



Impact assessment of Gakey Lamtoen – Bhutan Pilot Project

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Disclaimer

The views or opinions expressed in this report are solely of the National Consultant and do not necessarily represent those of Ministry of Education, National Commission for Women and Children, UNDP Bhutan or any agency associated with the implementation of the Gakey Lamtoen project. The report or part of the report, until published and released to the public domain by the funding or implementing agency, may not be quoted or used as a basis for any decision making. Towards this, the United Nations Development Programme (UNDP) and the Republic of Korea launched a global initiative to integrate actions to address GBV. The global project “Ending Gender-based Violence to Achieve the Sustainable Development Goals” aims to take violence prevention to scale by bringing new partners, strategies and sources of financing.

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Executive summary

Gender-based violence (GBV) refers to harmful acts directed at an individual based on their gender and are deeply rooted in gender inequality, the abuse of power, and harmful norms. Recognizing it as a major challenge in depriving women and girls of their basic human rights, the United Nations adopted numerous conventions and resolutions to end gender inequalities. Towards ending GBV, the UNDP with the support from the Republic of Korea launched a global initiative to integrate actions to prevent GBV. As part of the seven global initiatives, the National Commission for Women and Children (NCWC) and the UNDP Country Office initiated ‘the Bhutan Pilot: Addressing Violence Against Women and Children’ in 2018. The pilot was titled “Gakey Lamtoen” which is loosely translated as ‘*the path to happiness*’.

The main aim of the pilot project was to promote attitudes towards promoting gender equality, reducing violence against women and girls (VAWG), and creating a safer community for women, girls and children in the long-run. Towards this, Gakey Lamtoen engaged adolescents and caregivers of a community to address the root causes of problematic social norms that lead to VAWG through informal and regular discussions. The first pilot that was implemented in Babesa between 2019-2020 could not be completed due to restrictions posed by the COVID-19 pandemic. The project was abruptly halted in March 2020. Despite the incomplete implementation and the short timeframe, an assessment of the project indicated benefits from participating in the Gakey Lamtoen sessions. Therefore, to gather more evidence on the necessity of GBV prevention initiatives in the country, a second round of a larger scale pilot was initiated in three schools and communities in Thimphu and Paro in 2022.

The intervention for the adolescent groups which comprised of class VII boys and girls were conducted as part of the school’s Career Guidance Counselling (CGC) classes. A total of 17 sessions were delivered through two 50-minutes classes per week. The sessions for the caregiver group comprising of parents or other primary caregivers of the adolescents were conducted as part of the School Parenting Programme. The caregiver groups met once or twice a month for 2–3 hour long sessions facilitated by trained teachers of the schools.

To understand the benefits of the interventions for nation-wide implementation, an assessment was conducted to measure the causal effect of Gakey Lamtoen on the attitude of the adolescents and caregivers towards gender equality, violence acceptance and perpetration, and family relationship quality. The impact assessment

was conducted using a matched difference-in-difference (DiD) method and supplemented with qualitative assessment. The approach was chosen to overcome the challenges of parallel assumption which cannot be tested to hold true. In addition, the qualitative assessment helped in validating the results of the DiD. As control, two schools based on the recommendation of Career Education and Counselling Division (CECD) were chosen for the impact assessment.

The assessment enumerated the whole population in both Gakey Lamtoen and control schools as the total number of participating students in the intervention schools was only 292. Given the small population, around 60 percent of the students were required as sample to be representative of the population. Also, with likely non-response and drop-out rate, the assessment would have required enumeration of at least 80 percent of the students.

The questionnaire for the survey was adapted from similar interventions conducted in the region by UNDP for the same programme. The data for the baseline and endline were collected through face-to-face interviews by a team of 25 trained enumerators. The baseline survey was conducted in April to June 2022 and the endline survey was conducted in November 2022 in both intervention and control schools.

Most adolescents reported attending majority of the sessions. The reaction to the Gakey Lamtoen intervention suggests that they found the sessions useful and described the sessions as “*learning with fun.*” More than 60 percent expressed their willingness to attend similar programmes in the future; around 70 percent reported that they would recommend the programme to friends and; around 80 percent expressed their willingness to share the learning with friends and family.

Of the four impact areas that the current project intended to change, the DiD estimate suggests that the impact on gender equitable attitudes was positive and statistically significant. The magnitude of the impact in gender equitable attitude is estimated at 1.06 out of 10 which can be inferred as 10.6 percent improvement in their attitude. This was further validated by the participants during the focus groups discussions (FDG). Improvements were observed in also other dimensions. However, the improvement in these dimensions cannot be solely attributed to Gakey Lamtoen as the control schools also reported similar improvement.

As Gakey Lamtoen has significant impact in promoting gender equitable attitudes, it is recommended that the programme be introduced in all schools across the country. Additional programmes of students in higher grades also need to be developed as

most adolescents expressed the need and willingness to attend similar classes. The parents also recommended that similar programmes focusing on attitude and behavioural change be continued as their children progress to higher grades. The sessions and thematic areas of Gakey Lamtoen may be integrated into guidance counselling classes and other existing programmes such as scouting and parenting education. Alternatively, Gakey Lamtoen may be implemented as an independent programme.

1. Introduction

The United Nations defines violence against women and girls (VAWG) as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."¹ Gender-based violence (GBV) refers to harmful acts directed at an individual based on their gender and are deeply rooted in gender inequality, the abuse of power, and harmful norms.² GBV is predominantly committed against women and girls based on their gender.

Globally, 18 percent of ever-partnered women and girls aged between 15 to 49 years reported experiencing violence by current or former intimate partner in 106 countries between 2005 and 2017.³ At least one in three women experience GBV in their lifetime, and 35 percent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.⁴ In Bhutan, 44.6 percent of women between 15 to 64 years reported experiencing one or more forms of partner violence in their lifetime - be it physical, sexual, psychological or economic and around 30 percent within 12 months prior to the survey.⁵

Recognizing it as a major challenge in depriving women of their basic human rights, the United Nations General Assembly adopted the resolution for the 'elimination of all forms of violence against women in 2001 reaffirming the Universal Declaration of Human Rights, the Declaration on the Elimination of Discrimination against Women, the Declaration on the Elimination of Violence against Women, the United Nations Declaration on the Elimination of All Forms of Racial Discrimination, the Beijing Declaration and Platform for Action, the Vienna Declaration and Programme of Action, and the United Nations Millennium Declaration.⁶ Fostering a peaceful, just, and inclusive society, free from fear and violence, is identified as an area of critical

¹ United Nations. 1993. *Declaration on the Elimination of Violence against Women*. New York

² United Nations High Commission for Refugees. 2012. *Gender-Based Violence*. Geneva

³ The United Nations. 2001. *Achieve gender equality and empower all women and girls*. Geneva

⁴ The World Bank Group. 2019. *Gender Based Violence*. Washington

⁵ National Commission for Women and Children. 2017. *National Survey on Women's Health and Life Experiences 2017: A Study on Violence Against Women and Girls in Bhutan*. Thimphu

⁶ United Nations. 2001. *Resolution of the General Assembly on Elimination of all forms of violence against women*. Geneva

importance in guiding the SDG.7 The SDG Target 5.2 aims to ‘eliminate all forms of violence against all women and girls in public and private spheres.’

Towards this, the United Nations Development Programme (UNDP) with support from the Republic of Korea launched a global initiative to integrate actions to prevent GBV. The global project “Ending Gender-based Violence to Achieve the Sustainable Development Goals” aims to take violence prevention to scale by bringing new partners, strategies and sources of financing. In Bhutan, the National Commission for Women and Children (NCWC) and the UNDP Country Office initiated the ‘Gakey Lamtoen: Bhutan’s GBV prevention pilot project.’ This project was one of the seven UNDP global pilot projects.

2. Gakey Lamtoen: Bhutan’s GBV Prevention Project

The ecological model which was introduced as a framework for understanding some of the key factors that contribute to women and girls’ risk of intimate partner violence identifies risk at four levels - individual, relationship, community, and society.⁸ Gender-based violence is deeply rooted in gender stereotypes and attitudes, and discriminatory cultural beliefs that perpetuate inequality among women and girls. Other factors such as poverty, lack of education and livelihood opportunities, and impunity for crime and abuse also contribute to and reinforce a culture of violence and discrimination based on gender.

Gender-based violence and gender-based discrimination results in numerous negative effects on individuals and society. Some of the fatal consequences are homicide, suicide, maternal and infant mortality, and HIV/AIDS. Discrimination and violence also result in acute and chronic consequences such as severe physical injuries, permanent disabilities, chronic diseases and disorders among many others. The survivors experience emotional and psychological consequences such as PTSD, depression, anxiety and fear, suicidal thoughts and behaviours, and other mental illness.⁹

⁷ The United Nations. 2016. *Transforming our World: The 2030 Agenda for Sustainable Development*. New York

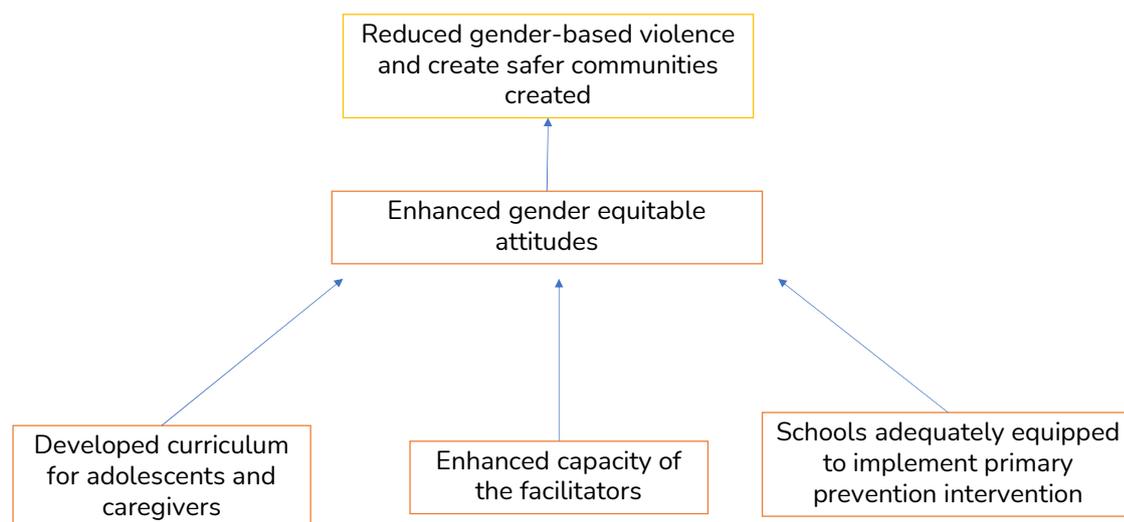
⁸ UN Women. 2013. *The Ecological Framework*. Accessed on 7 January 2023 from <https://www.endvawnow.org/en/articles/1509-the-ecological-framework.html>

⁹ UNHCR. nd. *Handbook for the Protection of Internally Displaced Persons*.

2.1. Gakey Lamtoen

To change the attitudes of adolescents and parents, a project titled “Gakey Lamtoen” which is loosely translated as ‘the path to happiness’ was piloted in Bhutan. The project demonstrates the effective implementation of GBV prevention intervention and its impact on GBV risk factors when multiple partners work together with a common goal.

The main aim of the pilot project was to promote attitudes towards promoting gender equality, reducing violence against women and girls (VAWG), and creating a safer community for women, girls and children in the long-run. This will be achieved by enhancing gender equality, and ensuring prevention and protection of women and girls in the communities and institutions. Currently, the national protection systems concentrate mostly on secondary and tertiary prevention or response services without significant investment in primary prevention to eliminate VAWG.



Gakey Lamtoen engaged adolescents and caregivers of a community to address the root causes of problematic social norms that lead to VAWG through informal and regular discussions. This primary prevention intervention envisions instilling a gradual change among the beneficiaries in attitudes and practices related to gender equality, stress and coping, and healthy relationships. Towards this, the project focused on developing curriculum for adolescents and caregivers, enhancing capacity of facilitators, and providing adequate resources to schools to implement primary prevention interventions. Further, the project envisions that participants will design

innovative ideas to address social issues related to VAWG affecting their own communities.

The first pilot that was implemented in Babesa between 2019-2020 could not be completed due to restrictions posed by the COVID-19 pandemic. The project had to be abruptly halted in March 2020. Despite the incomplete implementation and the short timeframe, an endline evaluation of the pilot (comprising of a closing online survey and focus group discussions) indicated that the participants and facilitators received benefits from participating in those discussions. Therefore, to understand the benefits of the interventions for nation-wide implementation, the Project Steering Committee approved a second round of a larger scale pilot to be piloted in three schools and communities in Thimphu and Paro in 2022.

The project focused on preventive approaches as opposed to reactive approaches. While the long-term goal of the project was to enhance gender equality, empowerment, and safety of women and children, the immediate outcomes are changes in the following areas:

- a. Gender equitable attitudes
- b. Violence acceptance and perpetration attitudes
- c. Parental/Caregiver and adolescent relationships

2.2. Workshop Sessions and Participation of Gakey Lamtoen

The intervention for the adolescent groups which comprised of class VII boys and girls in the three intervention schools were conducted as part of the school's Career Guidance Counselling (CGC) class through two 50-minute sessions per week. The sessions' facilitation was led by the School Guidance Counsellor and supported by other trained teachers. There were 17 adolescent group sessions in total, which were completed by November 2022 under three themes: (1) self-awareness and resilience building; (2) understanding gender and gender inequality; and (3) safe and happy relationship building. Upon completion of the delivery of all three themes to the adolescents, a two-day social innovation camp was conducted to identify pressing problems in their schools and communities, and develop solutions to address them.

The intervention for the caregiver groups comprising of parents or other primary caregivers of the adolescent participants was also conducted simultaneously. The caregiver groups met once or twice a month for 2–3 hour long sessions facilitated by

trained teachers of the schools. There were 12 caregiver sessions in total, which was completed by November 2022: (1) welcome; (2) reflections on being a caregiver; (3) stress and wellbeing; (4) ideas about being woman/girl or being a man/boy; (5) understanding and supporting adolescents; (6) risks and challenges faced by adolescents; (7) experiences and impacts of violence; (8) adolescents and dating; (9) promoting positive behaviour; (10) communication and conflict resolution; (11) dealing with problem behaviour; and (12) keeping in touch and moving forward.

3. Objectives of the assessment

The main objectives were to document the impact of the project intervention. The assessment attempted to measure the causal effect of Gakey Lamtoen on the attitude of the adolescents and caregivers towards gender equality, violence acceptance and perpetration, and assess the impact on the family relationship quality.

The specific objectives were to assess the impact of Gakey Lamtoen on:

1. Gender equitable attitudes between treatment and control groups;
2. Violence acceptance and perpetration attitudes between treatment and control groups;
3. Caregiver-adolescent relationship quality between treatment and control groups; and
4. Attitude towards positive conflict resolution between treatment and control groups.

4. Approach and methodology

Randomized Control Trial (RCT) is considered the best approach to impact evaluation. Despite the methodological soundness of RCT, it is difficult to implement in development evaluation because of numerous limitations which result from the selection of beneficiaries and interaction among the participants. Therefore, for the current assessment, a quasi-experimental design was employed. The impact of the intervention was determined using a matched difference-in-difference (DiD) method and supplemented with qualitative assessment. The approach was chosen to overcome the challenges of parallel assumption which cannot be tested to hold true while using DiD. In addition, the qualitative assessment helped in validating the results of the DiD.

4.1. Matched Difference in Difference (DiD)

Matching and DiD are among the most widely used quasi-experimental design in impact assessment. While the allocation of participants in quasi-experimental design is not random and are mostly criteria based, it tries to achieve the result of randomization by employing statistical techniques that overcome selection biases. DiD compares changes over time in a group unaffected by the intervention to changes over time in a group affected by the intervention and attributes the difference to the intervention. DiD methods provide unbiased effect estimates when the trend over time would have been the same between the treatment and comparison groups in the absence of the intervention.

However, a major concern with DiD is that the program and intervention groups may differ in ways that are related to their trends over time, or their compositions may change over time. Therefore, to ensure that the participants in the treatment and comparison groups are similar, matching was conducted after the pre-intervention survey or the baseline survey. This helped in identifying and controlling the confounding variables and also provided evidence to support the parallel trend assumptions. The matching of the participants is particularly important for the current assessment as the students and their caregivers in the three treatment and control schools may differ between and within the group.

4.2. Estimating the Difference-in-Differences

DiD design can be illustrated in a 2x2 table, with the observed data illustrated in Table 1. The DiD estimate is the quantity in the lower right-hand box, which can be considered either as the change in the difference between groups across time, or the change across time in the difference between groups.

Table 1: Illustrative DD design (observed data)

	Treatment Group	Comparison Group	Difference
Pre	$\bar{Y}_{1,pre}$	$\bar{Y}_{0,pre}$	$\bar{Y}_{1,pre} - \bar{Y}_{0,pre}$
Post	$\bar{Y}_{1,post}$	$\bar{Y}_{0,post}$	$\bar{Y}_{1,post} - \bar{Y}_{0,post}$
Change	$\bar{Y}_{1,post} - \bar{Y}_{1,pre}$	$\bar{Y}_{0,post} - \bar{Y}_{0,pre}$	$\Delta = (\bar{Y}_{1,post} - \bar{Y}_{1,pre}) - (\bar{Y}_{0,post} - \bar{Y}_{0,pre}) =$ $(\bar{Y}_{1,pre} - \bar{Y}_{0,pre}) - (\bar{Y}_{1,post} - \bar{Y}_{0,post})$

To obtain standard errors and significance levels for the DiD estimate, a parametric model is fitted using a “long” dataset with each observation reflecting a person at a particular time point:

$$f(Y_{it}) = \alpha + \beta E_i + \gamma P_t + \delta E_i P_t + \epsilon_{it}$$

In the above equation:

Y_{it} is the value of the outcome observed for a person i at time t ,

E_i is an indicator of a person i being in the exposed to treatment (treatment = 1 and comparisons = 0)

P reflects the time period (pre = 0 and post = 1).

The parameter δ is the DiD

There are two types of selection biases that may affect the results of DiD – across time and across the group. Selection bias across time occurs when the groups themselves change in composition across time. While the changes in the group composition may not occur in the current study, differences between groups may occur. Selection bias across groups occurs when the groups themselves differ. For instance, the students in the school receiving treatment may be different from the control schools which may influence their perception towards gender and violence acceptance attitude. Therefore, to minimize the effect of selection bias across groups, a matching method was used to match every adolescent from the intervention schools to an adolescent from the control schools.

4.3. Population and Sample

Sampling is essential to ensure that the result is generalizable to the entire population. The target population for the current study were the individual students and their caregivers who received the intervention. Since only 292 students from three schools are participating in the intervention, the whole population was selected as more than 60 percent of the students would be required as sample to be representative. Given the likely non-response and drop-out cases, it was expected that the required sample size may increase to 80% of the population.

The enumeration of the entire population of the intervention participants was proposed also for practical reasons. Given the uncertainty posed by the COVID-19 pandemic, if a school or a significant number of participants were not able to

participate in the survey, the result from the study may not be generalizable. Therefore, to ensure adequate participants in both the baseline and endline surveys in the event of further COVID-19 outbreaks resulting in lockdowns, the whole population was enumerated.

For the control, two schools were selected based on recommendation of the Career Education and Counselling Department (CECD), Department of Youth and Sports (DYS), Ministry of Education (MoE). The selection of the schools was based on attributes of the schools that were similar to the treatment schools. The entire population of the students from the same class (Class 7) from the control schools was selected as the comparison groups. However, after the enumeration of the baseline survey, the MoE introduced a pilot project called comprehensive sexuality education (CSE) in the two control schools. Since the scope and the contents of Gakey Lamtoen and CSE are similar, two new schools were chosen as control school based on the recommendation of CECD, MoE. The endline survey was enumerated in all the schools.

Table 2: *Population and sample enumerated from control and treatment school*

Treatment status	Population	Baseline	Endline	Non-response rate (Baseline)	Non-response rate (Endline)
Control	327	307	312	6%	5%
Gakey Lamtoen	302	286	292	5%	3%
CSE	255	240	242	6%	5%
Total	884	833	846	6%	4%

The average non-response rate for adolescent’s survey during baseline was six percent and it reduced to four percent during the endline survey. The non-response by treatment status and survey period ranges from a low of three percent (for Gakey Lamtoen endline) to a high of six percent for control and CSE baseline survey. However, the current report did not analyse the result of CSE as the survey questionnaire was not designed to measure the impact of CSE on the adolescents.

4.4. Questionnaire development and enumeration

To measure the attitudes of the participants towards gender equitable attitudes, gender-based violence and peer violence, and family relationship, a standard questionnaire that was used in the previous assessment of the first pilot was adapted. The questionnaire which was used for impact assessment of first pilot was adapted from similar interventions conducted in the region by UNDP. Two separate questionnaires were developed for adolescents and caregivers. Before the enumeration of the survey, the questionnaire was validated by the project team comprising of the UNDP, NCWC, CECD and other stakeholders.

The questionnaire was divided into nine sections for both the adolescents and caregivers. The questionnaire collected demographic information of the participants and their attitudes towards gender equitable attitudes, violence acceptance and conflict resolution, and the relationship quality between adolescents and their caregivers, including discipline. The data for the baseline as well as endline was collected from both treatment and comparison schools.

The data for the baseline and endline were collected through face-to-face interviews using printed questionnaires. Prior to the survey, 25 enumerators hired specifically for the survey were trained online for two days on enumeration of the survey by the consultant and the project team. While no major challenges and issues were encountered during the survey that may have a direct impact on the outcomes of interest, there were instances where a few caregivers were assigned the wrong code by the schools, the caregivers sent siblings and cousins for the survey, and few parent were intoxicated at the time of the survey.

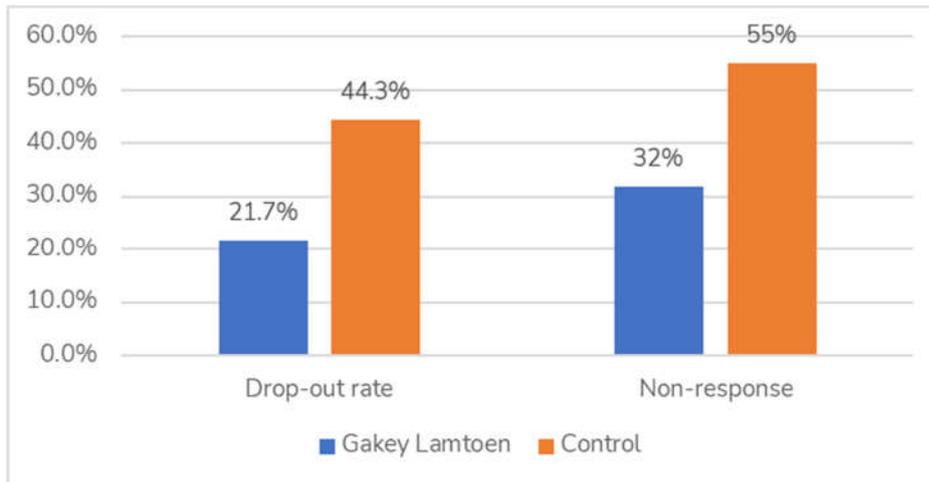
4.5. Data Analysis

The data collected through the questionnaire was entered into the computer system. EpiData was used for the data entry to minimize errors for the baseline survey while the endline survey data was collected using KoboToolbox through face-to-face interview. The data was then validated using different statistical techniques such as frequencies, distributions, cross-tabulation, and also logical validation techniques. The errors in the data were confirmed and cleaned for analysis.

The data for the caregivers were dropped from the analysis as the data lacked consistency and the drop-out rate in the endline survey was high. The drop-out rate at the endline ranged from 9.3 percent to 31.4 percent in the Gakey Lamtoen schools

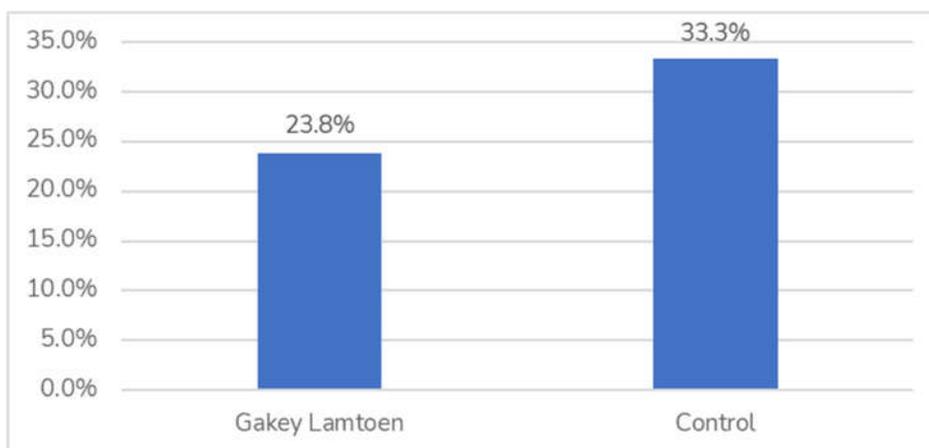
and the drop-out for control school ranged between 35.3 to 53.9 percent. The overall non-response rate for the endline survey was 44.3 percent for Gakey Lamtoen schools and 55 percent for control school.

Figure 1: Dropout and non-response rate for caregiver survey



In addition to the high drop-out and non-response rate in the caregiver endline survey, a high proportion of the caregiver who participated in the baseline survey did not participate in the endline survey. Around 23.8 percent from Gakey Lamtoen and 33.3 percent from control school reported that they did not participate in the baseline survey.

Figure 2: Percent of caregiver who participated in the endline survey but did not participate in the baseline survey.



With high proportion of drop-out and non-response rate in the endline survey and a high proportion of caregiver from the baseline not participating in the endline survey, it was decided that the data of the caregiver will not be used for the study. With

limited number of cases, matching was not possible and excluding those that did not participate in the baseline survey but responded to the endline survey reduced the sample of caregiver significantly making it difficult to draw any conclusive inferences.

The index for each of the dimension was constructed in discussion with the project team. The reliability of the construct was tested using average inter-item correlation and Cronbach Alpha. The alpha value ranges between 0.68 to 0.73 suggesting that the scale is reliable.

Table 3: Construct reliability test results

	Alpha	N
Gender equality attitude	0.70	14
Violence acceptance attitude	0.68	14
Relationship with caregiver	0.73	12
Conflict resolution	0.73	13

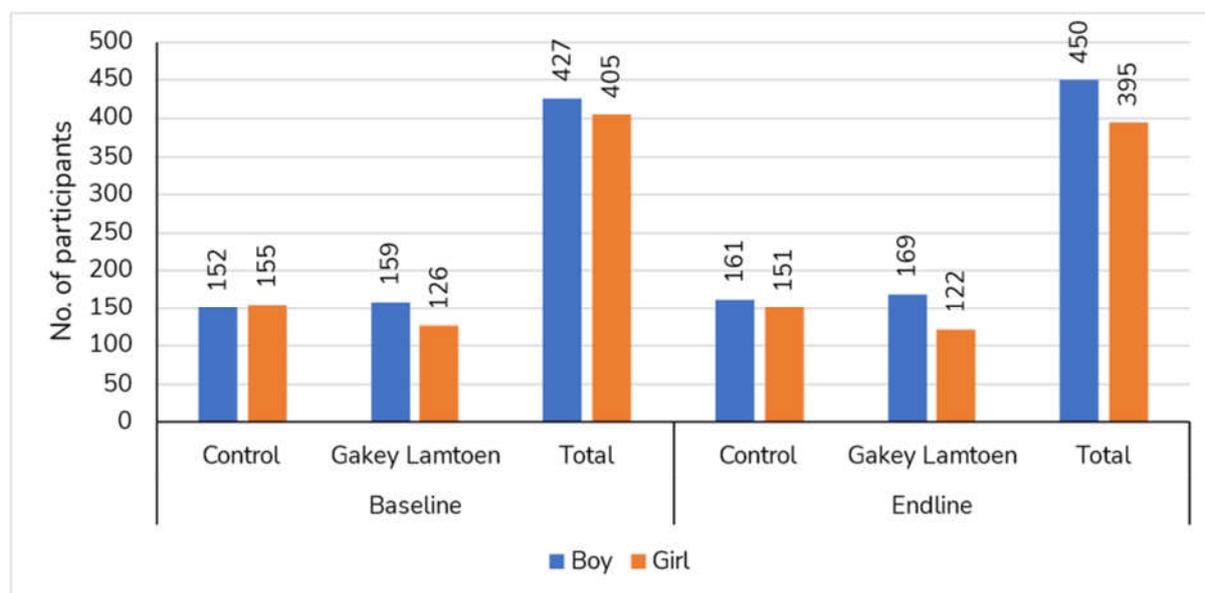
After the development of the indicators, the students from Gakey Lamtoen were matched with students from control schools based on their score in key indicators – gender equitable attitude, violence non-acceptance attitude, family relationship and conflict resolution. Matching was conducted using ‘nearest neighbour’ method. To estimate the impact using difference-in-difference, regression analysis using STATA was conducted. Further to validate the result, the proportion of adolescents reporting favourable attitudes after the intervention was also calculated.

5. Profile of the Respondents

5.1. Profile of the Adolescents

This section focuses on the demographic profile of the respondents who participated in the survey. A total of 833 adolescents participated in the baseline survey with 286 from the treatment school (Gakey Lamtoen), 240 from Comprehensive Sexuality Education (CSE) treatment group, and 307 from the control schools. Similarly, a total of 846 adolescents participated during the endline survey comprising of 292 from treatment schools (Gakey Lamtoen), 242 from CSE treatment schools, and 312 from control schools. While the overall proportion of boys and girls is almost equal for control schools, there were slightly higher number of boys compared to girls in the Gakey Lamtoen schools and slightly lower number of boys than girls in CSE schools. However, for the main report, CSE treatment group was excluded as reported in the previous chapter.

Figure 3: No. of participants by gender, treatment status, and survey period



The distribution of age shows that the age of adolescent ranges from 11 to 20 years. However, most of the adolescents were between the ages of 12 to 14 years, with 86 percent of the adolescents being in this age group. The mean age of the adolescents

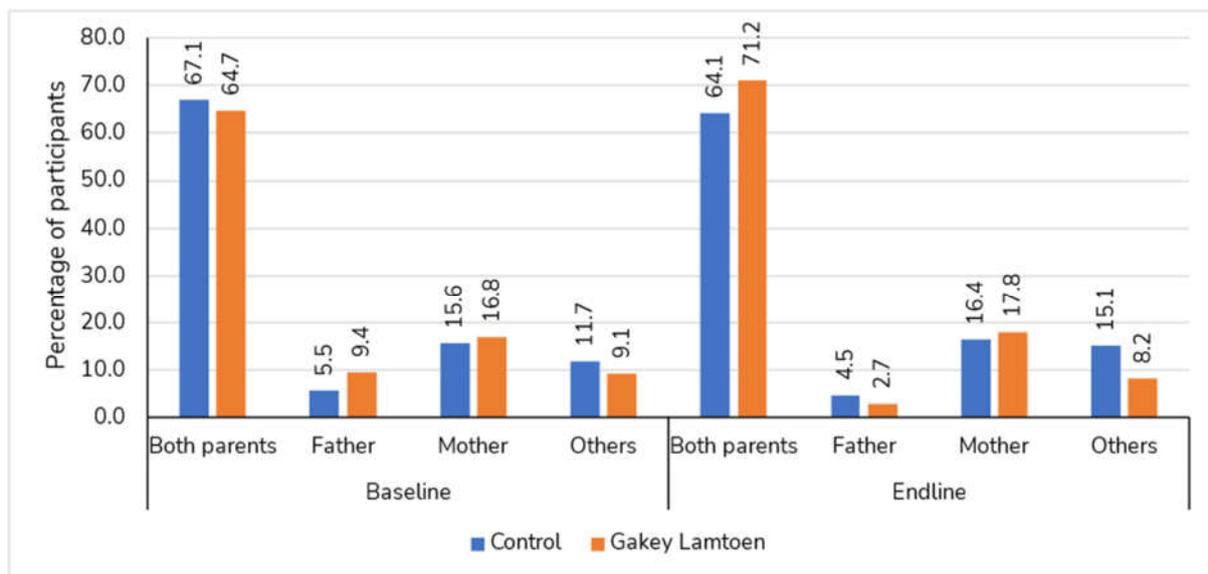
in the control and intervention groups are almost same with comparable standard deviation across the treatment status.

Table 4: Average age of the adolescent by treatment status

Treatment status	Baseline		Endline	
	Mean age	SD	Mean age	SD
Control	13.2	1.2	13.4	1.1
Gakey Lamtoen	13.1	1.0	13.6	1.0
CSE	13.2	1.2	13.7	1.1
Overall	13.2	1.1	13.5	1.1

Since the project also assessed the relationship of the adolescents with their caregivers, the adolescents were also questioned on who they currently live with at home. A large majority in both the intervention and control school students reported living with both parents at home. The proportion of adolescents from the intervention schools living with both parents is slightly higher compared to the control schools. On the other hand, the proportion of students living with other relatives are much higher in the control schools compared to intervention schools. Since parents are likely to influence the attitudes of the children, the higher proportion of adolescents from the intervention schools living with both parents may have an undue impact on the overall outcome of the project if appropriate matching techniques were not used.

Figure 4: Parents with whom the adolescent live



While no direct questions on the income of the parents and their monthly allowances were asked to the adolescents, the adolescents were asked to report if they went to bed hungry because there was not enough food or missed school because of transportation difficulties. About 95 percent of the adolescents reported not going to

bed hungry in the past week prior to the survey. However, a few of them reported going to bed hungry 'rarely' or more frequently – 5.2 percent each reported going hungry in both the control and Gakey Lamtoen schools respectively.

Table 5: *Economic status of the household where the adolescent live*

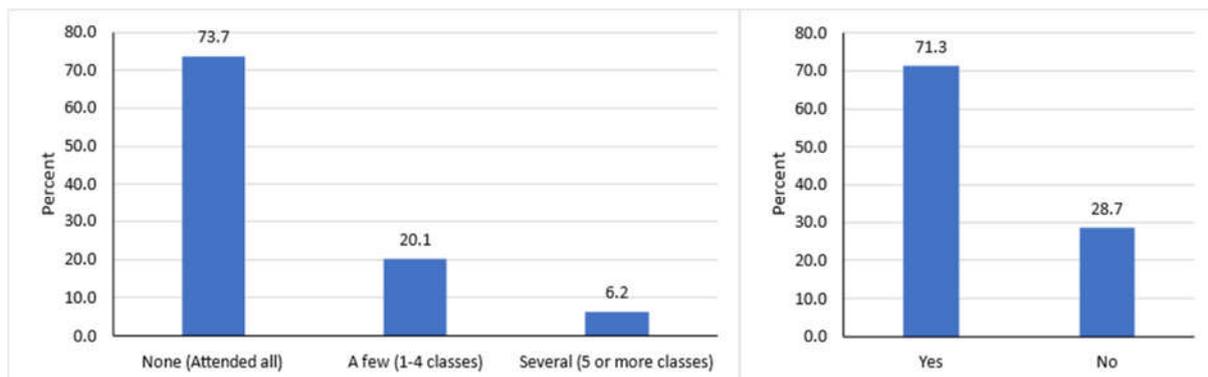
	Go to be hungry		Transportation difficulties	
	Control	Gakey Lamtoen	Control	Gakey Lamtoen
Never	94.8	94.9	83.0	73.7
Rarely	2.9	3.4	11.1	14.2
Sometimes	2.0	1.7	4.9	11.8
Often	0.3	0.0	1.0	0.4
Always	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0

It was found that the proportion of adolescents reporting transportation difficulties is higher compared to going to bed hungry. Experiencing transportation difficulties 'rarely' or more frequently was reported more by those from Gakey Lamtoen schools (26.3%) compared to control schools (17.0%).

6. Overall Reactions to Gakey Lamtoen Interventions

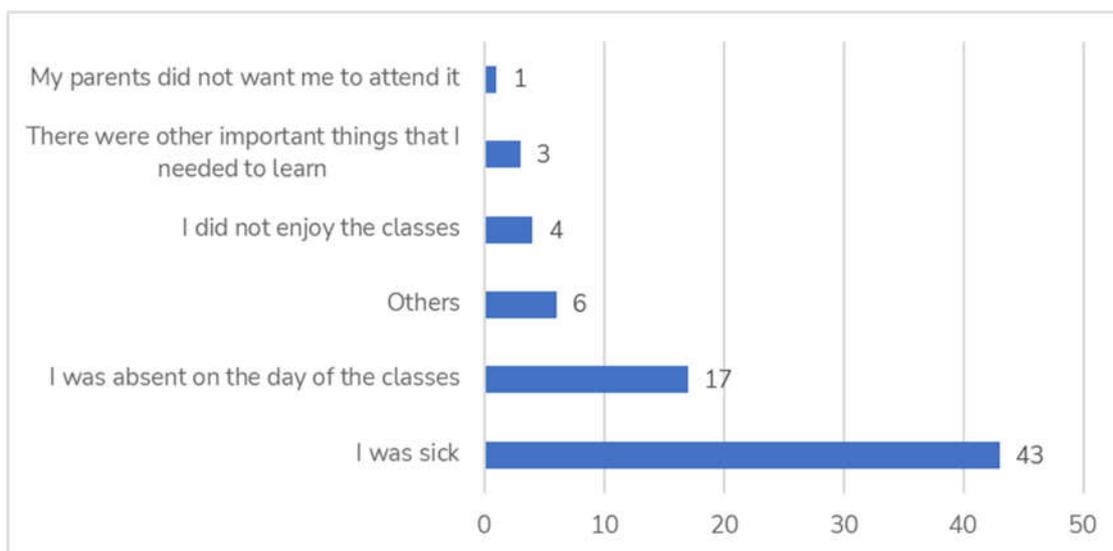
The questionnaire also collected feedback and their immediate reaction to the training. Little less than three-fourths (73.7%) of students reported attending all Gakey Lamtoen sessions and social innovation camps (71.3%). Little over 20 percent of the students reported missing 1-4 sessions of Gakey Lamtoen and only about six percent reported missing five or more sessions.

Figure 5: Participation in Gakey Lamtoen session and social innovation camps



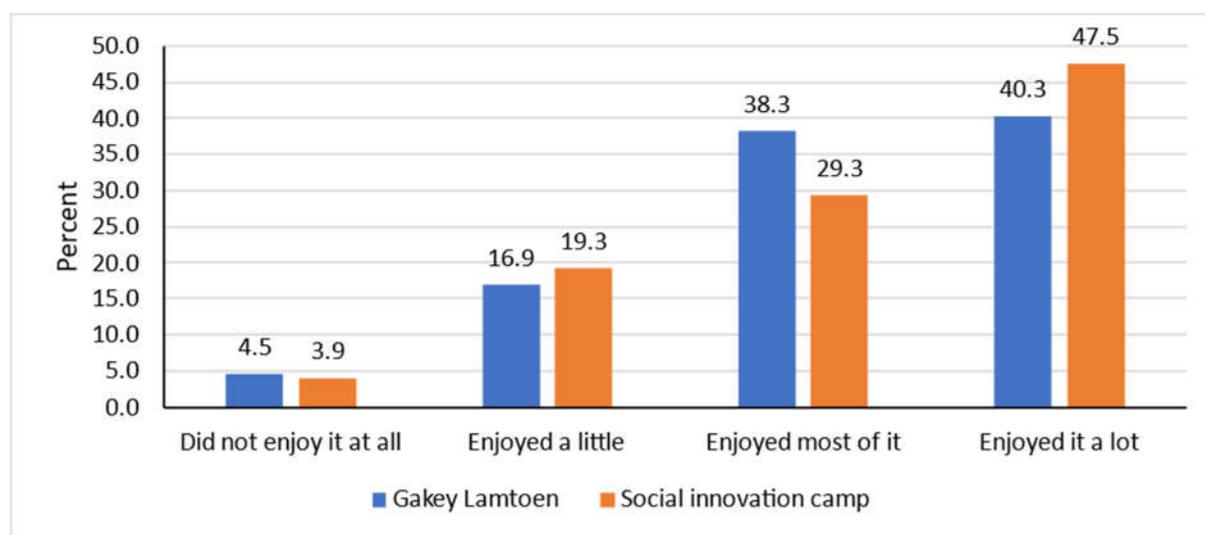
Of those who missed Gakey Lamtoen sessions, most (43 students) reported missing due to sickness followed by being absent from school on the day of the session (17 students). Few students who participated in the FDG reported that they missed the classes because they were sick. For instance, a girl from Babesa MSS reported that she fractured her leg and could not attend school for more than three weeks. She reported missing the classes during the period of her sickness. Similar stories were also reported by students from other control schools.

Figure 6: Reasons for missing Gakey Lamtoen sessions



In terms of enjoyment of Gakey Lamtoen sessions and social and innovation camps, over three-fourths of adolescents reported enjoying (reporting ‘enjoyed most of it’ or ‘enjoyed it a lot’) in both Gakey Lamtoen sessions (78.6%) as well as social and innovation camps (76.8%). During the FGD, both parents and adolescents reported enjoying the classes. The adolescents described the Gakey Lamtoen classes as ‘leaning with fun’ and reported enjoying all sessions.

Figure 7: *Enjoyment of Gakey Lamtoen classes or social innovation camp*

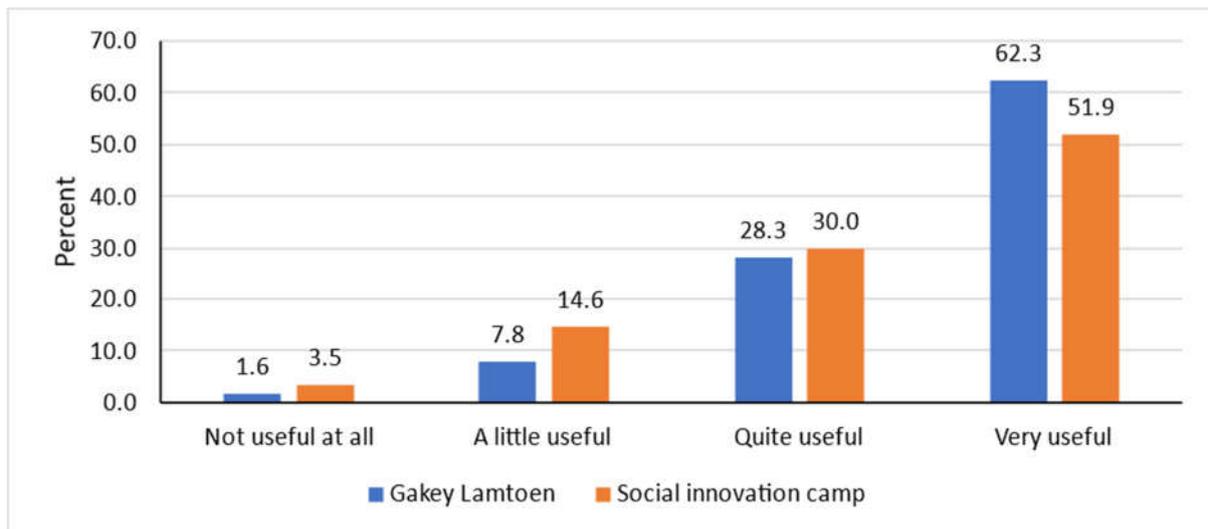


The adolescents shared that unlike their regular classes, Gakey Lamtoen sessions were interactive and participatory. Also, most adolescents shared that the teachers’ approach to teaching was different from their regular classes. For instance, participants of the focus group from all three control schools shared being open to discussion as there were no ‘right or wrong’ answer and teachers were encouraging unlike during regular classes where the same teacher would discipline them for sharing similar things or proving incorrect answers. However, one student shared that she did not enjoy the classes as she was made to share her experiences and present it to the whole class.

Similarly, large majority of students reported that both Gakey Lamtoen (90.6%) as well as social innovation camps (81.9%) were either ‘very useful’ or ‘quite useful’. Few parents who participated in the Focus Group shared that Gakey Lamtoen should have been implemented earlier as most of their kids have now grown up and will not be able to implement their learning in their upbringing. They shared that such lessons would have improved their parenting skills and they could have given good care to their older children who are currently in higher grade. One of the caregivers who

operates a taxi shared that because of the usefulness of the sessions in improving relationship between the adolescent and caregiver, the caregiver did not miss a single session although it meant loss of income.

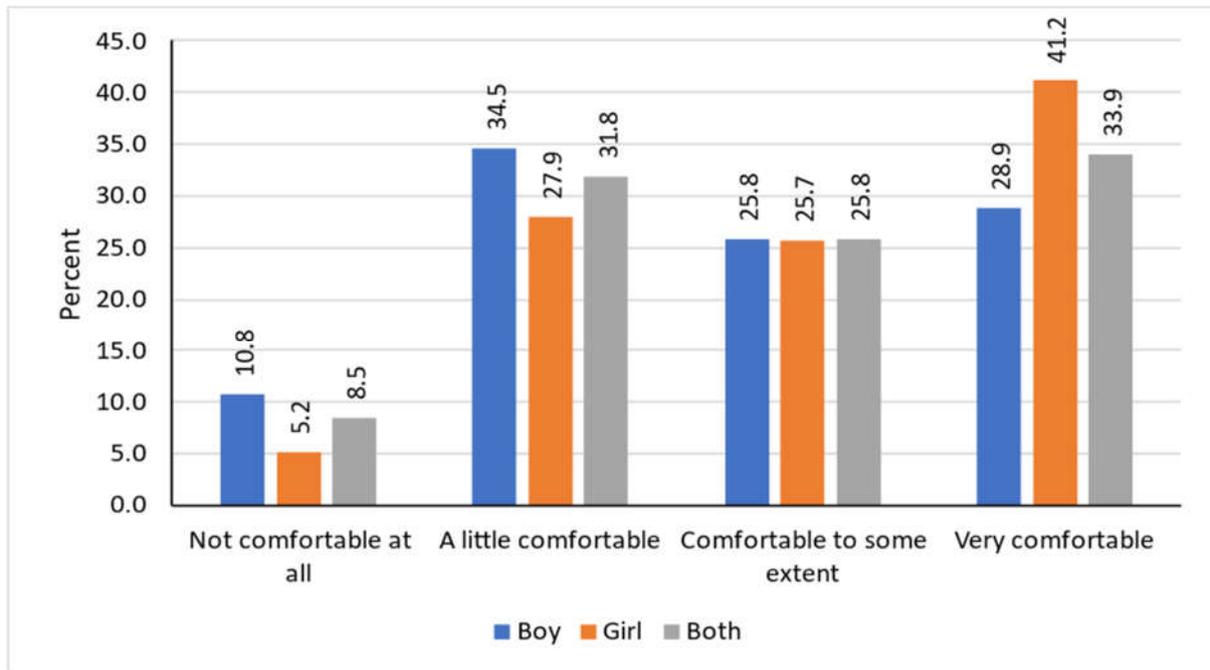
Figure 8: Usefulness of Gakey Lamtoen Classes or social innovation camp



Adolescents were also asked about their degree of comfort in sharing ideas and experiences in the sessions and camps. About one-third (34.1%) of the students reported being 'very comfortable' in sharing their ideas and experiences in Gakey Lamtoen sessions and social innovation camps. By gender, relatively higher proportion of girls (41.2%) than boys (28.9%) reported feeling 'very comfortable' to share their ideas and experiences.

Both the adolescents and caregivers reported being open to sharing ideas and experiences during the session. One of the female students remarked that she 'really enjoyed the presentation session' as she got a lot of feedback from the class which helped her improve her communication skills. The adolescents from all three schools shared that they enjoyed the roleplay of 'Dorji and Tshomo' during the sessions.

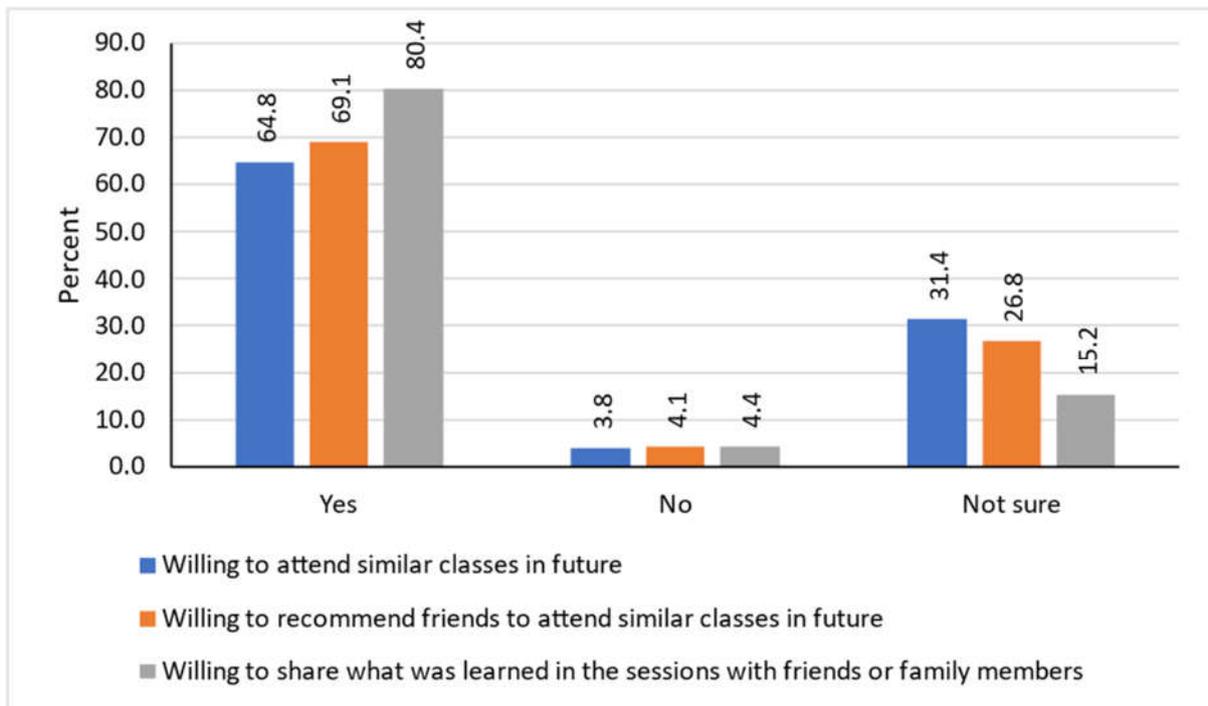
Figure 9: *Feeling comfortable in sharing ideas and experiences in the sessions and camps by gender*



When asked about their ability to understand the concepts, topics or skills introduced in the sessions, 80.8 percent reported that it is ‘understandable’ or ‘fully understandable’.

Majority of students who attended the sessions also expressed their willingness to attend similar session in the future (64.8%); willingness to recommend such session to friends and family members (69.1%); and willingness to share what was learnt to friends and family members (80.4%).

Figure 10: Willingness to attend or recommend future sessions and share what was learnt to others



During the FGD, both the adolescents and caregivers expressed their willingness to attend similar sessions in future, recommended other to attend and share their learning to the community. One of the caregivers who works in a mining company shared:

I try to share whatever I have learnt from the sessions with my friends in the colony and the community. Me and few other including the JCB operator lives in the colony which is provided by the company. When I see them punish their children or hear them scold the children, I share my experience and ask them to be mindful of their children's feeling. Rather than beating their children for visiting and eating at their friend's place, I tell them to understand why their children visited their friends – for instance, was it because of some school work that they needed to do together.

Similar stories were also narrated by the caregiver from all the schools. However, the caregiver felt that the sessions were too frequent and was difficult for most caregivers to attend all sessions given that they have other engagement.

7. Survey Results - Impact of Gakey Lamtoen

This section discusses the main result of the survey. Since one of the objectives of the endline survey was to assess the impact of intervention on the gender equitable attitudes, violence acceptance attitudes, family relationship, and conflict resolution, this section focuses on these key outcome indicators and the differences between the control and intervention groups.

The measures had a mixture of both positively as well as negatively worded statements. The response to those negatively worded statements were reversed for the outcome indicators computation and data analysis. Therefore, a higher score is considered a favourable for all four main outcome indicators - gender equitable attitude, violence non-acceptance attitude, family relationship quality, and positive conflict resolution. Since the Likert scale used in the survey ranges from 0 to 10, a score of 0 indicates a totally unfavourable attitude and 10 indicates a totally favourable attitude.

As part of the matching exercise, a test was conducted to assess the presence of selection bias by evaluating the balance or imbalance in baseline covariates, outcomes, and confounders. Since the treatment and control groups are observationally similar for key covariates at baseline, it can be confirmed that the two groups preserve exchangeability at the endline too.

Even by including the covariates such as the experience of hunger, facing transportation challenges, age, and sex of the students, there is no change in the magnitude of the effect of the intervention on the outcome variable indicating that there was no imbalance in key covariates between treatment and control school at the baseline.

7.1. Gender equitable attitudes

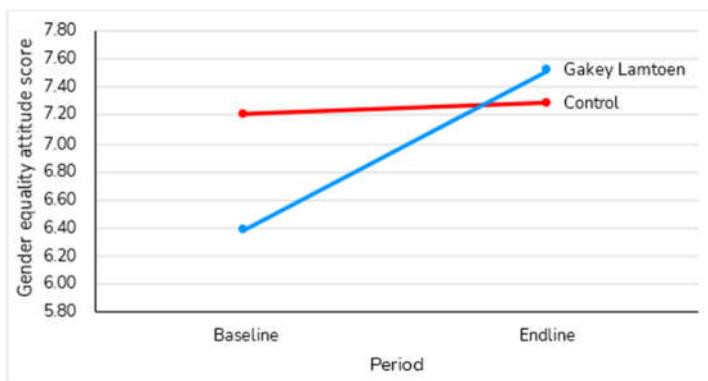
The score of adolescents in their gender equitable suggests that adolescents, in general, reject gender biases after the intervention. As indicated by the results in the table (Table 6), there is significant improvement in gender equitable attitude in Gakey Lamtoen schools compared to the control schools. This suggests the positive impact of the treatment on the gender equitable attitudes of the adolescents. In addition, the fact that there is not much changes in the results between unmatched and matched samples indicates that the result is not influenced by including unmatched students with extreme gender equitable attitudes.

Overall, the gender equality attitude score in the treatment group was 0.82 points (measured on a 0 - 10-point scale) lower than the control group in the baseline period for matched cases. Following the intervention, the adolescent of treatment schools scored higher in gender equitable attitude by 0.23 than the control school. While the control school reported 0.08 improvement in their attitude, the adolescents from treatment schools reported improvement in their attitude by 1.14.

Table 6: Average score in gender equality attitude of adolescents for matched and unmatched cases

Treatment status	Unmatched			Matched		
	Baseline	Endline	Diff	Baseline	Endline	Diff
Control	7.37	7.28	-0.09	7.21	7.29	0.08
GL	6.39	7.53	1.14	6.39	7.52	1.14

Figure 11: Average score in gender equality attitude of adolescents by treatment status and survey period



Considering the parallel assumption that treatment school would have only made similar improvement without the intervention, the total effect of the intervention (Gakey Lamtoen) session on gender equality attitude among adolescents was estimated at 1.06 points. The DiD result suggest that the difference is significant at $p < 0.01$. Therefore, it may be concluded that Gakey Lamtoen has significant positive impact on the gender equality attitude of the adolescent. The magnitude of the impact is estimated at 1.06 out of 10 which may be inferred as 10.6 percent improvement.

Table 7: The estimated size of impact of intervention on gender equality attitude

Outcome var.	Gender equality attitude	S. Err.	t	P>t
Before				
Control	7.21			
Treated	6.39			
Diff (T-C)	-0.82	0.14	-5.73	0.000***
After				
Control	7.29			
Treated	7.52			
Diff (T-C)	0.24	0.15	1.60	0.111
Diff-in-Diff	1.06	0.21	5.14	0.000***

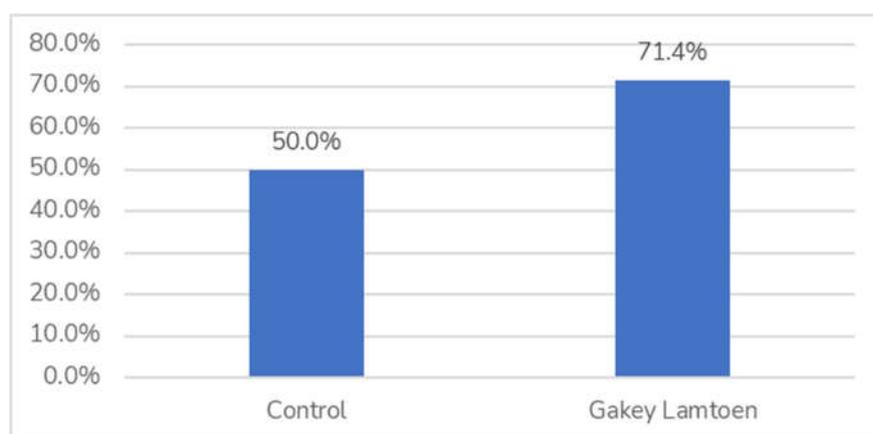
R-square: 0.06

* Means and Standard Errors are estimated by linear regression

Inference: * p<0.01; ** p<0.05; * p<0.1

Besides the evaluation of the impact of intervention (Gakey Lamtoen sessions) on key outcome indicators DiD methods, the study also conducted descriptive analysis to check the proportion of students whose endline score exceeded the baseline score by treatment status. As indicated in below (Fig. 13), only 50 percent of the students from control school reported higher gender equitable attitude score at the endline against 71.4 percent of those from the Gakey Lamtoen schools. This shows a marked improvement in the gender equitable attitude among the students from treatment school after the Gakey Lamtoen sessions.

Figure 12: Percent of students whose endline score exceeded baseline score for gender equality attitude by treatment status



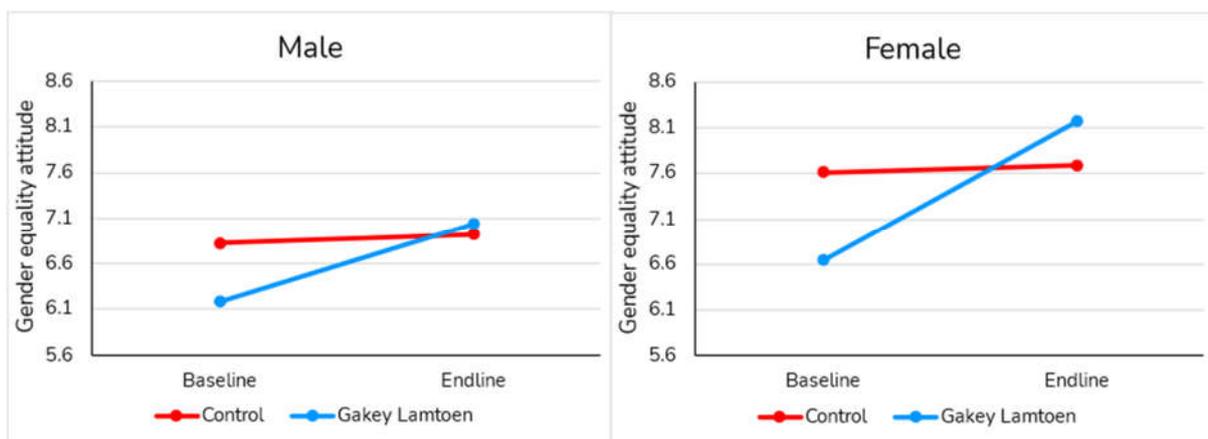
The FGD participants narrated how the sessions changed their gender equitable attitudes. Both the adolescents and caregivers recognized one of the benefits of attending the sessions as gaining a deeper understanding of gender. Most of the

participated shared that ‘girls can do what boys do’ and the male adolescent described women playing khuru (a traditional dart game played by men) as ‘cool’ and girls felt proud to see them play a traditionally men’s sports like archery and khuru.

Some caregiver narrated changes in the behaviour of their children. For instance, their sons who attended the sessions started performing household chores. One caregiver lightly shared “my son washed the clothes but forgot to hang.” Similar stories of behaviour changes were reported in all the Gakey Lamtoen schools. One of the adolescents shared that as a girl, she was tasked with all the chores like washing, cleaning and cooking. After her mother attended the Gakey Lamtoen sessions, she shared how the mother made her brother perform household chores and expressed her “happiness with the change.”

To assess the impact of sessions by gender, changes in attitude by gender was examined. The impact of intervention on gender equitable attitude is much higher for girls than boys (refer Table A1 in the annexure) for details. Females in Gakey Lamtoen schools reported favourable gender equitable attitude. While both boys and girls in control schools reported increased favourable attitude by 0.1 points at the endline, the boys and girls in Gakey Lamtoen schools reported 0.9 and 1.5 increase in gender equality attitudes respectively. Girls are likely to reported twice as favourable attitude after the intervention.

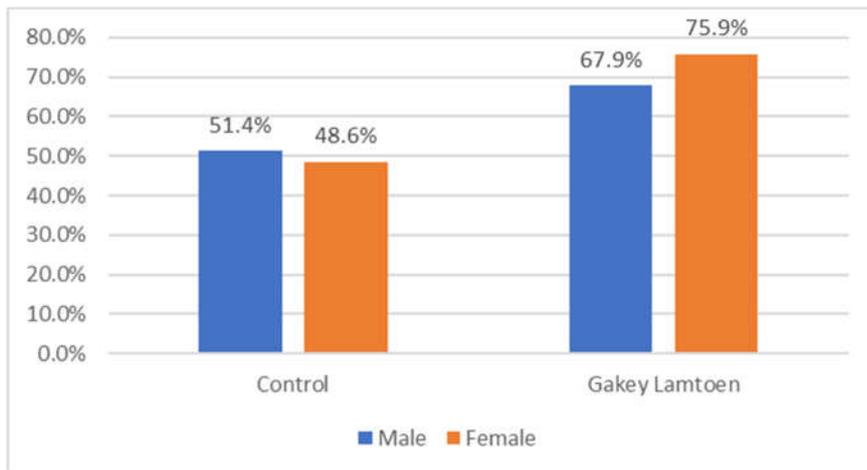
Figure 13: Average score in gender equality attitude of adolescents by treatment status, survey period, and sex of the respondents



Even when compared by the proportion who reported an increased favourable attitude, relatively higher proportion of females (75.9%) compared to males (67.9%) had their endline gender equitable attitude score exceeded that of their baseline score (see Fig. 14). The percentage difference in proportion of students whose endline score exceeded that of baseline is higher for the Gakey Lamtoen schools. For

instance, eight percentage more girls than boys reported improvement in Gakey Lamtoen group as opposed to 2.8 percentage less girls than boys in control school. The result suggests that while intervention positively impacted the adolescent, the impact on attitude of girl adolescent is higher.

Figure 14: Percent of students whose endline score exceeded baseline score by treatment status and gender in gender equality attitude



Besides statistical evidence showing positive impact of the intervention programme on gender equitable attitudes of students, they also reported observing changes in the behaviours of their male caregivers indicating their improved knowledge and attitude towards gender equality. For instance, a student reported that *“my father was doing more chores at home after attending Gakey Lamtoem. And my mother was very happy seeing father doing chores.”* Another student reported learning from Galey Lamtoen sessions *“...that male and female are equal. Men are not powerful than women and women can work outside house too if she wanted.”*

A descriptive result on gender equality attitude among adolescents at indicator disaggregated level is presented in the Annexure. Although there is strong belief towards gender equality among the adolescents, they still held the belief of males being superior such as ‘men need to be tough’ (score of 5.1 measured on a 10-point scale where higher value indicates better) and ‘men should have the final say on all family matters’ (5.6), or gender stereotypes such as ‘women’s role is to take care of home and cook’ (6.4) or ‘it is women’s responsibility to avoid getting pregnant’ (6.1) which may be inhibiting progress in gender equality initiatives. However, children’s FGD participants reporting about observing increased participation of their father or male caregivers in domestic chores after attending Gakey Lamtoen session are

encouraging developments towards improving gender equitable attitudes among the adolescents and caregivers alike.

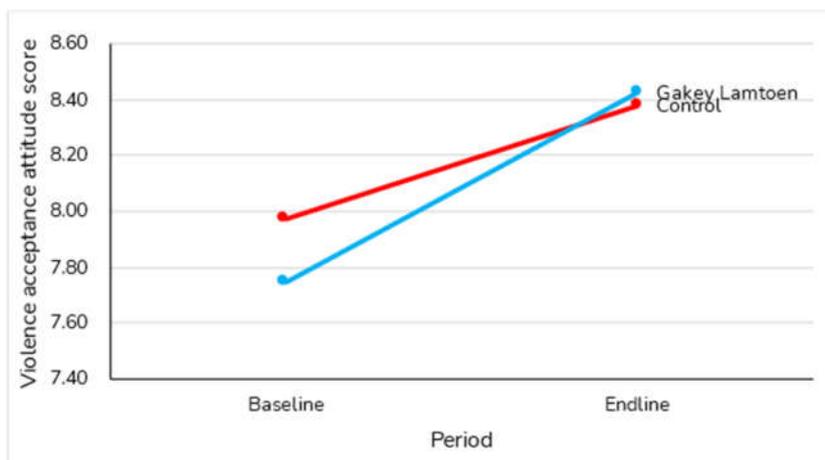
7.2. Violence non-acceptance attitude

Similarly, the results also show that the treatment has resulted in positive impact on adolescents regarding their attitudes towards violence non-acceptance. For instance, the violence non-acceptance attitude among the Gakey Lamtoen group improved from 7.75 (measured on a scale of 0 – 10 with higher score indicating better) during the baseline to 8.43 at the endline. Although both treatment and control groups registered improvement in violence non-acceptance attitude, the rate of increase was higher among the treatment groups.

Table 8: Average score in violence acceptance attitude of adolescents

Treatment status	Unmatched			Matched		
	Baseline	Endline	Diff	Baseline	Endline	Diff
Control	8.06	8.36	0.30	7.97	8.38	0.41
GL	7.75	8.45	0.71	7.75	8.43	0.68

Figure 15: Average score in violence acceptance attitude by treatment status and survey period



Overall, during the baseline, the violence non-acceptance attitude score in the treatment group was 0.23 points (measured on a 0 - 10-point scale) lower than the control group. Following the intervention, the adolescents from Gakey Lamtoen reported higher score in violence non-acceptance attitude. The result from the DiD estimated an impact of 0.27 points or 2.7 percent for students in treatment school

compared to those in control schools. However, the result is not statistically significant.

Table 9: *The estimated size of impact of intervention on violence acceptance attitude*

Outcome var.	Violence acceptance attitude	S. Err.	t	P>t
Before				
Control	7.97			
Treated	7.75			
Diff (T-C)	-0.23	0.12	-1.85	0.065*
After				
Control	8.38			
Treated	8.43			
Diff (T-C)	0.05	0.13	0.38	0.704
Diff-in-Diff	0.27	0.18	1.56	0.119

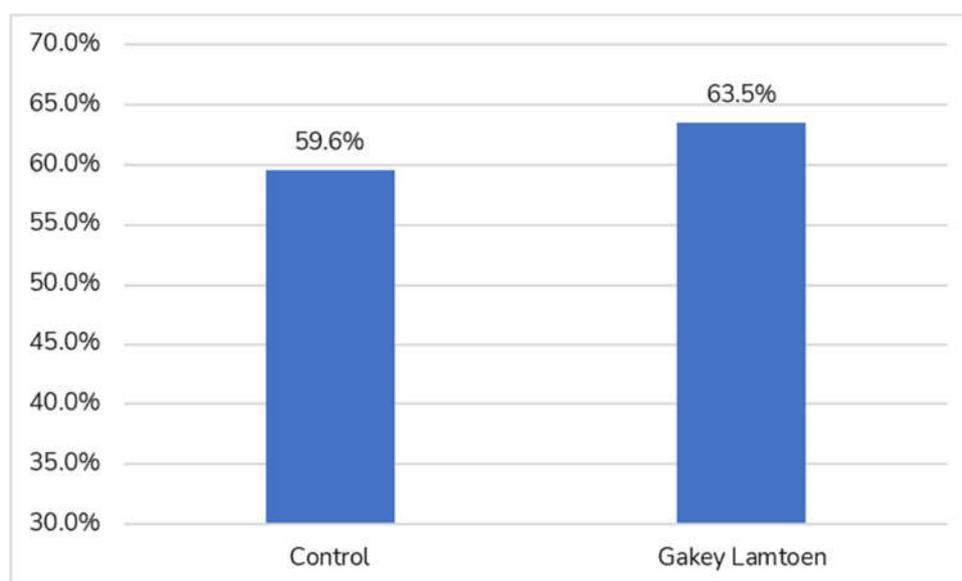
R-square: 0.04

* Means and Standard Errors are estimated by linear regression

Inference: * p<0.01; ** p<0.05; * p<0.1

Like in the case of gender equitable attitude, the proportion of students who reported higher endline score in violence non-acceptance attitude exceeded that of the baseline. Around 64 percent reported an increased favourable attitude from Gakey Lamtoen as opposed to around 60 percent for those from the control schools. The changes is minimal and may not be significant.

Figure 16: *% of students whose endline score exceeded baseline score in violence non-acceptance attitude by treatment status*

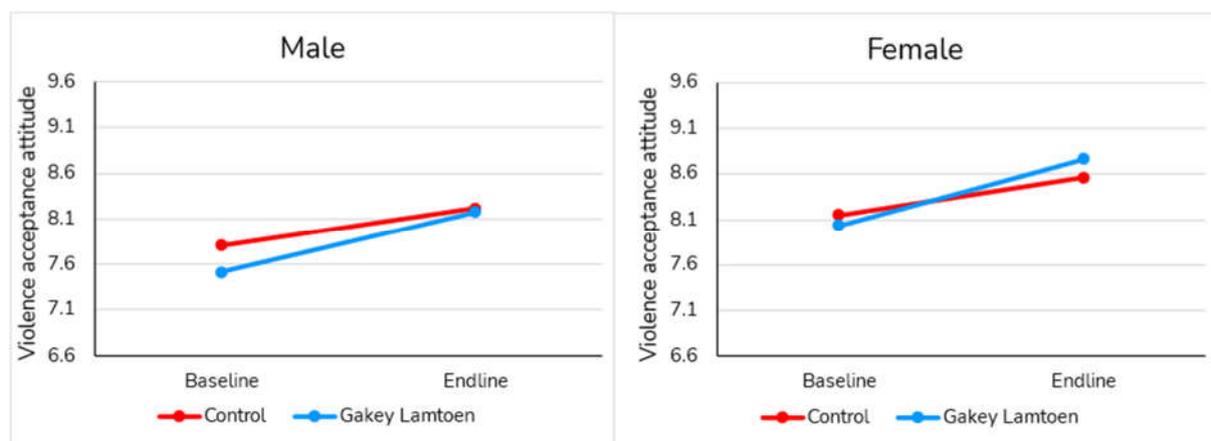


During the FGD, the adolescents narrated how Gakey Lamtoen changed their violence attitude and also shared the changes that they observed in themselves on how they reacted to anger. Most of the participants shared that they “used to get angry over simple things or simple situation with their parents, siblings and friends.” After attending Gakey Lamtoen sessions, they reported being able to accept the situation and deal with the anger. One of the adolescent narrated an incident of how Gakey Lamtoen changed her reaction to situations and anger:

I was with my siblings watching my favorite cartoon. Suddenly my brother came and disturbed me. I warned him not to disturb me but he didn't listen. At that moment, I, without even realizing anything, just slapped him. When I came to sense, he was crying and I asked him what happen, what's wrong? He was saying 'you slapped me and asking what happened.' I told him not to tell my parents. After the Gakey Lamtoen session, my sister told me that I have reduced my anger and temper. I don't shout and beat my brother like before and I play with them.

By gender, unlike in the gender equality attitude, improvement in violence non-acceptance is almost same between boys and girls in both control and treatment schools. Both boys and girls from control schools reported an increase of 0.4 points in violence rejection while both boys and girls from Gakey Lamtoen reported increase of 0.7 points.

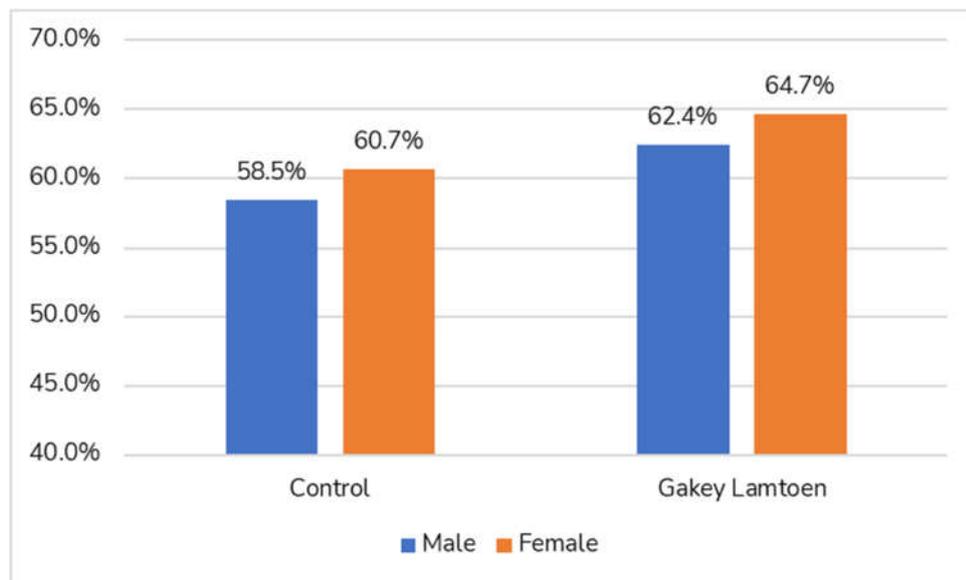
Figure 17: Average score in violence non-acceptance attitude of adolescents by treatment status, survey period, and sex of the respondents



The proportion of adolescents who reported higher violence rejection attitude at the endline survey is high for both boys and girls with more than 59 percent reporting

positive change. However, slightly more girls reported change compared to boys for both control and treatment schools. This suggest that while higher proportion of adolescent reject violence as they mature, Gakey Lamtoen was impactful in changing a higher proportion.

Figure 18: % of students whose endline score exceeded baseline score by treatment status and gender in gender equality attitude



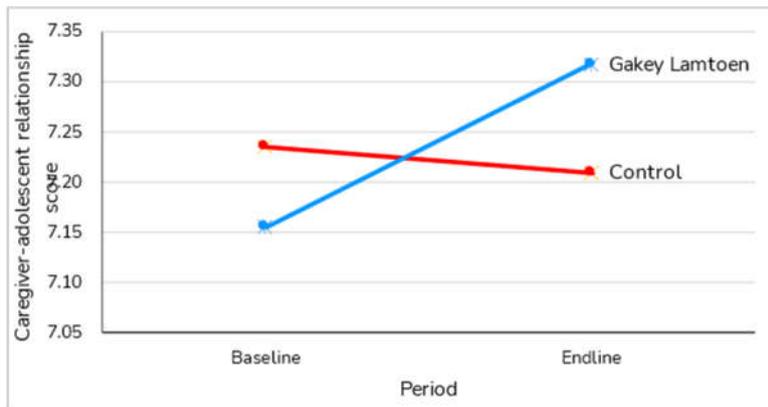
7.3. Family relationship quality

The survey also assessed the family relationship quality. The items measuring the relationship quality were positively worded. Therefore, the highest score of 10 indicates an excellent relationship and 0 indicated the worst relationship. The results indicated small improvement in family relationships at the endline for treatment group while the control group reported decreased score. However, the decrease in the score for the control in the matched cases is marginal to draw any inferences.

Table 10: Average score in caregiver-adolescent relationship quality

Treatment status	Unmatched			Matched		
	Baseline	Endline	Diff	Baseline	Endline	Diff
Control	7.30	7.22	-0.08	7.24	7.21	-0.03
GL	7.16	7.27	0.12	7.16	7.32	0.16

Figure 19: Average score in caregiver-adolescent relationship by treatment status and survey period



Overall, the DiD estimated suggested a positive impact of intervention on family relationship. The increase in the score at 0.19 out of 10 suggest a 1.9 percent improvement. However, the result is not statistically significant as shown in the table below (refer Table 11).

Table 11: The estimated size of impact of intervention on caregiver-adolescent relationship quality

Outcome var.	Caregiver-child relationship quality	S. Err.	t	P>t
Before				
Control	7.24			
Treated	7.16			
Diff (T-C)	-0.08	0.15	-0.55	0.584
After				
Control	7.21			
Treated	7.32			
Diff (T-C)	0.11	0.15	0.72	0.471
Diff-in-Diff	0.19	0.21	0.90	0.369

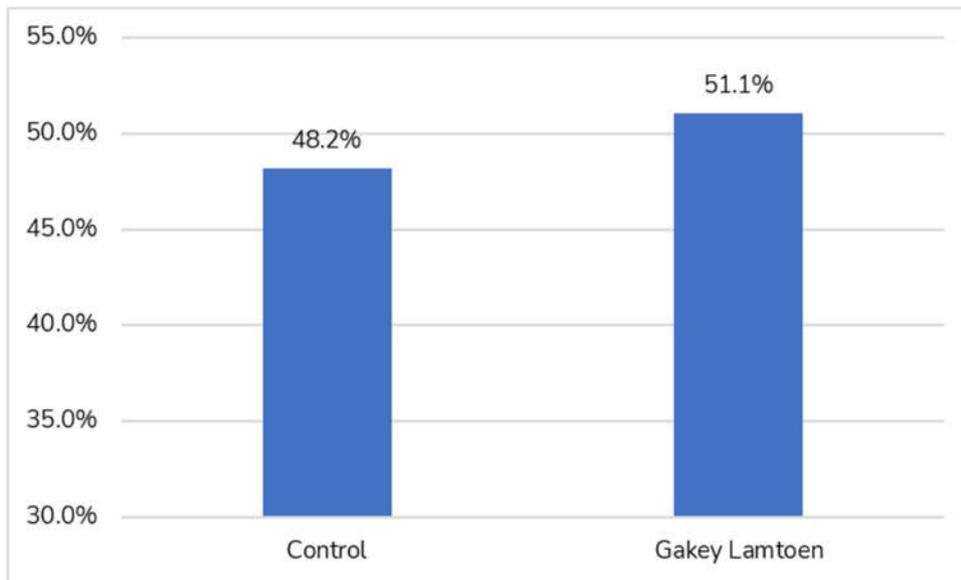
R-square: 0.00

* Means and Standard Errors are estimated by linear regression

Inference: * p<0.01; ** p<0.05; * p<0.1

While the overall mean score did not show significant increase for Gakey Lamtoen schools, around 51 percent reported increased family relationship quality after the intervention. Similarly for the control school, around 48 percent reported increased caregiver-adolescent relationship quality at the endline compared to baseline survey.

Figure 20: % of students whose endline score exceeded baseline score for caregiver-adolescent relationship by treatment status



Although the survey did not show significant positive result, the participants of the FGD shared improved relationship between the caregiver and adolescent after Gakey Lamtoen. The caregiver thanked the programme for helping them understand the adolescent and enhancing their communication skills to communicate effectively with the adolescents. In one of the schools, the FDG participants narrated that one a female participant “*cried during the session on relationship management and was given counselling by the school counsellors.*” Given the deep impact of the programme on parenting, most parents recommend other parents, preferably both parents to attend the sessions.

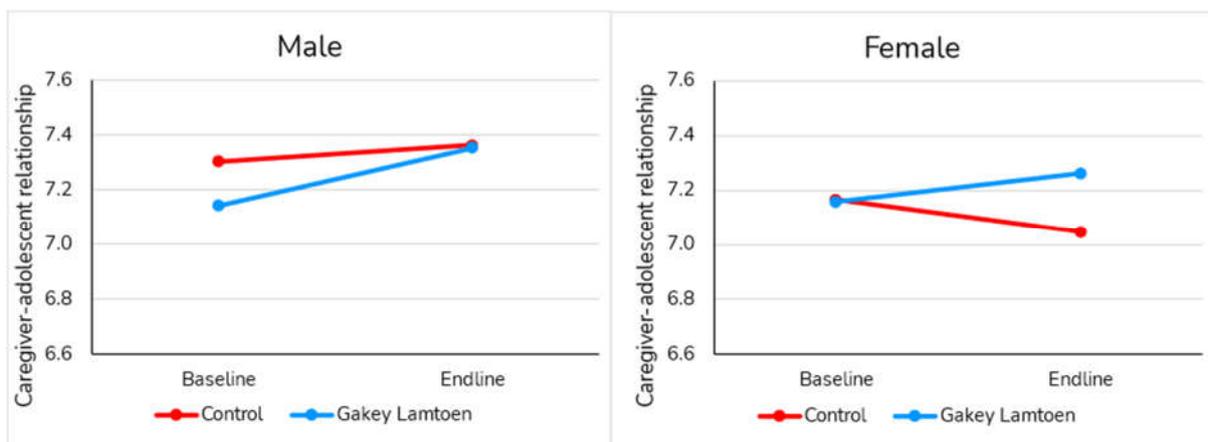
Parents also narrated that the sessions changed their approach to communication. For instance, the parents of one of the schools shared that instead of asking their children “*why are you late*” or “*where have you been*”, they now ask their children “*what took you so long and hope everything is fine*” when their children arrive late at home. Most parents acknowledge that their approach to parenting was wrong and has made many changes in their approaches to dealing with the adolescents.

The adolescents also acknowledged the impact of Gakey Lamtoen in improving family relationship. Most of the participants of the FGD narrated how they would lock themselves up in their room after the schools with minimal interaction with parents and others in the household. They shared that they took the meals separately at different times or in different rooms. After the sessions, the students shared that both the parents and adolescent made effort to eat meals together and spend the

weekend together. This, accordingly to adolescents has improved their relationship. Further, the adolescents shared that their parents now ask them about their romantic relationship and advise them as opposed to scolding or punishing which the parents resorted to prior to attending the sessions. Given these evidences, the intervention has impacted the family relationship quality.

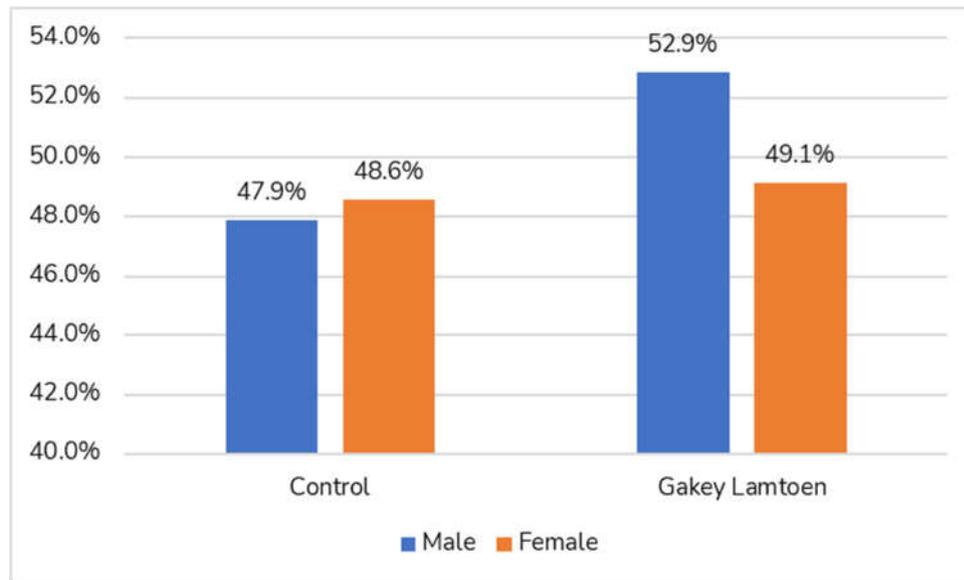
By sex, although both boys and girls in the treatment group recorded improvement in the family relationship quality, boys in the treatment schools recorded higher improvement than girls. However, for the control schools, girls reported a decline in the family relationship quality.

Figure 21: Average score in caregiver-adolescent relationship quality by treatment status, survey period, and sex of the respondents



Similar results are observed in the proportion of students who reported increased favourable relationship quality. For instance, while around 53 percent of boys in Gakey Lamtoen reported improved relationship after the intervention, around only 49 percent of girls reported increase relationship quality. The proportion reporting improved relationship is the lowest for girls from the control school with around 48 percent.

Figure 22: % of students whose endline score exceeded baseline score by treatment status and gender in caregiver-adolescent relationship



This small positive impact of the intervention programme in improving the family relationship through improved personal communication between the parent and child can be substantiated by one student FGD participant who said “*after she [mother] attend[ed] Gakey Lamtoen session, she started asking me questions like how was your day? Did you find your friends? Who bullied you?*” which made the feel cared for. A similar view was also echoed by the parents who attended the Gakey Lamtoen sessions. The parent reported that the “*...role play taught us caregiving advices which improved our bonding and relationship with children ...make time to know their children and make time for them.*”

Since Gakey Lamtoen is a social intervention programme, fast and significant impact right after the intervention cannot be expected. This is because unlike medical intervention, social and behavioural changes are small and slow. This was also understandably echoed by a parent who said “*if we say they [their children] are better by 2 to 3 times that’s a lie. They are not that much better because we cannot pick up at once but there is a slight difference.*” Such intervention programmes can be very useful for people in enhancing the relationship quality and home environment. A parent FGD participant aptly summed up the overall utility of the Gakey Lamtoen programme by remarking that the “*Gakey Lamtoen is something that can bring joy at home.*”

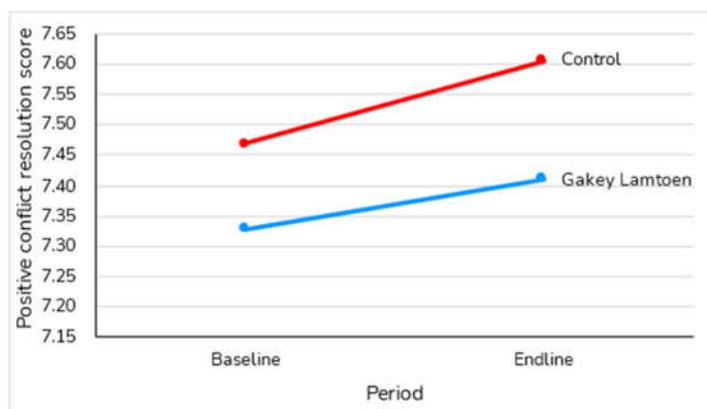
7.4. Positive conflict resolution

In case of positive conflict resolution too, a small positive change was detected for both treatment and control groups at the endline. However, unlike in the case of three earlier outcome indicators, control group recorded higher improvement than the treatment group in the matched cases. The increase in positive conflict resolution was 0.14 and 0.08 respectively for control and treatment in matched cases.

Table 12: Average score in conflict resolution by treatment status and survey period

Treatment status	Unmatched			Matched		
	Baseline	Endline	Diff	Baseline	Endline	Diff
Control	7.50	7.58	0.07	7.47	7.61	0.14
GL	7.33	7.43	0.10	7.33	7.41	0.08

Figure 23: Average score in conflict resolution by treatment status and survey period



On the four outcome indicators used for assessing the impact of Gakey Lamtoen on adolescents, the positive conflict resolution indicator is the only which did not result in any changes due to the intervention. The impact size estimated at -0.06 points is too small and statistically not significant to make any inferences.

Table 13: The estimated size of impact of intervention on conflict resolution

Outcome var.	Conflict resolution	S. Err.	t	P>t
Before				
Control	7.47			
Treated	7.33			
Diff (T-C)	-0.14	0.13	-1.06	0.29
After				
Control	7.61			
Treated	7.41			
Diff (T-C)	-0.20	0.14	1.44	0.15
Diff-in-Diff	-0.06	0.19	0.29	0.77

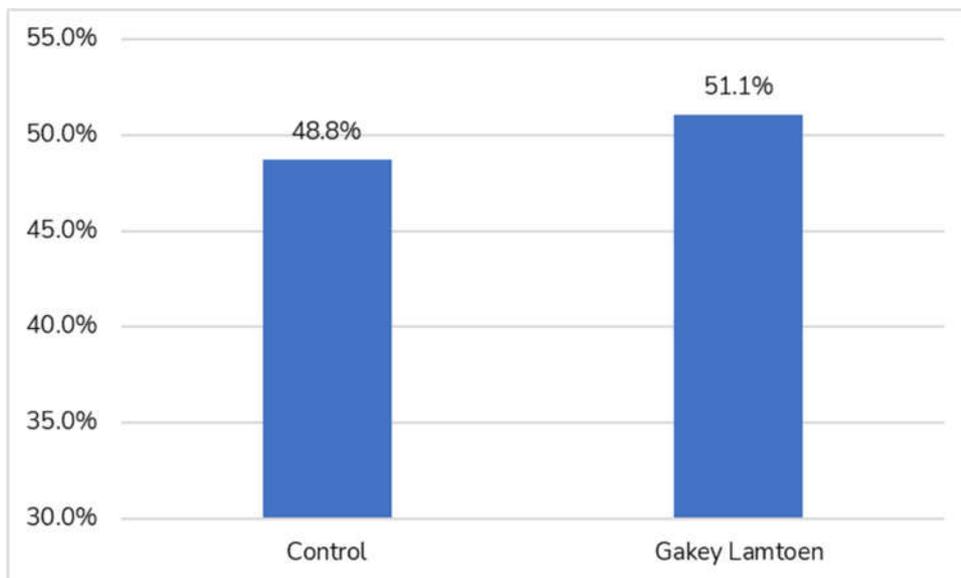
R-square: 0.00

* Means and Standard Errors are estimated by linear regression

Inference: * p<0.01; ** p<0.05; * p<0.1

Like in the case of family relationship score, little over two percentage higher students reported changes with 48.8 percent in control and 51.1 percent in treatment schools (51.1%). The proportion of student reporting increased positive conflict resolution suggest that the intervention had minimal impact.

Figure 24: % of students whose endline score exceeded baseline score for positive conflict resolution by treatment status

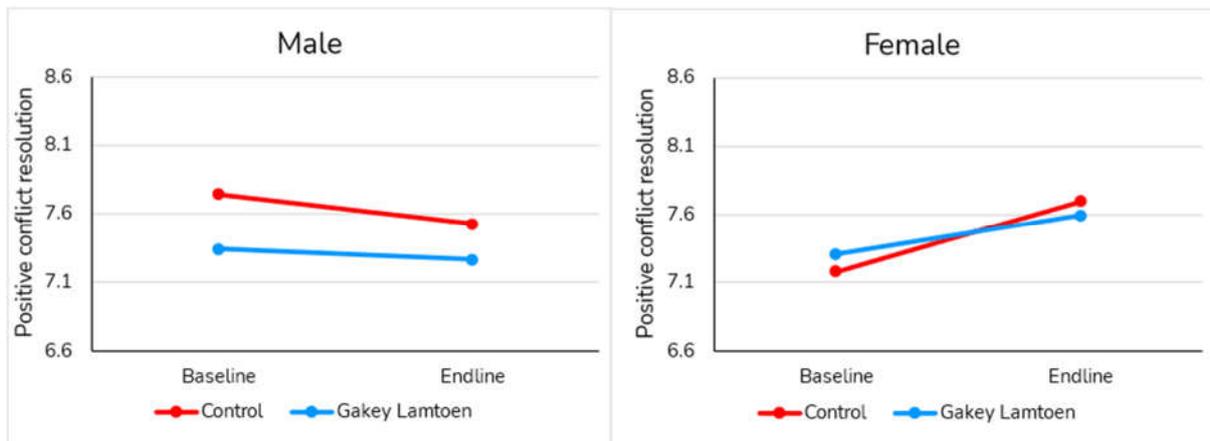


Contrary to the survey findings, the FDG suggested that it impacted their conflict resolution behaviour. Adolescent from all schools shared how “I” message, which they learnt from Gakey Lamtoen was used for conflict resolution. All student expressed that the roleplay helped them resolve conflicts with parents and friends. For instance, a student from one of the Gakey Lamtoen narrated “our role play was

between the parent and the child where the child tries to leave home and parents didn't allow. They had an argument and after that they settled it by saying sorry." The student continued "we learned that we aren't supposed to disagree to the things that we don't like... [and learnt] to solve problem without violence." The interaction from the FDG with both students and caregivers suggested that intervention had a positive impact on how they resolved conflicts.

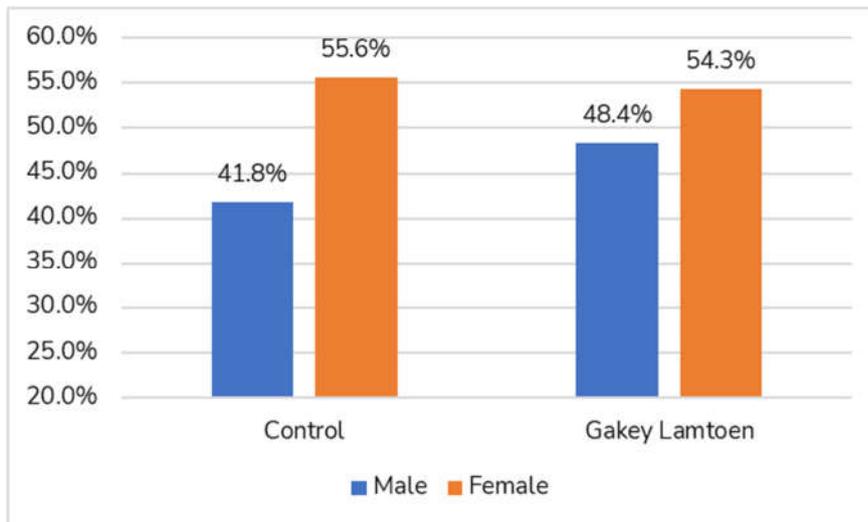
By sex, girls recoded slight improvement at the endline compared to the baseline, boys registered a very small decline. However, the results are inconclusive as the changes are marginal.

Figure 25: Average score in positive conflict resolution by treatment status, survey period, and sex of the respondents



Although there was no difference in the proportion of those whose endline score exceeded baseline score for girls in treatment schools (54.3.1%) and control (55.6%) schools, slightly higher proportion of boys from treatment (48.4%) than from control (41.8) was observed indicating the positive impact of the intervention programme on male participants.

Figure 26: % of students whose endline score exceeded baseline score by treatment status and gender in gender equality attitude



Although no observable impact or statistical significance of intervention on conflict resolution was found, many participants seem to have benefited from the intervention programme. For instance, a FGD participant remarked that “*I used to get into physical fights several times but after Galey Lamtoen only twice I guess*” indicating positive changes towards resolving conflicts in positive manner.

8. Discussions, Recommendation and Conclusion

A mapping of youth development and parenting programmes implemented by Department of Youth and Sports, MoE was conducted to identify complementary and contrast between the different programmes and Gakey Lamtoen. The discussion and recommendations are presented in light of the mapping and other literature that are currently available.

The reaction to the workshop sessions and social and innovation camps showed that most participants enjoyed the session and found it useful. In addition, the adolescents found the concepts, topics and skills easy to understand. The session involved sharing of ideas and both boys and girls reported feeling comfortable in sharing their ideas and learning during the workshop. The extent of their enjoyment and the usefulness of the intervention may also be reflected in their likelihood of recommending the sessions to their friends and family. Both boys and girls expressed their likelihood to recommend the session and expressed their interest to attend similar programmes in future.

Of the four impact areas that the current project intended to change, the DiD estimate suggests that the impact on gender equitable attitudes was positive and statistically significant. The magnitude of the impact in gender equitable attitude is estimated at 1.06 out of 10 which can be inferred as 10.6 percent improvement in their attitude. This was further validated by the participants during the focus groups discussions (FDG). Improvements were observed in also other dimensions. However, the improvement in these dimensions cannot be solely attributed to Gakey Lamtoen as the control schools also reported similar improvement.

In the gender equitable attitudes, the results of the survey suggests that adolescents reject both gender-based physical and sexual violence, and gender stereotypes and biases. They reported an unfavourable attitude towards the use of violence against women or acceptance of gender stereotypes. The overall change in their attitude as suggested by the estimates is around 11 percent which is a significant achievement given that social change is a slow process. The result is validated by the qualitative interviews where both caregivers and adolescents reported changes in their own attitudes and observed changes in their friends and family.

While the changes in dimensions of violence non-acceptance and perpetration, family relationship and conflict resolution were not statistically significant, the results from the FDG suggests the impact of the programme on their attitude and behaviour to be significant. In the baseline, adolescents in both intervention and control schools scored lowest in gender equitable attitudes. The result suggests that students in both treatment and control schools were not aware about gender biases and stereotypes in the society, but seemed to already be aware of other themes that Gakey Lamtoen covered.

Of the four dimensions, the adolescents scored the highest in violence non-acceptance and perpetration attitude in the baseline in both treatment and control schools. The average score in violence rejection and perpetration attitudes was highest even at the endline for the control school suggesting that adolescents reject violence. The violence rejection attitude may be the result of other programmes the Ministry of Education currently offers. For instance, of the 10 programmes that were reviewed during the mapping, six programmes covered violence as one of the thematic areas. Therefore, given the high violence rejection attitude among the students prior to Gakey Lamtoen, the impact of the intervention was minimal.

Similarly, the high score in the two remaining dimensions of family quality and positive conflict resolution may be due to similar programmes offered by DYS in all

schools. For instance, of the ten programmes that were reviewed, communication was covered by five programmes, and positive parenting and relationship by four programmes. Further, as conflict resolution is taught in most programmes, the score in both the baseline and endline was high. Given the high score in the baseline, the pilot project may not have been able to provide concept to already existing curriculum. In absence of other programmes, it is likely that Gakey Lamtoen would have made significant impact in other dimensions as well.

Recommendation

As Gakey Lamtoen has significant impact in promoting gender equality attitudes and gender roles, and change stereotypes, it is recommended that the programme be continued and introduced in all schools from Class VII onwards. Additional programmes of students in higher grades also need to be developed as most student expressed their willingness to attend the classes in future as well. The parents also recommended that similar programmes focusing on attitude and behavioural change be continue as their children progress to higher grades.

The following options may be adopted by Ministry of Education to implement the concepts and thematic areas of Gakey Lamtoen. The options are recommended in order of priority:

a. Integrate different thematic areas of Gakey Lamtoen into other programmes

The MoE currently implements a number of programmes aimed at changing attitudes and behaviour. Since some of these programmes have been implemented for an extended period, most teachers, parents and students are familiar with the programmes. Therefore, it would be easier to integrate the different thematic areas of Gakey Lamoten in different programmes. In addition to adopting the thematic areas, these programmes may also adopt the teaching and learning approaches adopted by Gakey Lamtoen as most parents and students felt that the learning was fun with a lot of activities. The different thematic areas of change areas may be adopted in the following programmes:

i. Integrate gender equality into Career Guidance and Counselling Classes: Career guidance and counselling classes are offered once a week in all schools across Bhutan. Gakey Lamtoen sessions were delivered as part of the counselling classes in the three treatment

schools. Since the intervention had an impact on gender equitable attitude, gender topics from Gakey Lamtoen may be integrated into counselling classes. This will require all school counsellors to be trained in gender and related topics. The counselling classes may focus on gender theories while other programmes like scout may focus on practical exercise.

- ii. **Integrate gender equality into Scout Programme:** One of the most widely adopted programme in the schools is the Scout Programme. It was instituted to help children develop character, habits and attitudes of good citizenship; promote, value and appreciate culture; develop a sound physical, mental and emotional fitness; and to develop life skills among the students. The programme is implemented every Thursday for around 60 to 90 minutes in more than 168 schools. The scout programme for adolescents in Class VII and VII covers thematic areas such as gender, psychological wellbeing, violence and reproductive health. Therefore, the gender themes of Gakey Lamtoen be integrated into the scouting programme. This may require training on gender and related topics.

The thematic areas on violence and conflict resolution may also be integrated into scouting programme as comprehensive sexuality education (CSE) which is currently being piloted is implemented through the scout programme. The CSE programme covers topics such as gender, violence, relationship and reproductive health among others.

- iii. **Integrate caregiver-adolescent relationship into parenting education:** Parenting education is offered for a day twice a year in around 169 schools across Bhutan. The ministry plans to introduce the programme in around 90 additional schools in 2023. The parenting education covers topics such as understanding adolescents, communication, positive parenting and reproductive health. Since the programme has been adopted by over 169 schools, the thematic areas on caregiver-adolescent relationship may be integrated into parenting education. The current frequency of parenting education may be increased to 4 to 6 full-day sessions in a year as most expressed their interest and willingness to attend the sessions once every two or three months. Further, as suggested by the caregivers, both caregivers may be encouraged to participate in the programme.

b. Continue Gakey Lamtoen as a separate programme

An alternative to integrating the thematic areas of Gakey Lamtoen into other programmes is to continue the current programme as a separate programme. If implemented as an independent programme, other programmes such as parenting education maybe merged with Gakey Lamtoen. This will require orienting at least one or two teachers from each of the implementing schools in facilitating Gakey Lamtoen. This will also require the ministry to provide all implementing schools with adequate resources which may result in inadequate fund to implement the initiative as all programmes will compete for limited resources that Ministry of Education is allocated each year.

9. Annexure A: Statistical Tables

Table A1: Gender equality attitude by treatment status, survey period and sex

Treatment status	Male			Female		
	Baseline	Endline	Difference	Baseline	Endline	Difference
Control	6.8	6.9	0.1	7.6	7.7	0.1
Gakey Lamtoen	6.2	7.0	0.9	6.6	8.2	1.5
Total	6.5	7.0	0.5	7.2	7.9	0.8

Table A2: Violence acceptance attitude by treatment status, survey period and sex

Treatment status	Male			Female		
	Baseline	Endline	Difference	Baseline	Endline	Difference
Control	7.8	8.2	0.4	8.1	8.6	0.4
Gakey Lamtoen	7.5	8.2	0.7	8.0	8.8	0.7
Total	7.7	8.2	0.5	8.1	8.7	0.6

Table A3: Caregiver-adolescent relationship quality by treatment status, survey period and sex

Treatment status	Male			Female		
	Baseline	Endline	Difference	Baseline	Endline	Difference
Control	7.3	7.4	0.1	7.2	7.0	-0.1
Gakey Lamtoen	7.1	7.4	0.2	7.2	7.3	0.1
Total	7.2	7.4	0.1	7.2	7.1	0.0

Table A4: Positive conflict resolution by treatment status, survey period and sex

Treatment status	Male			Female		
	Baseline	Endline	Difference	Baseline	Endline	Difference
Control	7.7	7.5	-0.2	7.2	7.7	0.5
Gakey Lamtoen	7.3	7.3	-0.1	7.3	7.6	0.3
Total	7.5	7.4	-0.1	7.2	7.6	0.4

Table A1: Gender equality attitude score by treatment status and survey period

Treatment status	Baseline		Endline	
	Control	Gakey Lamtoen	Control	Gakey Lamtoen
	Woman's role is to take care of home and cook	5.9	4.4	5.7
At times woman deserves to be beaten	8.3	7.6	7.7	7.4

Husband has right to punish wife, if she does wrong	6.9	5.9	7.4	7.8
Woman should tolerate violence to keep her family together	8.3	6.6	8.4	8.8
Woman should always obey her husband	7.7	6.3	7.8	8.3
Woman has no right to refuse sex with her husband/boyfriend/partner	8.9	8.1	9.1	9.0
If a woman doesn't physically fight back, it's not rape	7.8	6.2	7.3	7.0
If a girl or woman dresses sexy or gets drunk, she is inviting men to rape her	7.3	6.6	7.7	7.7
It is woman's responsibility to avoid getting pregnant	5.3	5.4	5.4	6.8
If someone insults a man, he can use force (physical)	5.8	5.3	6.3	7.3
To be a man, you need to be tough	5.1	4.5	5.0	5.2
A man should have the final say in all family matters	6.7	4.1	5.5	5.7
Men should share household chores such as doing dishes, cleaning, cooking, looking after children	9.2	8.7	9.2	8.8
People should be treated the same whether they are male or female	9.6	8.9	9.5	9.0

Table A2: Violence acceptance attitude score by treatment status and survey period

Treatment status	Baseline		Endline	
	Control	Gakey Lamtoen	Control	Gakey Lamtoen
Acceptable to call someone bad names	8.7	9.2	9.0	9.2
Acceptable to hit, punch or kick if angry	7.1	6.5	7.9	7.7
Acceptable to hit, punch or kick if disagree	9.4	8.9	9.2	9.2
Acceptable for parent to hit child	4.0	4.3	5.1	5.7
Acceptable for man to hit, punch, or kick his wife or girlfriend	9.6	9.5	9.4	9.4
Acceptable for woman to hit, punch, or kick her husband or boyfriend	9.1	8.9	8.9	9.5
Acceptable for boy to hit his girlfriend if she make him angry	8.7	8.4	9.2	9.2
Acceptable for girl to hit her boyfriend if he make her angry	8.2	7.8	8.8	9.0
Acceptable boys/men to hit girlfriend/wife to get them back under control	7.4	6.7	7.4	8.1
If boy hits girlfriend, other boys would think he is "real boy or man"	9.1	8.9	9.4	9.6
If girl/wife refuses sex with her boyfriend/husband, it is sometimes ok for him to hit her	9.7	8.8	9.8	9.4
In some rape cases, victim may have done something to cause it.	6.1	5.2	6.4	6.6
If victim doesn't physically fight back, can't really say it is rape	7.1	5.9	7.5	6.8

Table A3: Caregiver-adolescent relationship quality score by treatment status and survey period

Treatment status	Baseline		Endline	
	Control	Gakey Lamtoen	Control	Gakey Lamtoen
Have caring/close relationship with mother/female caregiver	9.3	9.0	9.1	9.0
My mother/female caregiver is always there for me	9.4	9.0	9.2	9.1
If I have a problem, can talk to my mother/female caregiver	7.8	8.3	7.6	8.0
Have caring/close relationship with my father/male caregiver	8.4	7.4	8.3	8.1
My father/male caregiver is always there for me	8.6	8.0	8.5	8.6
If I have a problem, I can talk to my father/male caregiver	6.8	6.9	6.5	7.0
I spend a lot of time with my parents/caregivers	7.9	7.7	8.1	7.6
My parents/caregivers ask about my learning at school	8.5	8.7	8.5	8.7
My parents/caregivers ask about how I was doing in my tests at school	8.8	8.6	8.6	8.7
My parents/caregivers ask how I am feeling	7.2	7.3	7.1	7.3
My parents/caregivers ask if anything is bothering me	7.0	6.9	6.9	7.1
My parents/caregivers ask about my friends regularly	6.9	6.9	6.7	7.0
My parents/caregivers listen to me when I talk about something interesting/important	8.5	8.2	8.4	8.2
My parents/caregivers ask me or talk with me about having girlfriend/boyfriend	4.9	3.9	4.7	4.8
I am comfortable talking to my parents/caregivers about my feelings	6.6	6.7	6.9	6.9
I am comfortable talking to my parents/caregivers about my worries/problems	7.4	7.7	7.3	7.5
I am comfortable talking to my parents/caregivers about happenings in my school	8.6	8.7	8.0	8.3
I am comfortable talking to my parents/caregivers about my friends	8.3	8.3	8.2	7.9
I am comfortable talking to my parents/caregivers about my romantic relationship	1.8	2.3	2.1	2.7
I am comfortable talking to my parents/caregivers about sex/pregnancy/HIV/AIDS	2.4	2.1	2.3	2.8

Table A4: Positive conflict resolution score by treatment status and survey period

Treatment status	Baseline	Endline
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	Gakey Lamtoen		Gakey Lamtoen	
	Control	Gakey Lamtoen	Control	Gakey Lamtoen
It is important to listen to and understand other person's point of view in a disagreement or conflict.	8.7	7.5	8.5	8.5
Is good idea to talk through a disagreement or conflict rather than fight about it	9.2	8.1	8.6	8.8
Refused to talk to or ignored the other person about the problem	8.9	8.5	7.6	7.5
Walked off angrily during the argument	5.4	4.9	6.1	6.3
Said mean or hurtful things to the other person	4.8	4.7	5.9	5.7
During conflict/disagreement/argument, how often you started physically fighting/tried to physically hurt your girlfriend/boyfriend/best friend?	9.7	9.2	9.7	9.2
Asked about and listened to the other person's point of view	7.1	7.1	8.0	7.4
Talked with the other person to find a solution you both agree on	7.5	7.0	8.1	7.6
Refused to talk to or ignored the other person about the problem	7.6	7.6	7.8	8.1
Walked off angrily during the argument	7.0	7.0	7.1	7.0
Said mean or hurtful things to the other person	7.6	8.0	7.6	7.7
Tried to calm yourself down before talking or doing something	7.2	6.9	7.3	7.0
Told other person about how you feel and what is important to you in the situation	6.4	6.4	6.5	6.9
Asked questions to understand other person's feelings and view of the problem	7.4	7.5	7.3	7.3

Mapping of Youth Development Programmes in Schools in Bhutan

Based on the recommendation of the Steering Committee and the Evaluation Reference Group, a mapping of programmes that focuses on gender equality, violence, adolescents relationship with caregivers and friends, and wellbeing of adolescents was conducted. The main objective of the exercise is to assess similar programmes to Gakey Lamtoen that are currently offered in schools across Bhutan and how it might confound the impact evaluation of Gakey Lamtoen.

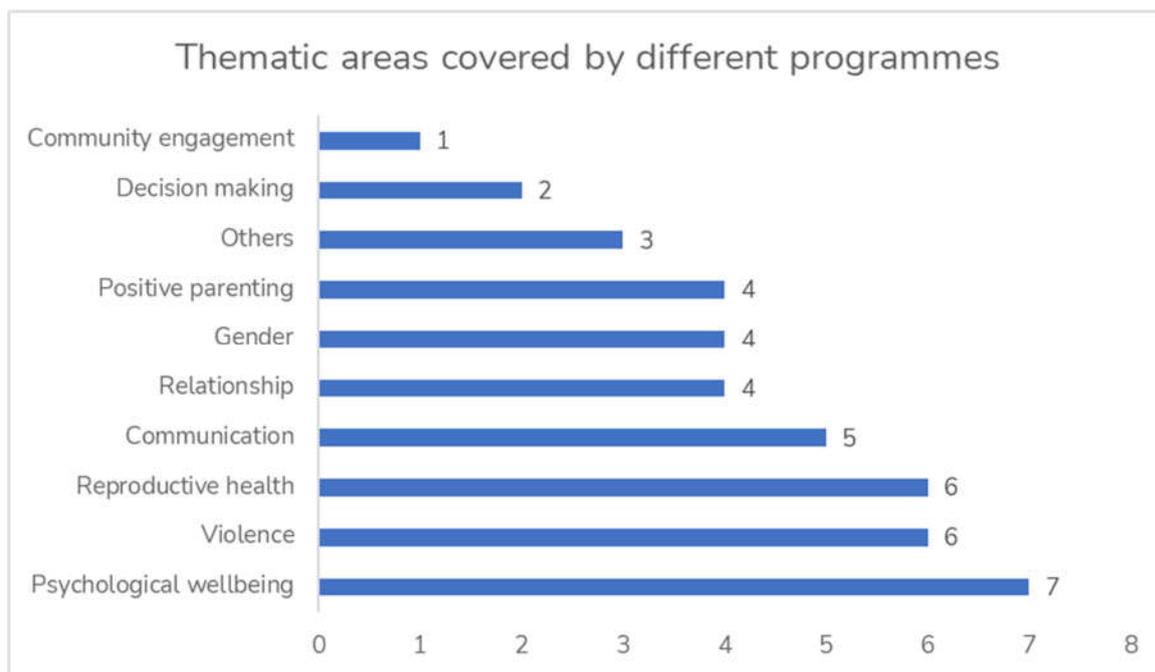
The Ministry of Education (MoE) envisions creating “an educated and enlightened society of GNH, built and sustained on the unique Bhutanese values of the *dam-tsig ley-gju-drey*.” One of the objectives or the drivers for achieving the vision is “to strengthen youth development programme and services.” Towards this, the MoE has

initiated numerous programmes. Most of these programmes are implemented through the Department of Youth and Sports (DYS).

The mission of DHS is “to provide youth health and development programs to enable youth to be physically fit and mentally prepared with moral values and skills necessary to become productive and responsible citizens.” The department provides youth with health and development programmes towards nurturing and empowering them with the necessary skills and values to cope with the emerging challenges. The department is mandated to promote youth forums and exchanges, facilitate provisions of health services, support career guidance and counselling services, strengthen scouting programme and participation in sports, support vocational education, and facilitate school-based parenting programme.

In line with its mandate, DHS provides training to instructors and trainers to upgrade their knowledge and skills in the field of professional counselling, health, scouting, and games and sports. Currently, most schools in Bhutan provide around seven to nine youth development programmes through the support of DHS and development partners.

The recurring themes in most of these programmes are psychological wellbeing, violence, reproductive health, relationship management, parenting and gender, among others. While each programme is implemented independent of the others, there are many common themes covered by the programmes as shown in the figure. For instance, gender is covered by four programmes and violence by six programmes if Gakey Lamtoen for Adolescent and Caregiver groups are considered a programme each.



The current mapping focuses on thematic areas that are covered by Gakey Lamtoen to assess the likely confound on the impact evaluation because of these similar programmes which are offered concurrently with Gakey Lamtoen in the pilot schools.

- 1. Gender Equality:** Recognizing the importance of achieving gender equality, many programmes focus on educating the youth on gender concepts and issues to promote gender equality. The adolescents are taught gender-based-violence, gender equality, early and unwanted pregnancy, stereotypes, among others. The concept of gender equality is being covered by three programmes -- Comprehensive Sexuality Education (CSE), Gakey Lamtoen and Nachung Scouts. The development of the programme resources was supported by UNDP Bhutan and UNFPA. Gakey Lamtoen is currently implemented in three pilot schools. CSE, which is supported by UNFPA is currently being piloted in 20 schools including Lungtephu MSS and Lango HSS, both of which were chosen and surveyed as control schools for the evaluation. Scouting, unlike other programmes, is offered in all schools as a mandatory programme with 60 to 90 minutes of classes and activities every week. Since the scouting programmes cover a wide range of issues and thematic areas, it does not focus on gender as much as the other two programmes.
- 2. Violence:** With the increase in number of youths involved in violence in school and other places, many programmes focus on addressing violence. Violence against children, including bullying, which is a common form of violence in schools is being addressed by six programmes - Peer Helpers, CSE, Gakey Lamtoen, Defining Child abuse and types of abuse, Scouts and Career

Guidance Class. The programmes on violence covers all types of violence-physical, sexual, emotional including neglect and exploitation. The adolescents are exposed to types of abuse and violence against children, Gender based violence including sexual violence, bullying, harassment, relationship issues, gang violence, and violence against other genders. Apart from Gakey Lamtoen and CSE, the other programmes do not have a defined schedule to teach about violence and its consequences. Therefore, the implementation of the thematic areas differs between schools. Most of the programmes are either taught or facilitated by school counsellors.

- 3. Relationship:** Recognizing the importance of relationship in wellbeing of the adolescents, managing relationship with parents, schools and peers are offered to both caregivers and adolescents. Four programmes - CSE, School Based Parenting Education and Awareness Programmes (SPEA), Gakey Lamtoen and Scouts cover the thematic area. The programme covers good and bad relationships, setting boundaries, saying "no", illicit relationships, and physical relationships, among others. While CSE and Gakey Lamtoen is offered in pilot schools, the other two are offered in all schools. SPEA programmes are offered twice a year and are facilitated by the School Guidance counsellors. In addition, parenting education are also provided in all schools of Bhutan as part of the SPEA and Parents Partnership in Education.

Implications on the impact assessment

While most youth development programmes are offered in all schools as a mandatory requirement, Gakey Lamtoen and CSE are offered in a few pilot schools. Further, the two schools that were chosen as control schools for the impact assessment of Gakey Lamtoen are the pilot schools for CSE. The two programmes cover similar thematic areas with CSE covering almost 80% of the issues and thematic areas covered by Gakey Lamtoen. This may confound the impact assessment. Therefore, it is recommended that two additional schools be chosen as control. This will allow comparison of the three groups under different treatment conditions and allow assessing the impact of the two programmes on the adolescents. Match difference-in-difference with multiple treatment design may be adopted for the impact assessment.

Although the schools implement around 10 programmes aimed at youth development and wellbeing, most of the programmes are delivered or facilitated by the School Guidance Counsellors. They are responsible for conducting situational analysis to determine the needs of their own students, and implement their plan. Owing to this, it is likely that schools may cover thematic areas and issues covered

by the current pilot programmes. Therefore, comprehensive analysis of the programmes offered and thematic areas covered in the control schools need to be conducted. This will be done concurrently with the endline survey.

Programmes Reviewed

1. School based Parenting Education and awareness programmes
2. Comprehensive Sexuality Education
3. Parent Partnership in Education (same as SPEA)
4. Gakey Lamtoen for Caregiver
5. Gakey Lamtoen for adolescent
6. Career Guidance and Counselling class
7. Nachung Scouts
8. Nazhoen Scouts
9. Peer Helpers Programme