–Strong | Moderate   | Moderate   | Moderate   | Med–Strong | Strong on norms and access; unfinished on girls’ agency, male engagement and reaching the most marginalised, mixed results on disability outcomes |



## 4.6 Child participation

This last section of the findings assesses the extent and quality of **children's participation** in the JF-FS&CPiE project. It looks not only at whether children were consulted, but also at whether they had genuine influence over decisions that affected them. Five findings emerge from the triangulation of both quantitative and qualitative data across countries.

**Key Finding 32: Participation was broad, children felt genuinely heard but did not always feel they could influence decisions**

Breadth of consultation is moderate to high in most countries (OI2a ~80% in Bangladesh, 73.1% in Burkina Faso, 54.6% in South Sudan, 48.1% in Ethiopia), but the Ladder of Participation exercises undertaken during the FGDs with children in all countries consistently place children on the lower rungs. In South Sudan particularly, child participation appears as the weakest dimension of the project as the Ladder exercise confirmed that consultation was largely tokenistic or absent. Children have been engaged primarily as beneficiaries rather than decision-makers or influencers. In Bangladesh, despite high consultation rates, the qualitative data also indicate that the depth of participation and influence on decisions remains limited. Lastly, the Ethiopia ladder responses capture the experiences of some children regarding their participation within the project but also in the community in general:

**“Participant 1 (Rung 1): because no one asked for my opinion.  
Participant 4 (Rung 4): I express my opinions both at home and at school, but I’m frequently shut down with, ‘you’re a child, what do you know?’ Participant 6: at home my opinion is valued... but at school I’m not included in decision-making.” — Ethiopia, children, Ladder of Participation exercise**

Separating the two sides of participation (being consulted and feeling heard/being taken seriously) allows us to go deeper in the analysis. The table below separates the findings for the consultation indicator overall (OI2) and one specific question asked to children in the survey:

|                                                      | Bangladesh | Burkina Faso | Ethiopia | South Sudan | CAR  |
|------------------------------------------------------|------------|--------------|----------|-------------|------|
| Consulted / asked their opinion (OI2)                | 79.8       | 73.1         | 48.1     | 56.4        | 20.9 |
| Of those consulted, % who felt heard/taken seriously | 90.6       | 93.7         | 86.2     | 92.8        | 78.9 |

We see that while consultation breadth varies widely, among children who were consulted, the large majority felt their views were taken seriously in project consultations and activities (79–94% across all five countries). This shows that where children were consulted, they usually felt heard. This data allows to complement and nuance the Ladder-of-Participation exercises data and the global OI2 results, showing that consultation breadth was uneven but where children were consulted, they genuinely felt listened to but they did not always feel like that had an influence over decisions.

As such consultation happened during the project, but for most children it was at the lower rungs (informing, occasional opinion-seeking) rather than the upper rungs (influencing or shared decision-making). For example, only a few children could be consulted ahead of the midterm review workshops conducted in the 5 countries, which was an opportunity for the children consulted to influence the implementation for the remaining period.

Differences in consultation were identified across localities and contexts with the same country. For instance, in South Sudan, World Vision generally outperformed Save the Children on participation, and consultation was more challenging in Save the Children's Bor South sites and World Vision's Tambura, which are the most acute displacement settings. In Ethiopia, Save the Children's non-emergency Amhara children described a richer club environment (Mini-media, Charity, Science, Child Wellbeing clubs), while ChildFund's IDP children described a narrower range centred on food aid and safe spaces. This shows that the emergency contexts, where children are the most vulnerable to CP risks, makes participation harder. This is understandable but consequential, because displaced children have the least agency to begin with. In terms of gender, girls were consulted at least as often as boys (OI2a girls 75.4% vs boys 70.0% in Burkina Faso; 49.0% vs 46.9% in Ethiopia for instance). However, girls were usually **less aware of complaint mechanisms** (CAR boys 45.4% vs girls 38.9% for instance). The gender pattern identified here echoes the gender chapter: girls are present and consulted but less equipped with the channels to turn presence into influence.

**Key Finding 33 : The evaluation noted good examples when children's input was visibly acted on and when participation became genuinely meaningful**

The data collected also highlighted concrete instances where children's voices changed something and where it did, children kept very good memories of it. Recurrent examples include adjusting session times to children's schedules and adding requested activities:

**“When I had Madrasa classes during the session time, I asked them to arrange the session later. They listened to me and changed the time, which made me feel happy.” — Bangladesh, child, Ladder exercise**

**“We requested NFI items, mattresses and cash assistance, and the project responded according to the community's needs.” — Ethiopia, child, Ladder exercise**



For instance, in South Sudan, boys felt heard in clubs and safe spaces, especially when their suggestions (such as football and drawing) were later included in the activities. Similar cases are evidenced in at least four countries by children directly. In Burkina Faso, Yalgo area, children also mentioned a request for additional toys which was met shortly after but they also remember requesting for a borehole to plant trees in their Child-Friendly Space which could not be met **with no specific explanation given**. While not all requests can be arranged due to scope and budgetary constraints, the absence of response or feedback from the organisation after a request was formulated can erode children's confidence in feedback mechanisms.

These examples show that meaningful participation is achievable within the project, and children clearly value when their input could be acted on. The important element noted here is **responsiveness and being able to close the feedback loop** i.e. acting on feasible requests and, more importantly, explaining when a request cannot be met and why.

**Key Finding 34 : Feedback and complaint mechanisms were put in place but awareness of them, and children's confidence in using them remained uneven**

Accountability mechanisms were actively put in place as part of the project in all countries but they were sometimes under-known. In Ethiopia for instance, while 48.1% of children were consulted, only **34.1% were feeling these mechanisms were accessible and safe** (OI2 Part B). Similarly, in South Sudan, only **41.3% of children felt the mechanisms were both accessible and safe** (OI2b). In CAR however, the rate of children considering that the complaint mechanisms were safe and accessible (OI2b 41.8%) was *double* the rate of actual consultation on activities (OI2a 20.4%). Bangladesh appears as a positive outlier where child-friendly feedback mechanisms using emoji symbols for non-literate children, plus a hotline, produced a functional, responsive loop. Plan International's interim report documents 166 feedback items received, and all acknowledged and addressed.

Looking in more details into the response provided by children to each question, allowing us to map the full feedback chain (knowing how to complain, using a channel, and feeling safe – the details of the composite indicator OI2b), we can see that awareness is the main constraint:

| Among children...                         | Bangladesh | Burkina Faso | CAR  | Ethiopia | South Sudan |
|-------------------------------------------|------------|--------------|------|----------|-------------|
| know how to raise a complaint or concern  | 84.5       | 62.5         | 47.5 | 35.5     | 43.6        |
| feel comfortable and safe giving feedback | 96.7       | 93.1         | 94.5 | 78.7     | 82.2        |

Awareness of how to give feedback varies massively across countries with 85% in Bangladesh against 36% in Ethiopia. This confirms that the mechanisms exist, but awareness remained limited in most contexts. Use of the mechanisms was also modest (in Ethiopia, 30% had actually used a channel), but **felt safety is high everywhere** (79–97%). As such, the weakness comes from children not *knowing* the channels exist, not feeling unsafe using them.

Two equity gaps also appear from the analysis. **Younger children are consistently less aware** of complaint channels than older ones (South Sudan 38% vs 52%; Ethiopia 32% vs 39%). And, where the disability sub-sample is large enough to analyse (Ethiopia), **children with disabilities were in most cases disadvantaged**: they were less likely to be consulted (39% vs 49%), less aware of how to complain (26% vs 36%), and markedly less likely to feel safe giving feedback (65% vs 80%). CAR offers an interesting contrast. There, children living with a disability were *more* likely to be consulted (30% vs 20%) and aware of complaint channels (66% vs 46%), although they still felt slightly less safe giving feedback (86% vs 95%). Both child with disability sub-samples are small (Ethiopia n=23, CAR n=30), and Burkina Faso's (n=11) and Bangladesh's were too small to read, so these are directional signals rather than precise conclusions.



**Key Finding 35 : Child-friendly structures and participatory tools were successfully developed and a key asset to foster participation**

The project deployed many different child-friendly participation tools and structures. For instance, the baseline and endline exercises in all countries relied in the stones exercise (weighted voting on satisfaction and learning), the tree-and-shield exercise (identifying risks and protections), the ladder method, and image-card consultations for non-literate children. In addition, Bangladesh used emoji-based feedback boxes and help desks; Ethiopia ran Child Protection Clubs, a Children's Parliament, Gender and Mini-media clubs; and Child-Friendly Spaces across all countries created opportunities for children's participation and safe engagement. Within these structures, participation shifted from passive to active. An example of this is Bangladesh's adolescent clubs, whose members were active in alerting elders whenever an incident of child marriage occurred and engaged in voluntary advocacy. Other examples were noted in CAR as illustrated below.

**“With the awareness sessions in the Child-Friendly Spaces, the children express themselves and give their point of view; some even convince their parents to send them back to school. [trans.]” — CAR, project staff — on children's agency through the EAE**

This means that meaningful participation existed within the project. The tools, spaces and structures were in place and valued. The way to expand and deepen child participation further could be to give those existing structures a more influential or decision-making role in the project design.

# 5. CONCLUSION & RECOMMENDATIONS

## 5.1 Conclusion

The Joining Forces for Food Security and Child Protection in Emergencies (JF-FS&CPiE) project demonstrates the relevance and value of integrated programming in humanitarian contexts. Across five countries affected by conflict, displacement, poverty and recurrent shocks, the evaluation found strong evidence that the project responded to priority needs identified by children, caregivers, communities and institutional stakeholders. The central premise of the intervention—that food insecurity and child protection risks are closely interconnected—was consistently confirmed by respondents, who described how poverty, hunger and economic stress contribute to child labour, school dropout, early marriage, neglect and other protection concerns. In this regard, the project addressed a genuine and important nexus of vulnerabilities affecting children and their families.

Overall, the project was particularly successful in achieving its child protection and wellbeing objectives. The evaluation found substantial improvements in children's knowledge of protection risks and available support mechanisms, increased caregiver capacity and confidence to protect children, and significantly strengthened community awareness of both child protection and nutrition-related issues. Beyond awareness, the evaluation identified evidence of meaningful behavioural change, including improved parenting practices, greater attention to children's wellbeing and safety, increased support for children's education and reported reductions in certain protection risks. Child-Friendly Spaces, child clubs, community-based protection structures and case-management services emerged as some of the most valued and impactful components of the project, contributing not only to children's protection but also to their confidence, psychosocial wellbeing and sense of belonging.

The evaluation also highlights the important role of child participation within the project. Children consistently reported high levels of satisfaction with project activities and were able to articulate concrete benefits in terms of safety, learning, confidence and wellbeing. However, while children were frequently consulted and actively participated in project activities, evidence that they substantially influenced project design, targeting or decision-making processes was more limited. The findings therefore suggest that the project successfully created spaces for children's voices to be heard, but that future interventions could further strengthen opportunities for children to influence decisions that affect them.

Similarly, the project demonstrated a strong commitment to reaching vulnerable children and households and generally adopted gender-sensitive and inclusive approaches. The evaluation found positive contributions to addressing protection risks that disproportionately affect girls, including early marriage and barriers to education, while also ensuring broad participation of both girls and boys in project activities. However, evidence from several countries indicates that inclusion challenges remained, particularly regarding persons with disabilities and certain vulnerable groups who did not always benefit equally from project interventions. Future programming would benefit from moving beyond vulnerability-based targeting alone towards more systematic approaches to inclusive design, participation and service delivery.

At the same time, the evaluation reveals a consistent gap between improvements in knowledge, awareness and confidence on the one hand, and improvements in food security and nutrition outcomes on the other. While children, caregivers and communities often demonstrated stronger understanding of nutrition and protection issues, many households remained constrained by persistent poverty, economic insecurity, displacement and limited livelihood opportunities. The findings suggest that awareness and behaviour-change interventions can strengthen protective capacities and reduce certain risks, but that their ability to generate sustained improvements in food security and nutrition remains dependent on broader structural conditions that extend beyond the scope of short-cycle humanitarian interventions.

A key lesson emerging from the evaluation is therefore that integrated programming can successfully strengthen the protective environment surrounding children even in highly fragile settings, but that addressing the underlying drivers of vulnerability requires a broader combination of approaches. The most promising results were observed where awareness raising, community mobilisation and protection services were complemented by tangible support that strengthened household coping capacity. Future integrated programmes should therefore seek not only to connect child protection and food security interventions, but also to strengthen linkages with livelihoods, basic services, government systems and community structures capable of supporting longer-term resilience, requiring a more development oriented approach, instead of the current more exclusive humanitarian focus.

Overall, the JF-FS&CPIE project achieved meaningful results for children, caregivers and communities under exceptionally challenging circumstances. It demonstrated that integrated approaches can generate important improvements in protection, wellbeing, awareness and community capacity, while also highlighting the limits of what can be achieved when structural drivers of vulnerability remain largely unchanged. The evaluation therefore provides both evidence of the value of integrated child protection and food security programming and important lessons for how future programmes can deepen their impact, strengthen inclusion and participation, and better connect immediate protection outcomes with longer-term resilience and recovery.

## 5.1 Recommendations

The following recommendations have been developed to inform future integrated programming. They are based on and clearly linked to the key findings identified in the effectiveness section.

### **Recommendation 1:**

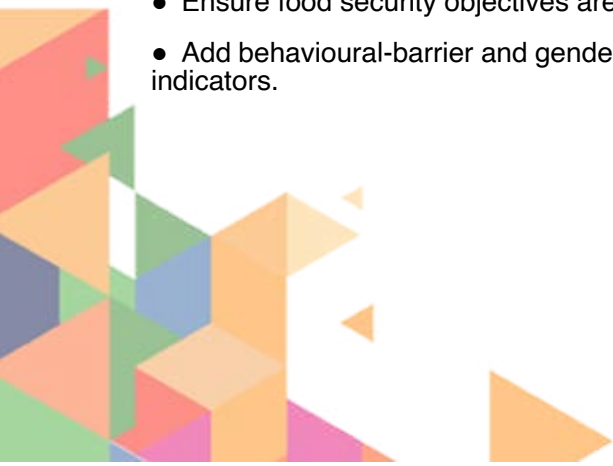
**Match economic support (cash and livelihoods) to the scale and duration of household vulnerability, and combine it with behaviour-change and protection activities**

**Related findings:** KF4, KF5, KF8, KF9, KF10, KF11

Awareness and knowledge are necessary but insufficient for sustained change; where protection risks are driven by chronic poverty, food insecurity or displacement, integrated programmes must move beyond primarily awareness-based approaches and pair behaviour-change and protection work with adequately resourced, scalable cash and livelihoods support proportionate to the depth and persistence of household vulnerability. Programme design should explicitly assess whether the planned level of support is likely to influence the underlying economic drivers of protection risks, rather than solely their immediate consequences.

### ***Key actions:***

- Conduct joint protection-economic vulnerability analyses during programme design; assess whether the planned level of support can shift the underlying economic drivers of risk, not only their consequences.
- Prioritise multi-purpose cash assistance and/or livelihood support and productive assets/IGA where markets, local regulations as well as security permit.
- Ensure food security objectives are realistic relative to the level of resources available.
- Add behavioural-barrier and gender-norm analysis, and monitor behaviour change beyond knowledge indicators.



**Recommendation 2:****Close the confidence–competence gap through practical, repeated, demonstration-based learning****Related findings:**  
**KF10**

Caregivers' confidence rose faster than their demonstrated technical knowledge. Future programmes should ensure increased confidence is matched by competence, through hands-on, repeated and practical learning rather than one-off sensitisation.

***Key actions:***

- Strengthen practical coaching, repeated reinforcement and post-session follow-up.
- Favour demonstration-based delivery (e.g. hands-on cooking demonstrations, very well received in CAR; community theatre for varying literacy levels) over awareness sessions alone.
- Use safe spaces and clubs as recurring entry points for reinforcing CP and FS knowledge with children, caregivers and communities.
- Measure demonstrated competence, not only self-reported confidence.

**Recommendation 3:****Design integrated programmes around shared CP–FS outcomes and a resilience pathway****Related findings:**  
**KF2, KF4, KF6, KF9, KF10, KF11, KF18**

Future programmes should recognise that awareness and knowledge are necessary but insufficient conditions for sustained behaviour change. The CP–FS integration concept was validated but not consistently translated into design. Future programmes should articulate a clear resilience pathway centred on child wellbeing and build around shared cross-sector outcomes with defined sectoral contributions, delivered by joint rather than parallel teams, and used as an entry point toward more holistic, child-centred support.

***Key actions:***

- Develop integrated theories of change centred on child wellbeing and household resilience; use the [CP–FS Toolbox](#) results framework (shared outcomes, key actions, joint monitoring) and the [WWNK joint assessment/analysis](#).
- Include behavioural barrier analyses during programme design and combine awareness raising with practical support mechanisms at the household level (same individuals receiving both activities).
- Prioritise interventions that address both knowledge gaps and the constraints preventing action.
- Position CP–FS integration as an entry point while planning referrals/linkages to health, education, WASH and nutrition (holistic basic-services vision).
- Incorporate behaviour-change monitoring beyond knowledge indicators.
- Include sessions on gender norms into awareness raising and behavioral change pathways



**Recommendation 4:**

**Preserve and scale Child-Friendly Spaces and psychosocial support as core entry points linked to case management**

**Related findings:**  
KF11, KF12, KF13

Child-Friendly Spaces, child clubs and psychosocial support were among the most valued and impactful components. They should be treated as core (not complementary) components and strengthened as entry points for identifying, referring and supporting vulnerable children.

***Key actions:***

- Position psychosocial wellbeing as an explicit programme objective; maintain dedicated resources for CFS and structured child engagement.
- Strengthen pathways between safe spaces, case management and referral services, making the CFS–case-management link explicit.
- Develop sustainability strategies for community-based safe spaces where feasible.

**Recommendation 5:**

**Strengthen children’s meaningful influence over programme decisions, and mainstream accountability and child participation across the whole programme cycle**

**Related findings:**  
KF7 and all Child Participation KF

Future programmes should move beyond consultative participation approaches and establish mechanisms that allow children to meaningfully influence programme design, implementation and adaptation. While child-friendly spaces, clubs and consultations successfully created opportunities for children to express their views, evidence of their influence on decision-making was limited. Greater child influence would improve programme relevance and strengthen accountability to children.

***Key actions:***

- Involve children in needs assessments, programme design workshops and periodic programme reviews.
- Establish structured feedback loops showing children how their views influenced decisions, always ensuring feedback loops are properly closed.
- Mainstream child-friendly accountability across all interventions (including clubs, safe spaces and case management) building on the emoji-based feedback boxes/hotlines that worked well.
- Include indicators measuring children’s influence on decisions, not only participation rates.
- Ensure participation mechanisms are accessible to younger children, adolescents, girls, boys and children with disabilities.



**Recommendation 6 :**

**Strengthen operational integration within consortia through joint monitoring, streamlined governance and shared accountability mechanisms**

**Related findings: KF2, KF3, KF18**

Future consortium programmes should place greater emphasis on operational integration and, where possible, collective delivery, rather than relying primarily on coordination and information sharing. While the evaluation found that the consortium model generated important benefits through complementary expertise, joint learning and shared advocacy, opportunities remain to strengthen collaboration at field level. Stronger operational integration would improve programme coherence, increase efficiency and enhance the visibility of the consortium's added value.

***Key actions:***

- Introduce regular joint monitoring visits involving multiple consortium partners in locations where partners operate within the same geographic area or serve the same communities.
- Establish shared field-learning and reflection mechanisms that encourage joint problem-solving and adaptive management across sectors and agencies.
- Develop a limited set of shared performance indicators that encourage collective accountability for integrated outcomes rather than partner-specific delivery alone.
- Explicitly define expected areas of operational collaboration during programme design and allocate adequate resources for joint activities, monitoring and learning.

**Recommendation 7:**

**Embed inclusion systematically throughout programme design and delivery**

**Related findings: KF5, KF6 and all Gender & Inclusion KF**

Future programmes should strengthen inclusive programming approaches beyond vulnerability-based targeting. Particular attention should be given to persons with disabilities, vulnerable host-community populations and other groups that may face barriers to participation or access. Inclusion should be considered throughout programme design, implementation, monitoring and accountability mechanisms rather than primarily during beneficiary selection.

***Key actions:***

- Conduct dedicated inclusion and accessibility assessments during programme design and ensure consultation of various marginalised groups e.g. people living with disability before, during and after activity delivery to ensure activities are safe.
- Establish specific inclusion objectives and indicators.
- Adapt as much as possible participation, communication and service-delivery approaches to the needs of children and caregivers with disabilities.
- Monitor participation and outcomes for different population groups to identify exclusion risks early.
- Make a dedicated and non-transferable inclusion/disability-inclusion budget line mandatory in every project budget covering accessibility, reasonable accommodation, and staff capacity-strengthening on disability inclusion, with compliance monitored during implementation.

**Recommendation 8:**

**Mitigate coverage-driven inequity: improve transparency of targeting criteria with communities, and where need are widespread, complement individual targeting with community-level measures or blanket coverage.**

**Related findings: KF4, KF5, KF13**

Future humanitarian programmes operating in contexts of widespread vulnerability should recognise that even technically sound targeting systems can generate perceptions of unfairness and social tension when needs substantially exceed available resources. Where vulnerability is widespread across the population, programmes should complement individual household targeting with transparent communication, community engagement and, where feasible, community-level or blanket support measures that reduce exclusion risks and strengthen social cohesion.

**Key actions:**

- Clearly communicate targeting criteria, selection processes and programme limitations to communities before beneficiary selection takes place, clarify up front what CP–FS integration can and cannot deliver, unpacking the relative targeting of FS versus CP interventions.
- Conduct conflict-sensitive and do-no-harm analyses during programme design to identify potential risks of exclusion, resentment or tension between beneficiary and non-beneficiary groups.
- Where needs are near-universal, consider combining targeted assistance with community-wide interventions (e.g., awareness campaigns, community assets, Child-Friendly Spaces, community protection mechanisms or public services) so that benefits are visible beyond direct recipients.
- In displacement settings, ensure that targeting approaches explicitly consider both displaced and vulnerable host-community populations to minimise perceptions of inequity.
- Monitor social cohesion, perceptions of fairness and unintended social effects throughout implementation and adapt targeting approaches where significant tensions emerge.





### **Recommendation 9:**

**Strengthen girls' agency and sustain gender-norm change, with targeted investment in adolescent girls**

**Related findings: KF8, KF11, KF12 & all gender & Inclusion KF**

Future integrated child protection and food security programmes should move beyond awareness-raising approaches and invest more deliberately in strengthening girls' agency, self-efficacy and decision-making capacity. The evaluation found strong evidence that girls acquired knowledge and awareness of protection risks, rights and available support mechanisms. However, knowledge alone does not automatically translate into the confidence, autonomy and social permission required to act on that knowledge. Sustainable change requires continued and targeted investment, addressing both individual capabilities and the social norms that shape girls' opportunities and choices.

### ***Key actions:***

- Design child-focused activities that explicitly build leadership, negotiation, communication and decision-making skills among girls and adolescent girls.
- Create safe and structured opportunities for girls to practice leadership and influence decisions within clubs, community initiatives and programme governance mechanisms.
- Establish child participation approaches that measure not only attendance and engagement, but also girls' influence over decisions affecting them.
- Integrate gender-transformative approaches that engage caregivers, male family members, community leaders and other norm-holders in reflecting on gender roles, expectations and barriers to girls' participation.
- Facilitate dialogue between girls and influential community actors to strengthen support for girls' education, mobility, participation and leadership.
- Ensure that psychosocial support, mentorship and peer-support approaches are available to strengthen girls' confidence and self-efficacy alongside knowledge acquisition.
- Monitor changes in girls' agency, confidence and decision-making power through dedicated indicators rather than relying solely on awareness or participation measures.

**Recommendation 10:**

**Invest in sustainable community-based child protection structures with early handover and strong links to formal systems and clusters**

**Related findings:** KF3, KF11, KF12 and all Sustainability KF

Future programmes should continue investing in community-based child protection mechanisms, which emerged as some of the most valued and effective components of the intervention, while simultaneously strengthening their connections to formal government and service systems. Sustainability is more likely when community structures are embedded within existing protection, education, health and social service systems rather than functioning as parallel project structures.

***Key actions:***

- Develop formal referral protocols with government and service providers.
- Strengthen capacity-building of local authorities and frontline service actors.
- Clarify sustainability and handover plans from programme inception.
- Integrate community structures into existing coordination and protection mechanisms where possible.
- Design government co-ownership from inception onwards
- Formalise collaboration with the Protection Cluster and Food Security Cluster and strengthen joint planning, shared analysis and cross-sector referral.
- Support income-generating activities for community structures where feasible to underpin durability.

**Recommendation 11 :**

**Strengthen measurement approaches for complex outcomes such as long-term wellbeing, resilience and behaviour change**

**Related findings:** KF9, KF10

Future programmes should strengthen monitoring, evaluation and learning systems to better understand the relationship between awareness, behaviour change and longer-term wellbeing outcomes. Particular attention should be given to food security and resilience indicators that are highly sensitive to contextual changes, seasonality and population mobility.

***Key actions:***

- Wherever feasible, track cohorts of supported households over time.
- Align data collection periods to minimise seasonal distortions.
- Complement outcome indicators with measures of resilience, coping capacity and economic recovery.
- Strengthen qualitative inquiry into pathways of change and unintended effects.

**Recommendation 12 :**

**Build realistic access, shock and volatility assumptions into programme budgets and implementation plans**

**Related findings:** KF4, KF9, KF10, KF13 & all Efficiency KF

Future humanitarian programmes operating in fragile and crisis-affected contexts should incorporate realistic assumptions regarding access constraints, insecurity, market volatility and external shocks from the outset. The evaluation found that programme implementation and results were frequently affected by factors such as insecurity, movement restrictions, inflation, population displacement, seasonal variations and changes in the wider humanitarian funding environment. While many of these factors were outside the control of implementing agencies, they were often predictable features of the operating context. Future programme designs should therefore budget and plan more explicitly for operational disruption and contextual volatility.

**Key actions:**

- Include dedicated contingency budgets to absorb foreseeable shocks such as inflation, currency fluctuations, market disruptions, sudden population movements and major policy changes affecting humanitarian operations.
- Incorporate realistic security and access costs during programme design, including convoy requirements, air transport, remote management arrangements, security escorts and other context-specific access measures where relevant.
- Align distribution schedules and key programme activities with seasonal calendars, including lean seasons, agricultural cycles and periods of heightened vulnerability.
- Develop scenario-based implementation plans that identify pre-agreed adaptation measures for different levels of insecurity, access restrictions or market disruption.
- Regularly review transfer values, procurement plans and activity budgets against inflation and market conditions to preserve programme effectiveness throughout implementation.
- Strengthen context monitoring systems to track evolving risks and trigger timely programme adaptations when operating conditions change.



# ANNEX A : INDICATOR RESULTS

## BY GENDER AND COUNTRY

This annex consolidates every outcome and output indicator across the five countries, with baseline and endline values, each — where the source data allows — disaggregated by gender. Baseline-by-gender columns were computed from the baseline study by aggregating each partner's counts per gender within a country. Each indicator is introduced by its definition and calculation method, taken from the project baseline study (which prevails as changes were made to some of the indicator calculation during the baseline analysis when initial baseline values were considered too high); the two indicators not defined there (OI2a and OI3) are sourced from the consolidated M&E framework. Two indicators (OI2a and OI3) are also endline-only, with no baseline measurement. Change is colour-coded:

|                                                                                                                      |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|  <b>Green</b> = gain $\geq +10$ pp; |  <b>Amber</b> = $\pm 2$ pp (flat);  |
|  <b>Light green</b> = +2 to +10pp;  |  <b>Red</b> = regression $> -2$ pp. |

## A.1 Outcome indicators

### OI1 — Children able to protect themselves from harm

**Definition.** Children who report they can protect themselves from harm.

**Calculation.** A child qualifies by answering “Yes” (including “Yes, rather confident”) to all three Section-A questions (A1–A3) and giving a positive answer to both Section-B questions (B1–B2).

| Country      | Baseline | Endline     | $\Delta$ pp  | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|--------------|-----------|-----------|---------|---------|
| Bangladesh   | 23.3     | <b>74.6</b> | <b>+51.3</b> | 22.0      | 71.2      | 24.7    | 78.0    |
| Burkina Faso | 29.8     | <b>59.7</b> | <b>+29.9</b> | 30.9      | 59.5      | 28.2    | 60.0    |
| CAR          | 17.8     | <b>46.2</b> | <b>+28.4</b> | 20.6      | 40.0      | 15.0    | 53.7    |
| Ethiopia     | 8.0      | <b>62.9</b> | <b>+54.9</b> | 6.9       | 60.9      | 9.2     | 65.5    |
| South Sudan  | 37.9     | <b>37.1</b> | <b>-0.8</b>  | 40.2      | 39.7      | 35.4    | 38.1    |

### OI2a — Children consulted during implementation

**Definition.** Girls, boys and adolescents reporting being consulted on project activities — children's participation in redefining activities, giving feedback, and being consulted through consultative processes and feedback mechanisms during implementation.

**Calculation.** A child qualifies by answering “Yes” to Question A1 (“Have you been asked to give your opinion or feedback on project activities?”); computed as children answering “Yes” to A1  $\div$  children sampled. Safe and ethical consultation is additionally checked via B1/B1b.

| Country      | Baseline | Endline     | $\Delta$ pp | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|-------------|-----------|-----------|---------|---------|
| Bangladesh   | n/a      | <b>83.1</b> | —           | n/a       | 82.7      | n/a     | 83.5    |
| Burkina Faso | n/a      | <b>73.1</b> | —           | n/a       | 75.4      | n/a     | 70.0    |
| CAR          | n/a      | <b>20.4</b> | —           | n/a       | n/a       | n/a     | n/a     |
| Ethiopia     | n/a      | <b>48.1</b> | —           | n/a       | 49.0      | n/a     | 46.9    |
| South Sudan  | n/a      | <b>54.6</b> | —           | n/a       | 49.5      | n/a     | 62.8    |

## OI3 — Caregivers know CP risks linked to food insecurity

**Definition.** Parents/caregivers who demonstrate knowledge of child protection risks associated with food insecurity (e.g. how food insecurity affects children's wellbeing and its links to exploitation, neglect or abuse, and strategies to mitigate those risks).

**Calculation.** A caregiver qualifies by answering "Yes" to Q1 (aware food insecurity can increase CP risks), "Yes" to Q2 (can identify risks) and correctly naming at least one risk in Q3, and "Yes" to Q5 (knows ways to protect children); computed as caregivers demonstrating knowledge ÷ caregivers sampled.

| Country      | Baseline | Endline | Δ pp | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|---------|------|-----------|-----------|---------|---------|
| Bangladesh   | n/a      | 83.6    | —    | n/a       | 80.6      | n/a     | 89.2    |
| Burkina Faso | n/a      | 91.0    | —    | n/a       | 91.9      | n/a     | 89.4    |
| CAR          | n/a      | 73.4    | —    | n/a       | 71.9      | n/a     | 76.6    |
| Ethiopia     | n/a      | 76.9    | —    | n/a       | 76.6      | n/a     | 77.3    |
| South Sudan  | n/a      | 82.5    | —    | n/a       | 83.2      | n/a     | n/a     |

## OI5 — Households with acceptable food security

**Definition.** Households with acceptable food security status.

**Calculation.** A household qualifies only if it meets BOTH conditions: an acceptable Food Consumption Score (FCS > 35) AND a reduced Coping Strategies Index in Phase 1 (rCSI 0–4, i.e. minimal or no coping). Because both are required, the composite is far stricter than food consumption alone.

| Country      | Baseline | Endline | Δ pp  | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|---------|-------|-----------|-----------|---------|---------|
| Bangladesh   | 11.1     | 39.0    | +27.9 | 13.1      | 39.6      | 7.9     | 37.8    |
| Burkina Faso | 6.4      | 1.7     | -4.7  | 5.5       | 1.3       | 8.6     | 2.4     |
| CAR          | 0.4      | 1.2     | +0.8  | 0.6       | 1.2       | 0.0     | 1.3     |
| Ethiopia     | 1.8      | 6.1     | +4.3  | 1.7       | 5.5       | 1.9     | 7.0     |
| South Sudan  | 0.5      | 0.0     | -0.5  | 0.0       | 0.0       | 1.3     | 0.0     |

## OI6 — Optimal infant & young child feeding (0–23month)

**Definition.** Children aged 0–23 months who receive optimal infant and young child feeding.

**Calculation.** Assessed by age band over the previous day and night: 0–5m exclusively breastfed; 6–8m breastfed + ≥2 meals + foods from ≥2 groups; 9–11m breastfed + ≥3 meals + ≥3 groups; 12–23m breastfed + ≥4 meals + ≥4 groups.

| Country      | Baseline | Endline | Δ pp | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|---------|------|-----------|-----------|---------|---------|
| Bangladesh   | 37.9     | 35.7    | -2.2 | n/a       | 38.5      | n/a     | 33.3    |
| Burkina Faso | 18.8     | 15.2    | -3.6 | n/a       | 12.2      | n/a     | 18.4    |
| CAR          | 10.8     | 13.0    | +2.2 | n/a       | 17.6      | n/a     | 9.0     |
| Ethiopia     | 16.2     | 17.6    | +1.4 | n/a       | 21.4      | n/a     | 14.3    |
| South Sudan  | 10.6     | 16.6    | +6.0 | n/a       | 14.3      | n/a     | 18.9    |

## O17 — Caregiver confidence in feeding practices

**Definition.** Parents/caregivers who are confident in practicing essential dietary and feeding practices.

**Calculation.** A caregiver qualifies by reporting feeling “Very confident” in all four essential dietary and feeding practices.

| Country      | Baseline | Endline     | $\Delta$ pp  | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|--------------|-----------|-----------|---------|---------|
| Bangladesh   | 18.2     | <b>78.9</b> | <b>+60.7</b> | 23.0      | 81.3      | 10.5    | 74.3    |
| Burkina Faso | 18.4     | <b>23.9</b> | <b>+5.5</b>  | 17.0      | 26.2      | 21.6    | 20.0    |
| CAR          | 14.0     | <b>39.8</b> | <b>+25.8</b> | 11.5      | 39.4      | 18.3    | 40.5    |
| Ethiopia     | 13.6     | <b>35.1</b> | <b>+21.5</b> | 12.6      | 36.3      | 15.7    | 33.5    |
| South Sudan  | 54.8     | <b>76.9</b> | <b>+22.1</b> | 55.2      | 76.6      | 54.3    | 78.3    |



## A.2 Output indicators

### R1.1 — Children with knowledge/skills to protect from violence

**Definition.** Children who have the knowledge and skills to protect themselves from violence.

**Calculation.** A child qualifies by identifying at least three child protection risks and answering “Yes” to A1b (Section A), and answering “Yes” to B1 and/or B2 plus the corresponding follow-up(s) B1b/B2b (Section B).

| Country      | Baseline | Endline     | Δ pp         | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|--------------|-----------|-----------|---------|---------|
| Bangladesh   | 45.2     | <b>62.4</b> | <b>+17.2</b> | 59.3      | 64.4      | 30.1    | 60.6    |
| Burkina Faso | 43.7     | <b>68.5</b> | <b>+24.8</b> | 43.8      | 70.6      | 43.5    | 65.6    |
| CAR          | 35.0     | <b>78.6</b> | <b>+43.6</b> | 31.9      | 79.2      | 37.8    | 77.8    |
| Ethiopia     | 16.2     | <b>56.3</b> | <b>+40.1</b> | 16.1      | 59.3      | 16.5    | 52.6    |
| South Sudan  | 26.4     | <b>35.1</b> | <b>+8.7</b>  | 32.0      | 35.5      | 20.4    | 34.6    |

### R1.4 — Children’s knowledge of dietary & feeding practices

**Definition.** Children with knowledge of essential dietary and feeding practices.

**Calculation.** A child qualifies by giving validated positive answers to both Section A questions (A1b, A2b) and 5 correct answers out of 5 in Section B.

| Country      | Baseline | Endline     | Δ pp         | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|--------------|-----------|-----------|---------|---------|
| Bangladesh   | 35.9     | <b>84.5</b> | <b>+48.6</b> | 40.1      | 81.7      | 31.3    | 87.2    |
| Burkina Faso | 53.5     | <b>75.5</b> | <b>+22.0</b> | 59.9      | 73.8      | 43.5    | 77.8    |
| CAR          | 16.2     | <b>81.9</b> | <b>+65.7</b> | 13.5      | 85.3      | 18.9    | 77.8    |
| Ethiopia     | 19.4     | <b>64.1</b> | <b>+44.7</b> | 18.6      | 71.6      | 20.3    | 54.6    |
| South Sudan  | 42.1     | <b>80.0</b> | <b>+37.9</b> | 50.0      | 83.6      | 33.6    | 79.7    |

### R2.1 — Caregivers equipped to fulfil protection responsibilities

**Definition.** Targeted caregivers who perceive themselves as better equipped to fulfil their protection responsibilities towards their children (access to education, health care, shelter and food; preventing early marriage/pregnancy; avoiding physical punishment; preventing child labour).

**Calculation.** A caregiver qualifies by answering “Strongly Agree” to R2.1a and “Agree” or “Strongly Agree” to all six remaining statements (seven in total).

| Country      | Baseline | Endline     | Δ pp         | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|--------------|-----------|-----------|---------|---------|
| Bangladesh   | 28.3     | <b>77.9</b> | <b>+49.6</b> | 31.1      | 80.6      | 23.7    | 73.0    |
| Burkina Faso | 16.9     | <b>40.6</b> | <b>+23.7</b> | 12.2      | 40.9      | 27.3    | 40.0    |
| CAR          | 28.5     | <b>43.0</b> | <b>+14.5</b> | 22.0      | 40.0      | 39.3    | 49.4    |
| Ethiopia     | 11.1     | <b>50.1</b> | <b>+39.0</b> | 7.8       | 52.7      | 18.3    | 46.5    |
| South Sudan  | 54.8     | <b>58.5</b> | <b>+3.7</b>  | 61.5      | 57.8      | 45.0    | 61.4    |



## R2.4 — Caregivers' demonstrated dietary/feeding knowledge

### Output · caregiver

**Definition.** Parents/caregivers with the desired knowledge of essential dietary and feeding practices.

**Calculation.** Correct responses to at least 5 of the 6 dietary and feeding knowledge questions.

| Country      | Baseline | Endline | Δ pp  | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|---------|-------|-----------|-----------|---------|---------|
| Bangladesh   | 13.1     | 19.2    | +6.1  | 11.5      | 22.3      | 15.8    | 13.5    |
| Burkina Faso | 25.8     | 18.8    | -7.0  | 24.8      | 22.1      | 28.1    | 12.9    |
| CAR          | 1.2      | 1.8     | +0.6  | 0.6       | 1.5       | 2.1     | 2.5     |
| Ethiopia     | 18.8     | 40.1    | +21.3 | 17.5      | 34.0      | 21.6    | 48.6    |
| South Sudan  | 9.9      | 7.5     | -2.4  | 6.3       | 8.4       | 15.2    | 3.6     |

## R3.1 — Community members aware of CP risks

**Definition.** Targeted community members aware of child protection risks.

**Calculation.** A community member qualifies by selecting at least four of the correct responses to each of all five questions.

| Country      | Baseline | Endline | Δ pp  | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|---------|-------|-----------|-----------|---------|---------|
| Bangladesh   | 32.1     | 97.8    | +65.7 | 28.6      | 99.0      | 34.1    | 97.0    |
| Burkina Faso | 26.4     | 73.1    | +46.7 | 23.6      | 66.7      | 28.6    | 78.5    |
| CAR          | 43.7     | 8.9     | -34.8 | 36.0      | 8.3       | 45.7    | 9.1     |
| Ethiopia     | 14.6     | 57.0    | +42.4 | 15.4      | 53.8      | 13.8    | 60.6    |
| South Sudan  | 32.0     | 37.7    | +5.7  | 25.3      | 40.0      | 38.5    | 35.9    |

## R3.2 — Community members' nutrition knowledge

**Definition.** Community-based volunteers / health-care providers and community members with demonstrated acceptable knowledge of optimal dietary and feeding practices.

**Calculation.** A community member qualifies by answering "Very confident" or "Confident" to R3.2a (Section A) and answering at least three of the four questions R3.2b–e correctly (Section B).

| Country      | Baseline | Endline     | $\Delta$ pp  | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|--------------|-----------|-----------|---------|---------|
| Bangladesh   | 35.5     | <b>99.3</b> | <b>+63.8</b> | 37.8      | 100.0     | 34.1    | 98.8    |
| Burkina Faso | 46.6     | <b>93.0</b> | <b>+46.4</b> | 44.9      | 91.0      | 47.9    | 94.6    |
| CAR          | 37.8     | <b>82.2</b> | <b>+44.4</b> | 32.0      | 83.3      | 39.4    | 81.8    |
| Ethiopia     | 44.6     | <b>98.5</b> | <b>+53.9</b> | 43.3      | 97.9      | 45.9    | 99.2    |
| South Sudan  | 34.6     | <b>84.4</b> | <b>+49.8</b> | 30.7      | 90.5      | 38.5    | 79.5    |

## R3.3 — Community attitudes favourable to optimal feeding

### Output · community

**Definition.** Community members with a favourable attitude towards optimal dietary and feeding practices.

**Calculation.** A community member qualifies by answering "Strongly Agree" to all nine attitude statements.

| Country      | Baseline | Endline     | $\Delta$ pp  | Female BL | Female EL | Male BL | Male EL |
|--------------|----------|-------------|--------------|-----------|-----------|---------|---------|
| Bangladesh   | 19.6     | <b>88.5</b> | <b>+68.9</b> | 29.6      | 94.1      | 13.8    | 85.2    |
| Burkina Faso | 20.2     | <b>53.8</b> | <b>+33.6</b> | 18.0      | 53.8      | 21.8    | 53.8    |
| CAR          | 25.2     | <b>16.7</b> | <b>-8.5</b>  | 20.0      | 12.5      | 26.6    | 18.2    |
| Ethiopia     | 19.5     | <b>47.4</b> | <b>+27.9</b> | 10.2      | 43.4      | 27.9    | 52.0    |
| South Sudan  | 34.0     | <b>43.9</b> | <b>+9.9</b>  | 29.3      | 44.2      | 38.5    | 43.6    |





## A.4 Summary matrix — endline values for all indicators and all countries

Endline values expressed in %, colour-coded by change from baseline (green  $\geq +10$ pp; light green  $+2$  to  $+10$ pp; orange  $\pm 2$ pp; red regression; grey = endline-only, no baseline).

| Indicator | BGD  | BFA  | CAR  | ETH  | SSD  |
|-----------|------|------|------|------|------|
| OI1       | 74.6 | 59.7 | 46.2 | 62.9 | 37.1 |
| OI2a      | 83.1 | 73.1 | 20.4 | 48.1 | 54.6 |
| OI3       | 83.6 | 91.0 | 73.4 | 76.9 | 82.5 |
| OI5       | 39.0 | 1.7  | 1.2  | 6.1  | 0.0  |
| OI6       | 35.7 | 15.2 | 13.0 | 17.6 | 16.6 |
| OI7       | 78.9 | 23.9 | 39.8 | 35.1 | 76.9 |
| R1.1      | 62.4 | 68.5 | 78.6 | 56.3 | 35.1 |
| R1.4      | 84.5 | 75.5 | 81.9 | 64.1 | 80.0 |
| R2.1      | 77.9 | 40.6 | 43.0 | 50.1 | 58.5 |
| R2.4      | 19.2 | 18.8 | 1.8  | 40.1 | 7.5  |
| R3.1      | 97.8 | 73.1 | 8.9  | 57.0 | 37.7 |
| R3.2      | 99.3 | 93.0 | 82.2 | 98.5 | 84.4 |
| R3.3      | 88.5 | 53.8 | 16.7 | 47.4 | 43.9 |



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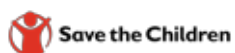


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