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# Gender Assessment in Registered Midwife and Medical Laboratory Technician Pre-Service Programs in Liberia

March 2017

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The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 25 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. Visit [www.mcsprogram.org](http://www.mcsprogram.org) to learn more.

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States Government.

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## Acknowledgements

The Maternal and Child Survival Program (MCSP) Liberia Human Resources for Health (HRH) Project and the principal and co-investigators of this Gender Assessment would like to thank the school administrative staff, teachers, and students who so generously gave their time to participate in the gender assessment. Special acknowledgment goes to the following people and groups for their efforts in leading, supporting, and guiding the assessment:

United States Agency for International Development (USAID)

Institutional Review Board, Johns Hopkins University, School of Public Health

Institutional Review Board, University of Liberia-PIRE

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## Table of Contents

Acronyms .....	8
Executive Summary.....	9
<b>I. Background .....</b>	<b>11</b>
A. Ethical Considerations .....	14
<b>II. Methodology.....</b>	<b>15</b>
A. Study Design.....	15
B. Participant Selection and Recruitment .....	16
C. Data Collector Training.....	16
D. Data Collection Procedures.....	17
E. Data Analysis.....	18
F. Limitations.....	18
<b>III. Findings .....</b>	<b>19</b>
A. Access to training on gender .....	19
B. Gender and Enrollment .....	20
C. Safety and Security for Female Students.....	21
D. Gender and Academic Performance in School .....	22
1. <i>Teacher and Administrator Perceptions</i> .....	22
2. <i>Pregnancy and Academic Performance</i> .....	24
3. <i>Intimate Relationships and Inter-Generational Sex</i> .....	24
4. <i>Family Context</i> .....	25
5. <i>Gender Issues that Impact Male Students</i> .....	26
E. Teaching Materials and Approach .....	27
F. Access to Feminine Hygiene and Family Planning Services.....	29
G. Sexual Harassment.....	30
1. <i>School Policies</i> .....	30
2. <i>Knowledge and Understanding of School Policies</i> .....	31
3. <i>Awareness of Sexual Harassment on Campus</i> .....	31
4. <i>Same Sex Relationships</i> .....	34
H. Absenteeism .....	34
I. Dropout .....	36
1. <i>School Policies</i> .....	36
2. <i>Financial Considerations</i> .....	37
3. <i>Teaching Approach</i> .....	38
4. <i>Pregnancy and Dropout</i> .....	38
J. Career Planning .....	40
<b>II. Summary Discussion and Conclusions .....</b>	<b>41</b>
<b>III. Recommendations .....</b>	<b>43</b>
<b>IV. Annex 1: Data Collection Instruments .....</b>	<b>45</b>
A. Interview Guide for School Administrators .....	45
B. Interview Guide for Teachers .....	48
C. Interview Guide for School Health Clinic Staff.....	50
D. Case Studies for Student Discussions .....	52

1.	<i>Case Study 1: Beatrice</i> .....	52
2.	<i>Case Study 2: Mary</i> .....	53
3.	<i>Case Study 3: Susan</i> .....	54
4.	<i>Case Study 4: Grace</i> .....	55
5.	<i>Case Study 5: Moses</i> .....	56
6.	<i>Case Study 6: Samson</i> .....	57
<b>V.</b>	<b>Annex 2: Data Collection Summary Sheet</b> .....	<b>58</b>
A.	Data Collection Sheet for Beatrice Case Study .....	58
B.	Data Collection Sheet for Mary Case Study.....	59
C.	Data Collection Sheet for Susan Case Study .....	60
D.	Data Collection Sheet for Grace Case Study.....	62
E.	Data Collection Sheet for Moses Case Study .....	63
F.	Data Collection Sheet for Samson Case Study .....	65

## Acronyms

CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CRC	Convention on the Rights of Children
CSD	Case study discussion
EBSNM	Esther Bacon School of Nursing and Midwifery
EPCMD	Ending preventable child and maternal deaths
EVD	Ebola Virus Disease
GBV	Gender-based violence
HRH	Human Resources for Health
IPC	Infection prevention and control
IRB	Institutional review board
KII	Key informant interview
LBNM	Liberia Board for Nursing and Midwifery
LDHS	Liberian Demography and Health Survey
LMDC	Liberian Medical and Dental Council
MCSP	Maternal and Child Survival Program
MLT	Medical laboratory technician
MOGCSP	Ministry of Gender Children and Social Protection
MOE	Ministry of Education
MOH	Ministry of Health
MPCHS (MP)	Mother Patern College of Health Sciences
MSF	Médecins sans Frontières
MTP/SER (MT)	Midwifery Training Program of the Southeast Region
PSE	Pre-service education
PTP	Phebe Paramedical Training Program
RHS	Restoration of Health Services
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RM	Registered midwives
TNIMA	Tubman National Institute for Medical Arts
UMU	United Methodist University
UNMIL	United Nations Military Mission in Liberia

## Executive Summary

Supported by MCSP/Liberia Human Resources for Health program, the gender assessment was carried out by a team of 13 data collectors, including MSCP staff and consultants. The data collectors conducted key informant interviews of school teachers, administrative staff and health clinic staff, and facilitated student case study discussions at four Midwifery and Medical Laboratory Technician schools in Liberia. Data collection took place between November 28<sup>th</sup> and December 9<sup>th</sup> 2016.

Key Findings from the gender assessment were as follows:

- School policies are not specifically based on current evidence and best practices, and are not very widely disseminated. Policies do not adequately address gender constraints that impact student retention, such as mechanisms to appropriately address sexual harassment and means to continue in school during pregnancy and after childbirth.
- Schools lack adequately trained security staff, adequate transportation for students after dark, and do not provide security in female dormitories.
- Students and health care staff are significantly more aware of the sexual harassment issues in schools than are teachers and administrators.
- Some students have limited understanding of key gender issues that impact female student performance. Students were very aware of inter-generational relationships, but there was minimal awareness of the power dynamics in those relationships and the ways in which they impact younger women.
- Financial constraints affect male and female students differently. Students noted that female students have more “options” for finding additional cash to pay for school and living expenses, such as sexual relations. Students also noted the presence of “cash violence” and “harsh teaching methods”, both of which result in cash or in-kind benefits such as sex in trade for better grades, tutoring, or other means of improving academic performance.
- Limited access to training on gender for school staff and students.
- Although some students and staff are aware of key gender-specific issues that impact female students' performance, no mitigating measures noted.
- Actions and attitudes that showed gender biases were noted in teaching staff.
- Teachers reported a range of issues that they believed impacted male student academic performance including obligations to support their families, obligations to support two wives, male dependence on female students to cook their meals, male midwifery student discomfort with discussing female reproductive organs.
- Lack of sex-disaggregated student data and data related to gender issues facing students at schools. Gender specific misperceptions about academic performance were in evidence, including the misperception that female students are overall academically weaker at some schools with predominantly male

student bodies, and the misperception that male students are academically weaker at some schools with predominantly female student bodies.

- Reasons provided for comparatively poor female academic performance included: excessive female engagement in "personal activities," female students not being serious about their studies, female students domestic responsibilities, and having to cook for the male students.

The gender assessment produced a number of key recommendations, as follows:

- Hold a stakeholders meeting to validate the Gender Assessment Report and develop an Action Plan
- Build awareness about the importance of gender equity and its impact on student performance and retention at all levels
- Strengthen school policies to ensure that they take gender into account and are well disseminated and understood
- Provide training on gender at schools on gender-sensitive teaching methodologies for teachers
- Facilitate dialogues, educational sessions and activities to reflect on and transform gender norms
- Improve School Data Systems to ensure that data is sex disaggregated and data on gender issues facing students is collected and analyzed



## I. Background

The Maternal and Child Survival Program (MCSP) is a global U.S. Agency for International Development (USAID) cooperative agreement to introduce and support high-impact health interventions in 25 priority countries with the goal of ending preventable child and maternal deaths (EPCMD) within a generation. MCSP engages governments, policymakers, private sector leaders, health care providers, civil society, faith-based organizations, and communities in adopting and accelerating proven approaches to address the major causes of maternal, newborn, and child mortality, such as postpartum hemorrhage, birth asphyxia, and diarrhea, and improve the quality of health services from household to hospital. The Program tackles these issues through approaches that also focus on health systems strengthening, household and community mobilization, gender integration, and eHealth, among others.

Considering the impacts of the 2014 Ebola Virus Disease (EVD) Outbreak, USAID/Liberia awarded MCSP the Restoration of Health Services (RHS) Project aimed at restoring confidence in the health care system by upgrading Infection Prevention and Control (IPC) practices critical for fighting Ebola and other infectious diseases and ensuring restoration of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) services in target facilities. The project is being implemented in 77 health facilities in Grand Bassa, Nimba, and Lofa Counties.

In addition, USAID, noted that Liberia's health workforce remains significantly below the levels needed to reach the national targets for 2021 laid out in the *National Health and Social Welfare Human Resources Policy and Plan, 2011–2021*. USAID also noted that:

- the greatest workforce shortages were reported among midwives and laboratory personnel and
- pre-service education programs for these two cadres were at 50 percent or lower capacity according to the *Government of Liberia's National Investment Plan, 2015–2021*.

USAID therefore requested MCSP to support its commitment to strengthening Liberia's frontline health workforce through the MCSP/Human Resources for Health (HRH) project. This two-year project is funded by USAID/Global Health Ebola Team. The overarching goal of the MCSP/HRH project is to strengthen the capability and resilience of Liberia's frontline health workforce to rapidly mitigate the second-order impacts of the EVD through a targeted technical approach focused on clinical competency and an aggressive implementation strategy designed to achieve rapid improvements and results. The MCSP/HRH project is working to achieve its goal by improving health workforce readiness, with a focus on strengthening PSE of direct entry-level three years registered midwives (RMs) and medical laboratory technicians (MLTs). These are critical cadres in the health workforce when it comes to impacting maternal and newborn health outcomes, as well as preventing and controlling future outbreaks of EVD and other infectious diseases. The MCSP/HRH project works in six targeted institutions in the country: Esther Bacon School of Nursing and Midwifery (EBSNM), Midwifery Training Program of the Southeast Region (MTP/SER), Phebe Training Program (PTP), Mother Patern College of Health Sciences (MPCHS), United Methodist University (UMU), and

Tubman National Institute for Medical Arts (TNIMA) in strengthening and expanding a fit-for-purpose, productive, and motivated health workforce to end preventable child and maternal deaths.

The two objectives of the MCSP/HRH project, geared to meet its goal are as follows:

1. Increase the quality of instruction at targeted pre-service training institutions by upgrading the technical competencies and teaching skills of faculty, including clinical preceptors, and strengthening curricula, course materials, and delivery of both didactic and clinical training.
2. Strengthen the learning environment at targeted pre-service training institutions and clinical/practicum teaching sites in a comprehensive way through improved access to high-quality instructional resources.

MCSP/HRH's technical approach is in alignment with the Government of Liberia's Health Workforce Program and is based on a pre-service education conceptual model that promotes competence and positive health outcomes by prioritizing activities centered on students, clinical practice, faculty and preceptor development, curriculum, infrastructure, and management.

As one of the means to meet its objectives, the MCSP/HRH Project is integrating gender-sensitive approaches into all of its activities. In 2016, MCSP/HRH conducted a gender assessment in support of its strategy to improve matriculation rates, reduce dropout, and enhance academic performance among students in pre-service training programs for midwives and medical laboratory technicians.

The government of Liberia has established by act of legislature the Ministry of Gender, Children, and Social Protection (MOGCSP) to support promotion of gender activities. The MOGCSP has demonstrated its support for programs on gender by ratifying, signing, and supporting many international and national instruments and actions to address gender issues including: the Universal Vienna Declaration and Program of Human Action; African Union Solemn Declaration on Gender Equality; National Gender Policy and its related instruments including UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW); the Convention on the Rights of Children (CRC); the AU Protocols on Women and Children; UNSCR 1325 on Women Peace and Security; and the Beijing Platform for Action.

Liberia's *Gender Policy* highlights the essential role that women and girls play in the country's economy and seeks to address the structural constraints that hinder them from fuller participation in economic activities. Vulnerable groups highlighted in the policy include the girl child and pregnant women both of whom require special attention since even families who are extremely poor are at risk of falling further into poverty. This is due to their low capacity to guard against risks which force them to resort to negative coping strategies that result in low school attendance, poor health and

nutrition, asset sale and increase in child labor.<sup>1</sup> This drives longer term adverse outcomes in learning/cognition, productivity, and asset accumulation, generating a vicious cycle that condemns households to extreme poverty generation after generation. In line with this, a *National Gender Based Violence Action Plan* was enacted in 2009 to respond to issues of gender-based violence (GBV) including case management, improving the legal system to expeditiously respond to GBV, expanding social services, and addressing issues related to sexual exploitation and abuse. Additionally, in an effort to develop a coordinated strategy for social protection, the Social Protection Policy was adopted in 2013 by the MOGCSP to address the social protection component of the Human Development pillar of the Agenda for Transformation/the Poverty Reduction Strategy in order to promote the development, empowerment, and protection of women, girls, and children, as well as the welfare and integration of persons with disabilities, the vulnerable, extremely poor, excluded, and disadvantaged.

Persistent gender inequality in Liberia is evident in significant gender disparities in the workforce, control over resources, secondary education, and literacy, as well as in high rates of gender based violence.<sup>2</sup> There is gender parity in primary school but gender disparity in favor of males at the secondary school level. This disparity is especially pronounced in rural areas.<sup>3</sup> The data for the age-specific attendance rates for the population aged 5 to 24 show that from age 5 through 12, trends are similar for males and females. However, attendance rates peak at 83 percent for girls age 14 and at 88 percent for boys age 15. Whereas the percentage of girls in school is modestly higher than boys at ages 13 and 14, from ages 15 upward, the percentage of boys in school exceeds girls at every age and based on reported net attendance, not gross enrollment. Among 18 to 22-year-olds for tertiary education the ratio of girls to boys in tertiary education is 1.0.<sup>4</sup>

Globally, gender issues have been shown to decrease female students' matriculation rates, increase attrition rates, and adversely impact scholastic performance. A study conducted by Harvard University's Graduate School of Education, for example, found that persistent gender bias against women in leadership roles impacted the educational and career prospects of teenage girls in educational settings,<sup>5</sup> and that awareness of gender bias among educators can help to redress this gender imbalance.<sup>6</sup> When in the workforce, this discrimination and gender constraints continue. According to the World Health Organization report, "Midwives Voices, Midwives Realities," 36% of the 2,470 midwives surveyed in 93 countries noted a lack of respect by senior medical staff, and between 20–30% of all respondents attribute poor treatment due to discrimination

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<sup>1</sup> Liberia National Social Protection Policy 2013. MOGCSP. Pg. 38.

<sup>2</sup> National Social Protection Policy 2013. MOGCSP.

<sup>3</sup> Liberian Demography and Health Survey (LDHS). 2013.

<sup>4</sup> LDHS. 2013.

<sup>5</sup> Harvard University Graduate School of Education, *Leaning Out: Teen Girls and Leadership Biases*. 2015.

<sup>6</sup> Harvard University Graduate School of Education, *Leaning Out: Teen Girls and Leadership Biases Educator Toolkit*. 2015.

against women and gender inequality.<sup>7</sup> Some 37% of midwives, especially in Africa, say that disrespect in the workplace “extends to harassment – verbal bullying and, at times, physical and sexual abuse.”<sup>8</sup> In the African context, a study by the Ministry of Education in Ethiopia found that organizational structure, institutional rules and regulations, and interaction with school personnel impacted female students differently than male students, to the detriment of female student performance.<sup>9</sup> Specifically, that study found that an under resourced and poorly managed female education center was not able to adequately support female students, that sexual harassment and the refusal of school administrators to address it led female students to drop out, and that female students tended to receive less support from teachers than their male counterparts.

This gender assessment in Liberia builds on findings such as these, by investigating the institutional, pedagogical, and social gender biases that may impact female students' experiences and performance in Midwifery and MLT schools. The findings will be used to raise awareness of gender bias in educational settings and to strengthen the gender-responsiveness of school curricula, pedagogy, and structures, thereby improving student retention and scholastic performance.

#### A. Ethical Considerations

Ethical issues are the concerns and dilemmas that arise over the proper way to execute research, more specifically not to create harmful conditions for the subjects of inquiry, humans, in the research process.<sup>10</sup> Ethical approval and oversight in Liberia was provided by the University of Liberia Institutional Review Board (IRB) (Protocol #: 16-09-012). This gender assessment also received Non-Human Subjects Research Determination from the Johns Hopkins Bloomberg School of Public Health IRB.

The assessment teams ensured the following throughout the period of the study:

- (i) explicate the aim and objectives of the study as well as the procedures to be followed to every participant taking part in the research;
- (ii) make it clear to participants that participating in the study is voluntary, and that should they for some reason want to withdraw from it, they have the right to voluntarily do so at any time;
- (iii) require that everybody participating in the study complete an informed consent form; and,
- (iv) Ensure that their privacy be respected at all time and that everything they share will be treated as confidential.

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<sup>7</sup> WHO. *Midwives voices, midwives realities. Findings from a global consultation on providing quality midwifery care.* 2016.

<sup>8</sup> Ibid.

<sup>9</sup> *The Study of Policy Intervention on Factors Affecting Female Students' Academic Achievement and Causes of Attrition in Higher Learning Institutions of Ethiopia*, March 29, 2009

<sup>10</sup> Schurink, W.J. 2005. Lecture thirteen: Evaluating qualitative research. Johannesburg: Department of Human Resource Management, University of Johannesburg.

## II. Methodology

### A. Study Design

The qualitative study design included both key informant interviews (KIIs) with school administrators, teachers, and school clinic staff, and case study discussions (CSDs) with students based on hypothetical case studies. KIIs and CSDs were conducted in three Midwifery programs and two Medical Laboratory Technician programs at four pre-service institutions supported by MCSP. CSDs were single sex and facilitated by data collectors of the same sex. Data were collected in both urban and rural settings in Montserrado, Grand Gedeh, and Bong Counties.

Questionnaires were used to guide interviews with key informants, focused on matriculation rates, dropout, and challenges to academic performance among students in pre-service training programs for midwives and medical laboratory technicians. The questionnaires drew in part on available gender assessments in academic settings especially in Africa, as well as *Gender Responsive Pedagogy: A Teacher's Handbook*, by Mlamba et al., Forum for African Women Educationalists, 2005. See Annex I for data collection tools used.

Data collection for the gender assessment took place between November 28<sup>th</sup> and December 9<sup>th</sup>, 2016. A team of 13 members undertook data collection.

The assessment team purposively selected the schools in which to conduct the study. Schools with a larger student body were prioritized for selection, ensuring at least one urban and one rural school was selected in each category. Three RM and two MLT training schools were selected from the six schools supported by MCSP.

For each Midwifery or MLT program, the assessment team conducted KIIs with a maximum of 3 teachers, 2 administrators, and 2 school clinic staff. Participants were current school staff who had worked at the school for at least the past academic year, and for teachers, had taught or were currently teaching a specialized midwifery or MLT course in the most recent or current academic year. In total, 21 KIIs were conducted (see Table I).

Position	Male	Female	TOTAL
Instructor	6	7	13
Administrator	3	2	5
School Health Clinic Staff	0	3	3
TOTAL	9	12	21

The assessment team also facilitated up to two CSDs in each program with a maximum of 30 students from the program. Eligible students were those who were current students at the school and had completed at least one semester of the midwifery or

MLT program. All participants were over the age of 18 and provided written informed consent. In total, 10 CSDs were conducted with a total of 87 female participants and 41 male participants (see Table 2):

Table 2: Number of CSD Participants			
School Type	Male	Female	TOTAL
Midwifery	17	71	88
Medical Laboratory Technician	24	16	40
<b>TOTAL</b>	<b>41</b>	<b>87</b>	<b>128</b>

### B. Participant Selection and Recruitment

Information on the purpose and methods of the study was provided to school administrators. Administrators were asked to provide a list of eligible students based on the eligibility criteria. Lists of eligible students were shared with the assessment team for sampling. Participants were randomly selected from the list of eligible participants provided by each school using simple random sampling. Eligible participants from each school were stratified into male or female categories and listed by class. This enabled the team to select sex-specific groups with a proportionate sample by class. To take a systematic sample, the team listed all the eligible members of the population, and then selected a sample by dividing the number of people in the population by the number of participants the team wanted in the sample, to determine the sampling interval. The sampling interval was based on the number of students in each program; it was calculated by taking the number of eligible students and dividing by 30 (i.e. maximum sample size for each program). The first name on the list was selected using a random number generator, and the sampling interval was used to select the subsequent participants.

Per the study protocol, *all* female students in the MLT programs and *all* male students in Midwifery programs were invited to participate. For the recruitment, each selected participant was contacted by phone, informed about the study, and invited to participate in their scheduled section. Follow-up calls were made to all eligible and selected participants the day prior to the KII or CSD to remind them about the meeting date, time, and location.

### C. Data Collector Training

Thirteen data collectors participated in a two-day training, during which time they reviewed all questionnaires to understand the objective of each question, reviewed and practiced administering informed consent, used hypothetical case studies to conduct practice CSDs with students, conducted mock interviews, practiced note-taking, and prepared for the field work. Eight of the data collectors were MCSP staff who had successfully completed Jhpiego’s Institutional Review Board/Investigator’s Workshop. Five data collectors were consultants who had previous experience conducting KIIs and FGDs. All data collectors received the Johns Hopkins School of Public Health Ethics Guide for Field Data Collectors and were trained in the key components of ethical conduct of the study including confidentiality, voluntariness, and respect for persons.

#### D. Data Collection Procedures

Three assessment teams traveled to the four schools to collect data. All data was collected on the compounds of the selected schools located in both urban and rural Liberia.

At the start of each one-on-one interview, the interviewer provided a consent form to all participants, after ensuring the participants met the inclusion criteria. Trained assessment staff reconfirmed participant eligibility, then conducted the informed consent process with each participant in a location with auditory privacy. At the beginning of the interview, staff provided an opportunity for questions. The voluntary nature of participation was emphasized, and participants were informed that they may stop at any time, and that the information shared would remain anonymous and not affect his/her employment or studies. Participants and the school staff obtaining informed consent signed two copies of the written consent form (one for participant records, one for study records). As the language of instruction in Liberia is English, consent forms were in English. The names of participants were not recorded in any of the notes taken or data collection tools during the CSDs or interviews.

Selected staff and teachers participated in a one-on-one interview that lasted between 15 and 60 minutes, held at the school. Two team members conducted each interview – one led the interview and asked questions, the other took notes. During the one-on-one interviews, participants were asked open ended questions and were asked to discuss issues affecting their schools, students (female and male), and policy. The notes taken were typed within 72 hours of the interview and submitted to the primary interviewer. The primary interviewer reviewed, edited, and finalized the notes.

The student discussion sessions included a brief orientation on the MCSP/HRH project in Liberia, the gender assessment objectives, and eligibility criteria for the study. Selected participants consented according to the assessment protocol on consent described in the case of the one-on-one interviews. Consenting and enrolled students participated in a half day CSD. Discussion sessions were single sex – only women or only men. At the Midwifery Schools, female students participated in all-female CSDs, and male students in all-male CSDs; in some cases, male Midwifery students participated in all-male CSDs together with male MLT students. At the MLT schools, there were two discussion sessions with a maximum of 15 students each – one with male students and one with female students; in some cases, female MLT students participated in all-female CSDs together with female Midwifery students.

For the discussion sessions, students were divided into three groups with five students each. Each group was provided with a written copy of a hypothetical case study that explores gender issues in the educational context. Each case study was accompanied by a set of questions. Each student group discussed the questions and developed answers, with the support of a facilitator from the assessment team. This activity took approximately one hour. Each group selected one representative to present the case study, questions, and the group's answers, to the larger group of ~15 students. The lead



facilitator led a short discussion for the whole group on the case study. The approximate total time of the activity was 4 hours.

For CSDs, note takers were assigned to record notes during the discussion. One note taker was assigned to each small discussion group. Notes were typed up as soon as possible and within 72 hours and submitted to the primary discussion facilitator who reviewed, edited, and finalized them.

The assessment team also undertook direct observation of classes. At each school, the team requested to observe a maximum of 2 classes. The team used an observation checklist to record the findings.

### **E. Data Analysis**

All data was entered and cleaned in Microsoft Word for analysis using the notes templates based on the CSD and KII guides and the summary template (see Appendix 2). Data were first queried to assess quality and level of consistency among team members. A code list was developed using deductive methods based on the KII and CSD guides. Further codes were identified using inductive methods during the coding process and added to the code list. Data coding was conducted using MAXQDA, a qualitative data analysis software. Thematic analysis was conducted using a mixed methods approach to identify and summarize themes emerging from the data. A complementary in-depth content analysis of the data was also conducted. Note that quotes embedded in the Findings section are quotes of paraphrased notes, rather than direct quotes, unless otherwise noted.

### **F. Limitations**

The primary limitation of this study was that CSDs were based on hypothetical scenarios. The study did not assess gender issues that affected students personally, or the extent to which some of these gender issues, such as sexual harassment, are prevalent in the schools. While some of this information emerged from the discussions, questions and discussions were chiefly hypothetical in nature and reflect student impressions and opinions on what they *would* do and experience, rather than what they *had* done and experienced. In addition, the use of specific terminology, e.g., sexual harassment, during KIIs may have limited some of the information gathered, as not all informants may have had a common understanding of the terms used.

The assessment team was also limited in the amount of classroom observation time, as many programs did not have classes in session at the time of assessment due to thesis defense and examination schedules. Finally, the assessment team also found it challenging to obtain documents on school policies and grade breakdowns, including by gender, as some schools did not have relevant records or policies to share, or were unable to share the documents during the time of the assessment.



### III. Findings

#### A. Access to training on gender

##### **Key Findings**

Teachers and school administrative staff have had limited access to training on gender and reported no access to training on gender-responsive pedagogy. No gender training has been provided on campus, and no staff reported receiving training while in their current job. Even with staff who have received gender training, that training has not translated into gender-responsive policies or practices in schools.

Most key informants interviewed for the assessment had not received any training on gender: Approximately one in four of the teachers and administrators interviewed reported ever having received any training on gender, and in all cases, that training was received before the key informant joined the school. In several cases, the training took place over a decade ago – some dating back as far as 2004. As a result, some key informants were no longer sure what topics were covered in that training. One teacher, for example, reported receiving training on gender in 2004 and said that they "thought it was on sexual and gender-based violence." One key informant reported receiving training on "victims of rape" from Oxfam in 2014, another participated in a gender training from the Royal Training Institute in 2005, another teacher reported receiving gender training from Médecins sans Frontiers (MSF) (year not specified), and one administrator reported working closely with the "Ministry of Gender." At one school an administrator reported that "almost all of them [teachers] have gone for gender training," but of the four teachers interviewed at that school for the assessment, only one reported receiving training on gender (from MSF).

In cases in which school staff had received gender training, there was no evidence that the training had impacted the ways in which the schools were administered or classes taught. Administrators who reported receiving gender training were not able to report whether or not any trainings on gender had been offered to other school administrators or teachers. Interviews with school staff found that no trainings on gender had been provided to staff at any of the school campuses visited by the assessment team, including for administrators and instructors who had been on staff for five years or more. As one administrator reported: "We have no experience [of] anyone coming here to train us in gender." Some schools did provide "service trainings" and also opportunities for teachers to attend professional development workshops, but none of these included training on gender. Some teachers reported that they had no training on teaching methodologies whatsoever, including on gender-responsive pedagogy.

Only one staff member – who worked at a school health clinic – reported receiving extensive training on gender and health, including training on how to identify survivors of sexual harassment or gender-based violence, from ActionAid and United Nations Mission in Liberia (UNMIL), as well as training on a "human rights based approach" and a "trauma-sensitive approach," and training on how to help survivors of sexual and gender-based violence seek legal redress.

Subsequent to the interview with the assessment team, one administrator reported plans to investigate access to training on gender among the school's teachers, and an intention to "start to plan that for our teachers."

## B. Gender and Enrollment

### Key Findings

Although schools are aware of gender imbalances in the student body, schools have not conceived, considered, or developed any strategies to redress gender imbalances at either midwifery or lab schools.

The assessment team found that the female: male ratio favored male students at medical laboratory schools and female students at midwifery schools – with some notable variations among the midwifery schools (see Table 3).

Program	Female student percentage (no.)	Male student percentage (no.)
Midwifery Program 1	100% (78)	0% (0)
Midwifery Program 2	98% (87)	2% (2)
Midwifery Program 3	56% (79)	44% (62)
MLT Program 1	14% (6)	86% (38)
MLT Program 2	32% (17)	68% (36)

The team identified two reasons for this variation: The first is that most programs in the country offer certificates, while one offers a Bachelor's Degree. Varying programs attract students who have different levels of experience, entrance exam scores, and career aspirations. The second reason is that tertiary education options for students in rural areas are more limited compared to those in urban areas; for this reason, students in rural areas may opt for programs their urban counterparts would not. For example, rural midwifery schools tend to have higher male enrollment than urban midwifery schools.

Students unanimously expressed the importance of girls' education and for females to stay in school.

"A girl child should never be considered a liability or house wife, but rather a contributing factor to the home and society at large." *[Female CSD Participant]*

However, the assessment team did not find evidence that schools have conceived, considered, or developed any strategies to redress gender imbalances at either midwifery or lab schools. Some teachers at lab schools did report *ad hoc* efforts to attract more female students. One lab teacher, for example, reported encouraging "the few females that are there" to tell their friends to attend.

"Maybe we should go out and encourage students."

[Male Key Informant]

Instructors and administrators at lab schools provided a number of suggestions for increasing female enrollment, including generating awareness through media channels about medical laboratory school opportunities specifically targeting women (to encourage them to enroll); recruiting female students while they are in high school, by visiting the high schools to engage in recruitment activities and "telling them it's good for a female to be a lab technician;" and providing incentives for women to enroll in lab schools. One lab teacher, however, reported that female students already have an advantage over male students, due to the "many organizations and individuals' emphasis ... on gender equity in society" which has already "encouraged more females to go to school."

### C. Safety and Security for Female Students

#### **Key Findings:**

Schools lack adequately trained security staff, adequate transportation for students after dark, and do not provide security in female dormitories

All schools reported constraints on their ability to provide adequate security to students on campus. Access to safe transportation, particularly after dark, was limited. At one school, students must arrange for their own transportation to and from clinical sessions – which can be some distance from students' homes. At another, there was a school bus that transports students and staff at 4:30pm, but that bus does not return to the school and can therefore not accommodate students who leave school in the evening after classes finish. One administrator reported that the campus is well lit at night and security guards are posted 24 hours a day. At another school, even though security guards work on the campus, there is no security provided in the dormitories. At a third school, administrators reported that the school provides transportation for students to and from their clinical sessions at the hospital, but also reported that "security here is a major challenge and many of our students are females and it is a serious problem," noting in particular that security guards lack proper training.

## D. Gender and Academic Performance in School

### Key Findings

Schools do collect data on student performance, but do not perform sex-disaggregated data analysis to compare academic performance of male and female students. Gender specific misperceptions about academic performance were in evidence, including the misperception that female students are academically weaker at some schools with predominantly male student bodies, and the misperception that male students are academically weaker at some schools with predominantly female student bodies.

Quantitative data on student academic performance was not widely available, however, the team was able to collect sex-disaggregated student grade point averages (GPA – as a percentage) for juniors and seniors at one school. The data showed that, taken as a whole, male students performed slightly better than female students with an average GPA of 88.5% compared to 86.4%, respectively. However, a comparison of the average grades between the top 38 female students and the 38 male students (all of the male juniors and seniors) shows that the average female GPA in this group was 89.7% – exceeding that of the male students which was 88.5%.

### 1. Teacher and Administrator Perceptions

### Key Findings

Reasons provided for comparatively poor female academic performance included: excessive female engagement in "personal activities," females not being serious about their studies, female students' domestic responsibilities, and having to cook for the male students.

Despite the fact that female students performed nearly as well (taken as whole) or slightly better (for the top 38 students) than their male counterparts, both female and male teachers and administrators at that school universally reported that male students perform better academically than female students. One teacher, for example, reported that, "There are some girls that are doing well but on scale level the boys are better as compare to the girls." Another teacher reported that, "At the beginning of the class a girl scored the highest in the first exam but on the average the male students score the highest grade." A review of the GPAs for juniors and seniors shows that, in fact, the highest GPA in this group of students belonged to a female student.

Teachers provided a variety of explanations for their statements about female students' perceived poor academic performance, including "their upbringing," "some of them are just not serious," "females need to cut down their personal activities and focus on their lessons," and "female students have extra curriculum activities – going to the club at night, having multiple sexual partners" as a result of which they do not focus on their studies. Some teachers reported that female students "lack self-confidence" and compared shy female students unfavorably with the "smart guys," noting that female

students are "ashamed to participate [and are] not sure they know what to say about the subject matter." Others suggested that male students were better prepared in high school than their female counterparts and noted that female students' "high school level is not strong." One teacher explained that female students' poor participation (and weak academic performance) by stating that "female students feel more embarrassed when there is a lesson on the female and male reproductive organs." Two teachers reported that female students "are depending on male students to help during test or exams." A teacher at one of the schools also reported that, "Some older females are faced with poor retentive memory," a view that was shared by a teacher at another school who also reported that older female students had trouble learning and retaining new information. Teachers understood "older female student" to mean a woman in her thirties.

Some teachers and administrators pointed to several gender-specific issues that impacted female students' ability to concentrate on their studies. These included: male instructors having affairs with female students, (married) female students' family responsibilities at home, including activities "which sometimes lead to female students getting pregnant," and some also reported that "the girls do not study much [because] they have domestic chores after school [and] they have to cook and share with the male students on campus." In student discussions some female students similarly noted that domestic chores, including cleaning and cooking for a boyfriend or husband, adversely impacted female students' studies: "Here on campus we do the cooking while the boys are studying. When it comes to academic performance they forget that we were cooking and start to say that we are not serious." Some male students similarly reported that female students' academic performance was compromised by domestic responsibilities, as well as family pressure about early marriage.

At the lab schools, teachers reported that male students performed better academically, that female students were shy to participate in class, and that "males pick up [information] faster." One teacher reported that female students lack a strong educational foundation and "are not so serious about their studies in high school," that female students have a perception that math is difficult, and that, "Males take advantage of opportunity to make a better life. Females, if they do not graduate, will still have a home and will move on." For this reason, the teacher argued, male students take their studies more seriously than female students, (because male students do not have the option of relying on a husband for financial support in the future).

At one school, the majority of midwifery KIs could not report any gender-specific reasons for student academic performance, instead stating that all students – female and male – faced the same challenges. Chief among these challenges was getting enough to eat – students reportedly have only one meal a day, and some were also holding a job while in school.

## 2. Pregnancy and Academic Performance

### Key Findings

Lack of adequate school support systems for pregnant students and a tendency to ridicule or "gossip" about pregnant students adversely impacts female students' academic performance.

In discussing the impact of pregnancy on academic performance, students noted that pregnancy itself does not impact female students' academic performance, but that lack of adequate support systems in schools for pregnant students, and widespread mistreatment of pregnant students, did impact student performance in school; students reported, for example, that pregnant students are subjected to "gossip," laughed at, and avoided on campus, and are "used as an example" of how not to behave. Although students acknowledged that pregnant students often seek abortion services, there was no support among students for pregnancy termination – instead, students unanimously reported that pregnant students should be advised to continue their pregnancy.

## 3. Intimate Relationships and Inter-Generational Sex

### Key Findings

Students were very aware of inter-generational relationships, but there was minimal awareness of the power dynamics in those relationships and the ways in which they impact younger women.

Students noted that intimate relationships can interfere with female students' scholastic performance. However, in discussions about inter-generational relationships, students overwhelmingly reported that efforts to mitigate the adverse scholastic impact of these relationships on younger female students should focus on "counseling" the man to encourage him to support his young female partner to study harder in school. Some students stated that the young women themselves were responsible for falling grades, some students blamed young female students in relationships with older men. In their words, they "should have been able to balance things better," or "women do this [get distracted from their studies] if it is their first relationship." Students reported that female students get involved in inter-generational relationships "because they are seeking emotional support," or "because of their love for materials things" or because "they are not smart girls." Both male and female students expressed that:

"Two things cannot occupy one space."

*[Male CSD Participant]*

"Anything you see to be good but creates bad result, leave it." *[Male CSD Participant]*

A few female students reported that older men use "cash violence" – that is, using money to influence a female for pleasure or for other purpose – to induce female students to engage in sexual relations which distract them from their studies. Some

reported that young female students must stay in inter-generational relationships for financial reasons. Some male students also reported that an older man in relationship with a younger female student is "exploiting her for personal gain without thinking about her wellbeing," however, they also blamed female students in these relationships for being "very focused on keeping the guy, which meant doing many things for him such as housework, and this affected her performance [in school]" and argued that "women always don't know how to handle the anxiety during their first sex."

Few students felt that inter-generational relationships were problematic or discussed the differential power relations between young female students and their older male partners, although one female CSD participant reported that older men in relationships with young female students are "taking advantage and abusing the person because of their [financial] needs."

Solutions proposed by students focused overwhelmingly on actions that younger women should take. For example, female students in one CSD recommended that a female student whose grades were suffering due to her involvement in an inter-generational relationship should, "Pay more attention to your lesson. Reduce time spent with your boyfriend. Education ensure[s] a better future. Once you are educated you will get men to run after you." Some students also noted that. "School authorities should be able to protect students reporting incidents of harassment."

#### 4. Family Context

##### **Key Findings**

Students recognized that lack of family support for female students undermined their ability to perform academically or to stay in school.

Students noted that the unequal treatment of sons and daughters in the family context, particularly lack of family support for female students, adversely impacted the academic performance of female students. At one school, students reported that, "Girls may be marginalized in their families – boys in the family are given more – boys and girls are not treated equally in families. This could affect their academic performance." At another school, female students reported that "traditional beliefs and practices ... subvert the academic performance of female students." Female students reported that lack of family support led female students to feel stressed and depressed, lose commitment to achieving their academic and career goals and withdraw from school. Female students also reported that if a student becomes pregnant, "her parents will withhold financial support, mock at her and even label her as unserious." Students also reported that opposition to female education in some families, together with "cultural beliefs and perceptions by some teachers," accounted for poor academic performance among female students, and even led some to drop out of school.

Family-focused solutions to poor female academic performance, proposed by students, often focused on paternalistic approaches – such as students in one female CSD who recommended that, for a female student whose grades are slipping, "her brothers

should check her school work." Other female students suggested an awareness raising approach and reported that "lack of family support is a serious problem hence, parental education on the importance of female education is essential for all parents as well as creating community awareness on the role of the community on how females can be supported in their pursuit of education." Other solutions offered by students were generic – not focusing on gendered power relations – and included suggestions to assign counselors to female students, to encourage female students to join existing study groups, and to encourage female students with poor academic performance to "hang out with students who are strong academically."

## 5. Gender Issues that Impact Male Students

### Key Findings

Teachers reported a range of issues that they believed impacted male student academic performance including obligations to support their families, obligations to support two wives, male dependence on female students to cook their meals, male midwifery student discomfort with discussing female reproductive organs, and in some cases, a belief that male midwifery students have a low IQ.

A few of the teachers and administrators detailed a number of issues that they believed impacted male students' performance, including:

- Responsibilities to care for wives and children for married male students, as well as "male students having two wives due to traditional practices"
- Lack of food – for which they depend on female students to prepare and serve  
*"The boys depend on the girls to survive. In return, the [male students] teach the [female students]."* [Administrator]
- Poor social acceptance of male midwives in their communities
- Lack of financial support  
*"With the boys, where they come from is very hard as for the girls, people sometimes give them help but not the boys."* [Administrator]

At one school with more female students than male, teachers and administrators reported that female students performed better academically than male students; one teacher, for example, reported that, "The female [students] are quicker to pick up and have better output." One administrator at this same school reported, however, that male students perform better academically than female students and another administrator reported that male students are better at math.

Some staff at Midwifery schools reported that male students feel uncomfortable when the class topic is female reproductive organs that male students feel shy because they are out-numbered by their female classmates, and that in the first few semesters female students dominate the class, although in later semesters male students begin to participate in class. In CSDs about male midwives, female students similarly reported that male students "feel shame" when class discussions focus on female reproductive organs, and that this can impact male students' willingness to participate in class and



their academic performance. In CSDs, male students reported that male midwifery students experienced discrimination within the school environment. No school administrators, teachers, or students – either female or male – discussed pregnant women's choice or considered whether or not pregnant women should have a choice about accepting services from male or female midwives. Rather, students argued that pregnant women should be educated to accept services from male midwives and stressed the challenges that male midwifery students faced in the classroom, due to gender norms.

One teacher reported that male students face challenges with food and finances and that, "Females can cope and improvise better." Another teacher reported that student performance depends on "educational foundation," that male students seem to have a weaker educational foundation, and that "the boys have low IQ and are usually involved with activities that distract them." Some male students also reported that teachers hold gender-biased views about male midwifery students – assuming that male students are unqualified for the course. Female students similarly reported that midwifery teachers have a biased view of male students, that "they provide less support or unequal opportunity to males," that they think that "midwifery is female thing not a male thing so they give more privilege to female student than the male student," and that "instructors' perception about males discussing female organs openly especially if the instructor is an opposite sex," was a problem for male students.

In regard to academic performance, teachers at one of the schools noted that male students tend to have work experience as lab aides at the county level, prior to matriculating, and therefore are already broadly familiar with lab equipment – an advantage that female students do not enjoy, because female students tend to take the entrance exam upon graduation from high school and immediately enroll if they successfully passed the entrance exam.

Teachers reported that they made additional efforts to encourage and engage students who appear "shy" in the classroom. For example, a teacher reported: "I tell the boys to give the girls the opportunity to speak out in class." However, the majority of KIs suggested generic, gender-neutral approaches to addressing students' poor performance, such as offering special classes for poorly performing students or pairing "weaker students with the ones who are strong academically."

## E. Teaching Materials and Approach

### **Key Findings**

Teachers reported using interactive teaching methodologies and classroom seating arrangements that encourage all students to participate.

The assessment team was not able to collect and analyze the teaching materials themselves. Most teachers and students at midwifery schools reported poor access to teaching materials, such as textbooks, and teachers prepared their lessons by

downloading materials from the internet. This was challenging for most teachers, due to limited access to the internet, computers, printers, and paper. These latter were generally not provided by schools and teachers were responsible for accessing and paying for teaching materials and internet access themselves. Some textbooks were reported to be available in school libraries, but were outdated and in limited numbers. At one lab school, administrators reported that they received their teaching materials from their foreign partners abroad.

Teachers at all schools reported that they employed interactive teaching methodologies, including brainstorming, participatory discussion in the form of debates, demonstration through role plays followed by discussion, and question and answer sessions, in addition to lectures and presentations.

Teachers at several schools reported that students sat in a semi-circle – an approach that facilitates discussion and improves student learning. One teacher reported that male and female students used to sit separately, but that once students were asked to sit in a semi-circle, male and female students were better integrated. This approach can improve performance for both female and male students and is also a learning style that can be more amenable to communication styles of females. Another teacher however, reported that even when seated in a semi-circle, male students sat on one side and females on another. Some teachers also reported that students sat in rows during classes.

Teachers reported utilizing a number of techniques to address perceived gender disparities in the classroom. One teacher, for example, reported that when male students dominate in question and answer sessions, the teacher calls directly on female students to encourage them to participate. Another teacher reported paying particular attention to female students who appeared to lack confidence and encouraging them by saying "you can do it." Teachers at one of the schools also reported proactively identifying examples and case studies that portray male and female lab technicians in equal measure.

Administrators and students at one school reported that the teaching approach was harsh and punitive, discouraging student participation. As one administrator described it, "most of the teachers here are not student friendly they make students afraid of the course." The administrator noted that female students "are quick to be down hearted..."

The assessment team observed classes at one lab school and questioned teachers and administrators about teaching materials, methods and approaches. Team observation of practical lab classes at one of the schools noted a number of gender issues impacting female student performance. These included posters on the walls that were primarily geared to men; the incidents of male students taking over the work when a female student faced challenges; and female students being given much shorter time to try the exercise before snickering started in the group. The latter was observed during a laboratory practical session using microscopes. While groups were generally quiet and

patient waiting for male students to complete the exercise, groups started to snicker and make comments fairly quickly when the female students were in the process of completing the task and were having any difficulty.

#### F. Access to Feminine Hygiene and Family Planning Services

##### **Key Findings**

Female students reported a need for access to family planning services and feminine hygiene products, but schools do not provide access to feminine hygiene or family planning services or products on campuses.

Students, teachers, administrators, and health clinic staff at all schools reported that students have no access to feminine hygiene products or family planning services on campus. No schools provide sanitary napkins for female students. Asked whether the school provides feminine hygiene products, one school administrator reported that, "No, for sanitary pads that is not to my knowledge but someone once brought it out in a meeting but that had not been addressed."

Schools generally do not provide access to, or information about, family planning services or commodities on campus. Students seek services at nearby health facilities. As a result, health clinic staff and students reported a lack of awareness about family planning options among students, and persistent myths about family planning that have resulted in under-utilization of family planning services at health clinics. Female students at one school reported that "students do not really use the family planning services available to them because of myths about family planning methods." Female students also reported that, "Family planning education that increases uptake among students is not widespread among students, and little is known about the risk and benefit of contraception that will encourage students to take advantage of it. All of the methods are rarely available for students to choose from." Female students also reported that information on contraceptives was not easily accessible or available in school clinics, commodities were sometimes unavailable, and clinic staff were sometimes unfriendly, judgmental, or absent. Female students reported that "the school does not do enough around awareness and provision of reproductive health services..." and expressed an interest in learning about family planning options and have family planning services and commodities available on campus.

In CSDs, no male students brought up the need for access to family planning services, and female students reported a widespread belief that the use of contraceptives is the sole responsibility of the woman. In discussing student pregnancy, for instance, female students reported: "In most cases the boyfriend may be angry initially because he expect the girlfriend who is a health person to know better, but later he may come to terms with it and become supportive in his own little ways."

## G. Sexual Harassment

### 1. School Policies

#### **Key Findings**

School policies on sexual harassment focus almost exclusively on prohibitions on teacher-student intimate relations. Some school policies also require female students to "dress decently" and to refrain from attempting to "bribe" instructors with sex for good grades.

The team requested school policies from all schools visited and also asked key informants about school policies related to sexual harassment. A full copy of school policies (a Student Handbook) was obtained from one school only. Handbooks and policies were not available for the team to review from the other schools.

For the one school where the team reviewed school policies, the team noted the following:

- The school had a policy forbidding sexual harassment, but also advised female students to cover up and stated that dressing "indecently" is not acceptable.
- Students who feel they have been sexually harassed have the right to complain to school authorities.
- Penalties to an instructor for sexual harassment include a warning, a suspension, and/or a fine.
- If a student has sexual relations with an instructor, the student will be expelled from school.
- Bribery – defined as students offering sex or money to instructors in order to get good grades – is forbidden.

Key informants from the other schools visited for the assessment reported that rules on sexual harassment were included as sections or clauses in the school handbooks. When providing examples of school rules on sexual harassment, key informants discussed issues and guidelines governing intimate relations on campus, but none directly discussed sexual harassment. Key informants at one school reported that guidelines state that students who wish to engage in an intimate relationship must inform the school administration, that male students are not allowed in female dormitories, that the school administration will "take actions" against teachers who harass students, and that teachers who harass students will be dismissed from the school. One teacher reported receiving verbal instructions from the school that "students should not go to a teacher's home." Key informants at another school also reported that male students cannot visit female dormitories. At another, key informants reported that a teacher who acts "inappropriately" – such as inviting a student of the opposite sex into their home – would be fired, that relationships between a teacher or staff member and a student are

prohibited, and that if a teacher and student were to have an intimate relationship, both would be thrown out of the school. At another school, key informants reported that school policy stipulates that relations between a male instructor and a female student are prohibited and would result in expulsion of both parties (unless the relationship began before the student began studies, in which case the relationship must be reported to the school), that students who become involved with each other must report their relationship to the school, and that male students are not allowed to visit female dormitories.

## 2. Knowledge and Understanding of School Policies

### **Key Findings**

Most teachers and administrators reported to have limited knowledge or understanding of school policies on sexual harassment.

Most teachers and administrators reported having little or no knowledge of school policies related to sexual harassment, and believed that sexual harassment had effectively been eliminated on campus by rules that prohibit intimate relations between students and teachers, and in some cases, among the students themselves. One midwifery teacher reported "I have no knowledge of policies on sexual harassment." Another midwifery teacher reported "no knowledge" of a sexual harassment policy at the school, a lab teacher reported not knowing about any restrictions on relations between teachers and students, and one lab teacher reported that, although there is a clause in the student handbook regarding sexual harassment, they had not seen "any written document or policy" regarding teachers and sexual harassment. Teachers who did report knowledge of school sexual harassment policies had only a cursory understanding of measures to address sexual harassment, noting for example, that male students should not visit female dorms, that students who are in a relationship must inform the school administration, and that female students should "dress decently."

## 3. Awareness of Sexual Harassment on Campus

### **Key Findings**

Students and health care staff seemed significantly more aware of the sexual harassment issues in schools than are teachers and administrators. Teachers and administrators universally discussed prohibitions on teacher-student intimate relations when asked about sexual harassment. Some students understood classroom "teasing" and put-downs of female students by male students as sexual harassment. Some students blame female students whose grades suffered as a result of sexual harassment.

Almost universally, teachers and administrators interviewed for the gender assessment reported that there was no sexual harassment on their campuses. Teachers and administrators praised aspects of their school's sexual harassment policy – notably the rule that forbids relationships between teachers and students – and reported that the

policy has been very helpful to the school, with one administrator noting that the policy was helpful because it "put fear in many of the teachers." Across schools, teachers and administrators reported that "issues of sexual harassment have not been brought to my attention;" "we have not noticed sexual harassment in our school;" "I have not heard about any such thing and if it is happening it has not come to my attention" (administrator); "the school has not had any sexual harassment issue" (Midwifery teacher); "sexual harassment has never happened in the department" (lab teacher); "there have been no cases of sexual harassment reported between students and teachers or between students" (administrator); "for the past five years I have not seen that" (Midwifery teacher); "I have been here for eight years I have not heard of that" (administrator); "no case of sexual harassment and rape has been reported" (Midwifery teacher); and "sexual harassment is not an issue in the school because [there have been] no reports for sexual harassment in the school yet" (administrator).

"No student should work or buy gift for a teacher."

*[Female Key Informant]*

A few teachers reported concerns about sexual harassment on campus. Staff at one school reported that several students were being harassed by teachers but that students did not understand that what they were experiencing was harassment. They recommended that students be made aware of their rights and steps they could take to address harassment. One teacher noted that relationships between male instructors and female students were adversely impacting student academic performance.

Some teachers expressed doubts about implementation of sexual harassment policies, and one teacher noted that "there are policies in place but I don't think they are implemented..." and an administrator noted that:

"It is hard to speak about the implementation of the [sexual harassment] policy because male instructors are not honest and they are not holding to the ethics." *[Female Key Informant]*

Some administrators noted that it is challenging to gather information about sexual harassment on campuses, and stated that "we don't know the students problems until they tell us." This school has suggestion boxes for students to report on any problems they may be experiencing, but no issues of sexual harassment had ever been reported or discussed.

Reports from student discussions and health clinic staff interviewed by the assessment team differed significantly from those of school teachers and administrators. While the CSDs focused on hypothetical situations rather than student experiences, female students reported that stress and depression due to sexual harassment was affecting students' ability to concentrate on their studies and impacting academic performance. At one school, female students identified sexual harassment as a significant issue impacting female students, and at another school, female students reported that students

subjected to sexual harassment "fear for their lives." Students expressed the presence of these relationships and the affect they can have on students:

“When a teacher sees a student’s weakness, for example, math in a lab tech female student, he can take advantage. He will see if he can get you. If you are not strong to resist, you may fall into his bad desire.” *[Female CSD Participant]*

Most female students agreed that “when women are disturbed,” their GPA drops. Female students reported that they fear being laughed at and teased by male students, and one female student explained how sexual harassment impacted her ability to participate in class: "It makes me shame even to participate in class because by the time we get out of class they [the male students] start to say all sort of things about women."

Other female students reported that male students enjoy "privileges" that support male academic performance, that female students must ask male students for help with their studies, and that "sometimes they sleep with you before they can help you." Female students reported that male students are dominant in academic performance, and that female students depend of them for assistance in tutoring and exams in exchange for benefits including sex, cash, and gifts. Male students, conversely, tended to blame female poor academic performance due to sexual harassment – on female students. One all-male CSD reported that women whose grades drop following sexual harassment are themselves to blame. The same group said that female students who are being sexually harassed should raise the issue with the school administration and discuss it with their supervisor and friends – and that if they fail to do so, they are themselves to blame for their poor academic performance. (The school had no mechanism to report sexual harassment, and no counselor on-site). Some female students also blamed female students themselves for their own poor academic performance associated with sexual harassment, stating that such female students should be more proactive in addressing their problems.

“[Male persistence in asking for sexual favors] can force some women to give in to the pressure causing them to sleep with the man just to get him off her back.”

*[Female CSD Participant]*

Solutions offered by students to address sexual harassment largely focused on setting rules and punishing perpetrators, rather than on empowering women. Students at one school, when discussing a situation in which a married man harassed a female student, suggested that "the school should serve the man a warning, if he does not stop, his wife should be informed."

Interviews with health clinic staff showed that students do attend the health clinic after experiencing sexual and gender-based violence, including a report at one health clinic of two students who were gang raped. Health clinic staff reported that female students came to the clinic to seek treatment and counseling for abuse, "persistent non-support," domestic violence, sexual and physical abuse, and rape. They also reported that some male students sought treatment following rape ("sodomy"). Health clinic staff also

reported instances of female midwifery students seeking help following sexual harassment and abuse from teachers or male peers. Female students who have sex with older men in order to secure school fees also accessed services at the clinic, and at times reported forced sex. Clinic staff noted that the school lacks a counselor on sexual and gender-based violence, although there is such a counselor on staff at the clinic. One health clinic staff member – who had benefitted from multiple trainings on gender and gender-based violence – reported that pregnancy among students was a frequent issue, and also reported that "sexual harassment is one of the causes of student pregnancy." Clinic staff also reported that female students who have experienced sexual harassment often tend to "withdraw due to embarrassment," and that this affects their studies.

Noting the high rate of pregnancy at the school, one health clinic staff developed and offered a training to students on health clinic services ("one-stop-shop"), sexual and gender-based violence, and referral pathways – including offering lectures on sexual harassment, and how to recognize and report it. Services provided at the school clinic included counseling, emergency contraception for rape survivors, pregnancy tests including for rape survivors, HIV testing, and family planning services. Pregnancy testing is provided for all female students and, in the case in which it is determined that pregnancy is due to rape, a consent form is signed and abortion is carried out under the supervision of a doctor. Another staff member at the clinic – who had not received training on gender or gender-based violence, however, reported that she did not think pregnancy happened frequently among students.

#### 4. Same Sex Relationships

##### **Key Findings**

Though not always explicitly stated, it seemed that same-sex relationships are not tolerated at schools.

The assessment team did not ask questions about same sex relationships. However, the Student Handbook of one of the schools states that the school "prohibits same sex activities," and one teacher at another school stated that "We do not want any homosexuals or lesbians."

#### H. Absenteeism

##### **Key Findings**

Key informants reported that female students may be absent from class due to a "don't care attitude," child care obligations, or the need to go home to cook for family members.

All schools had a range of rules and regulations governing absenteeism and determining how many classes a student can miss before they have to take a class over. Some schools required students to formally request an absence in advance of the fact and obtain a medical excuse or a formal excuse from a clinical supervisor. One school's



2016 program policy, for example, stipulates that: "Three unexcused absences in any class/clinical area will lead to drop for that semester," and another school's student handbook revised in 2016 similarly states that "three unexcused absences within a semester will result in the student being dropped."

The assessment team was not able to review school records on absenteeism and schools do not record or report on the reasons for student absenteeism. However, some schools reported that they maintain a database that enables them to track whenever a student is absent and that they use this database to make inquiries about absenteeism and to "understand problems faced by these students."

Most teachers and administrators were aware that rules on absenteeism exist, however, few were able to explain what exactly the rules were. One midwifery teacher, for example, reported having "no knowledge about policies on absenteeism," and a lab teacher stated, "I trust there is a set guideline in the handbook concerning absenteeism, but cannot say exactly..."

Reasons provided for student absenteeism included: working while in school and "their working environments do not support staff development" (administrator); inability to pay school fees; "weakness to further their studies and don't care attitude" among female students; student illness; child illness (administrator); need to go home in order to breastfeed a child (teacher); female students need to go home to cook for their family or to take a bath, as there is only one bath per 30 female students at the school (administrator); and pregnancy.

No schools, including midwifery schools, had policies to support students who are pregnant or have small children, nor do they make allowances for mothers to make up classes missed due to pregnancy, delivery, or childcare. Some schools require students to temporarily fully or partially dropout when they become pregnant (see section on Dropout below), while others make some allowance for students to be absent for their delivery. One midwifery program's policy states that: "If a student becomes pregnant, she can continue her studies with a physician's clearance as long as it doesn't interfere with her academic requirements." Some administrators were unaware of this policy, and reported that the school had no policy on pregnancy. At one school, administrators reported that if the delivery occurs when school is in session, the student is required to write a letter to the head of the school in advance of the delivery, to explain that they will not be able to come to school for one week. Mothers are expected to attend

"Pregnant students are not allowed to live on campus."

*[Female Key Informant]*

classes, including their clinical sessions, starting one week after delivery. Students who miss an exam or test due to delivery (and up to one week after delivery) have the right to make up the test later, provided they wrote the letter, and instructors are obligated to allow students to do this. In practice, it

is difficult to get instructors to agree to schedule a special exam make-up time. There are no provisions for new mothers or pregnant women regarding location of the clinical site, such as providing an option to attend clinical sessions closer to home. The only

time there are provisions to help new mothers is if they had a C-section, although it was unclear exactly what those provisions were.

Administrators at another school reported that pregnant students are not allowed to attend clinical sessions after six months of pregnancy, because "illnesses and diseases can be easily contracted from those sites." Pregnant students can insist on attending clinical sessions after six months of pregnancy, but must sign a waiver in order to do so. Administrators reported that allowed absences postpartum are not a matter of policy, but can be negotiated on a case by case basis with the school administration.

Little information was available about student access to medical support during pregnancy, however one staff member at a school health clinic reported that pregnant students need encouragement in order to continue their studies, as well as information and counseling "about the things pregnant women experience during the pregnancy period."

### I. Dropout

The assessment team was not able to review school records on dropout, and it was not clear whether or not schools maintained these records. However, school administrators and teachers universally reported that dropout rates were very low. Recalled information on dropout included for example: "Really there have not been dropout completely. Only one case," while another KI reported never having heard of any dropout cases.

#### 1. School Policies

##### **Key Findings**

Schools do not have gender-responsive policies in place to support female students to stay in school.

Schools reported a number of regulations on dropout and expulsion, related to academic performance. Most administrators and teachers reported a basic understanding of these policies, although a few reported that they were unaware of any school policies on dropout and also believed that such policies were not implemented.

Rigid school policies were reported to similarly impact both female and male students. A teacher reported that students were suspended from the school for one year for failing one course although another teacher reported that "if there are policies [on dropout] then they are not implemented.") One notable policy that reportedly impacted dropout rates for both female and male students at one of the schools was the rule that students who failed one course have to wait until the course is offered again before proceeding with their studies and are barred from taking other courses until that time. One KI also reported that the administration does not evaluate the performance of either teachers or students and is therefore not in a position to understand or address the reasons for dropout.

An administrator at one school reported that the school has a system in place to support students to stay in school – "when a student fails we have in place on what we call redo" – and that this has been helpful. This system also assigns students to faculty instructors who are tasked with advising and supporting them. The system was put in place after the school trained four faculty members through a Master in Nursing Education training. Although the system lacks a gender component, teachers reported that dropout rates have decreased and that "we help them [students] redo to keep them in the school." Other teachers, however, reported that the school used to have policies, such as extra classes to help reduce poor performance and dropout, but that most of these policies have been eliminated. One teacher even reported that "the school has not undertaken any activity to reduce dropout" and that school policies have become "harsher," contributing to dropout.

Other schools have introduced more forgiving, albeit gender-blind, policies, and established support systems to help students stay in school. According to administrators at one school, for example, the school arranges study groups on campus for students who are struggling academically, specifically geared to reducing dropout. Similarly, two schools have established mentoring systems of "counselors" or "class sponsors" to support students in their studies, although neither system includes a gender component.

## 2. Financial Considerations

### **Key Findings**

Financial hardship and inability to pay school fees were the primary reasons cited for dropout. Key informants were divided on whether or not financial hardship had a greater impact on male or female students, with some key informants reporting that female students' ability to engage in lucrative inter-generational sexual relationships was a financial advantage for female students.

The primary reason given for dropout was inability to pay school fees. However, key informants were divided on whether this was a greater challenge for male or for female students.

All the teachers interviewed at one of the school reported that male students were more likely to face financial hardships leading to dropout. One of the administrators reported that there were no differences in the reasons why female and male students dropout. Other key informants at this school provided gender-specific explanations for dropout: Reasons for male students' financial challenges were: the need to support their families and also fixed amounts of capital to invest in schooling: "Males come with set amount of money from working in the county. If the money finishes, they drop." One teacher reported that, in the current junior class, three out of nineteen students dropped out and they were all male students – two dropped out because they were unable to pay tuition, and the other dropped out because of conflicts with his day job. These teachers argued that female students in need of financial support to pay schools fees were able to "go out, find some money, and come back," and (in an apparent reference to inter-generational relationships) that: "Females will have one or two

relationships, enabling them to come back. Males can't do this as easily." Some female students similarly argued that: "Female students with financial burden will see this [dating an older man] as a means and not a liability to their future," and, "Due to the financial (in)security, females commit to their [inter-generational] relationship," and prioritize it over their academic studies.

Administrators at this same school, however, argued that female students were in particular need of financial support because "male students can go to school anytime, but the situation is different for women." Female students, they felt, need to be supported early on to study because "otherwise they end up getting married and having children, and it becomes more of a challenge for them to pursue their studies." At another school, one administrator reported that female students were more likely to dropout for financial reasons than were male students, and at another school, staff at the health clinic reported that some female students who were single mothers dropped out because they could not afford to both support their children and pay school fees.

Few solutions to addressing gender-specific financial challenges were offered. However, one group of female students suggested that, for female students whose grades are suffering due to lack of family support – including financial support, "her classmates should discuss with the teachers other ways to help [the female student] get over her inferiority complex."

### 3. Teaching Approach

Some key informants reported that a harsh teaching approach exacerbated dropout rates, although no gender-differentiated impact of this approach was reported. In some cases, teachers may make lessons difficult for students to understand in an effort to influence bribes, kickbacks in cash or in kind from students to be able to pass. A midwifery teacher, for example, reported that: "In my opinion, teachers are also responsible for the dropout of students because they make the lesson so difficult for student to make a pass," and also that: "Some teachers think that being tough and making the lesson difficult makes them good teachers."

### 4. Pregnancy and Dropout

#### Key Findings

At some schools, harsh policies for pregnant students forced some students to drop out. These policies included the requirement that a pregnant student withdraw from the program for two years. Some schools had more lenient policies that allowed pregnant students to stay in school while requiring them to move out of the dormitory and live off-campus.

Harsh policies on pregnancy were linked to female student dropout, especially at one of the schools where teachers reported that students who become pregnant are required to withdraw from the program for two years – one year for their pregnancy and one year for breastfeeding. Students at this school reported that the "school policy on pregnancy is too strong to promote female education and the long stay at home during pregnancy and breastfeeding has a negative effect on female academic performances, even if they gather the willpower to go back to school after the two years;" female students argued that "students who get pregnant should not be asked to withdraw from the program." Other students explained that, "The school curriculum is set-up in a way that discourages pregnancy while in school, because the activities (skills lab practices, clinical rotation which includes students working on all shifts, making care plans from real patients, doing assignments that involve presentation as well as attending classes and studying) make it almost impossible for pregnant students to continue." Students also reported that teachers are biased against pregnant students, and that some teachers feel it is "inappropriate to keep pregnant students in the school because during their days as students, this was not allowed." Students also reported that pregnant students lose parental support: "...most of the families especially the father will withdraw support and say that whosoever [made her] pregnant should be responsible for her."

"The rule of staying out of the midwifery program when pregnant is not good."

*[Female CSD Participant]*

Other students supported the school's policy requiring students to leave school for two years if they become pregnant, and argued that "the school should be supportive in the withdrawal process so that it will not affect her health by telling her there is a second chance." One teacher who reported disagreeing with the school policy on pregnancy, recommended that pregnant student be allowed to remain in school but should live off campus "so that other students will not be motivated to get pregnant." Students at this school similarly felt that pregnant students, and students with young children, should not be allowed to live on-campus; female students at this school reported that they felt that pregnant students "should live off the dormitory but the school clinic should keep track of their ANC visits and monitor their pregnancy." One student reported that should she become pregnant, she "might not even be able to achieve her goal of becoming a midwife." However, an administrator at this school reported that "for those women that are pregnant we were told not to drop any girl that is pregnant in class." Students at this school reported that the school administration drops pregnant students from the school and "embarrasses [them] during lecture time."

At one of the schools, pregnant students are allowed to stay in school, but are not allowed to live on-campus. An administrator reported that the school encourages students who get pregnant to continue their studies, that pregnant students have access to ANC at the school health clinic, that breastfeeding students are encouraged to bring their children to school for breastfeeding, that students are allowed to leave classes when necessary to breastfeed their babies, and that babies are taken care of by the "matron" at the school. The administrator at the school also reported that the school

administration is now attempting to change the school policy on pregnancy, including introducing regulations that allow only married students to get pregnant and requiring a valid marriage certificate. Staff at the school health clinic reported providing ANC to pregnant students, but also felt that "the school should drop the students when they get pregnant to reduce the stress."

## J. Career Planning

### Key Findings

Schools do not provide career planning services or gender-specific career planning services, and do not address gender issues in connection with student career plans.

Few schools provide career planning services and no schools track the careers of their graduates. One school reported that, due to high demand, midwives find employment faster than MLTs. Another school reported that their students are supported by the government and this includes guaranteed government job placement – an assigned position somewhere in the country – following graduation. Some schools noted that the government placement service can sometimes take a long time, and that students are obliged to wait until their position has been allocated. Teachers at this school, however, also reported that the majority of their students went to work for NGOs.

No schools provided gender-specific career planning services or discussed gender issues in connection with student career plans.

## II. Summary Discussion and Conclusions

**School policies are not specifically based on current evidence and best practices, do not adequately address gender constraints that impact student retention, and are not very widely disseminated:** School policies on absenteeism and dropout are generally punitive, lack provisions to support female students who become pregnant, and do not address sexual harassment beyond prohibitions on teacher-student relationships. Many teachers and school administrative staff are unaware of school policies or have only a cursory understanding of them.

**Schools lack adequate security provisions for female students:** Schools do not provide transportation for students after dark, security guards are not adequately trained, and have do not have security guards in dormitories.

**Schools provide limited family planning information or services:** No schools have informational brochures on family planning, provide access to family planning commodities, or have a counselor on-site to support students' family planning needs.

**Students and health care staff are significantly more aware of the sexual harassment issues in schools than are teachers and administrators:** Most teachers and administrators reported that sexual harassment was not an issue however, others reported that sexual harassment – including SGBV and also classroom harassment – seriously impacted female students' ability to perform well in school, and contributed to absenteeism and dropout among female students.

**Actions that showed gender biases were noted in teaching staff:** Teaching staff reported biases against both female and male students, with teachers variously reporting that male students "have a low IQ" or that female students are "not serious." Teachers at some schools reported age-discrimination against female students, stating that older women (in their 30s) have poor memory.

**Some students have limited understanding of key gender issues that impact female student performance:** Although students were significantly more aware of gender issues on campus, some students reported gender biased views, including both female and male students who blamed female students suffering from harassment for their slipping grades, and students of both sexes who could not identify problematic power dynamics in inter-generational relationships.

**Students and staff are aware of key gender-specific issues that impact female students' performance, but adequate mitigating measures are not in place:** Both students and staff reported a number of gender-specific issues impacting female students, such as domestic responsibilities and female students' cooking responsibilities for their male colleagues, but no efforts have been made to address them.

**Limited access to training on gender for school staff and students:** Teachers and school administrative staff have had limited access to training on gender and

reported no access to training on gender-responsive pedagogy. No gender training has been provided on campus, and no staff reported receiving training while in their current job. Even with staff who have received gender training, that training has not translated into gender-responsive policies or practices in schools.

**Lack of sex-disaggregated student data and data related to gender issues facing students at schools:** Schools did not report having a data collection system or specific available reports on the reasons for student absenteeism or dropout.



### III. Recommendations

#### 1. Hold a stakeholders meeting to validate the Gender Assessment Report and develop an Action Plan

- MCSP should hold a stakeholders meeting to present and validate the Gender Assessment Report, discuss a way forward, and develop an Action Plan. Representatives from MOGCSP, MOH, all MLT and RM Schools, Accreditation Board, Student Association leaders, and other stakeholders should participate.

#### 2. Build Awareness About Gender at All Levels

- MCSP should develop a Strategy and Plan for strengthening awareness activities about gender at the Ministerial level. The strategy should include developing strong contact persons at the MOH, MOE, and the MOGCSP, focusing on gender in education institutions as these entities have activities and budget to undertake gender-related work. Developing strong contacts inside these ministries will allow this work to move forward.
- Develop at least two radio spots about the impact of gender on student academic achievement targeting students and staff at schools.

#### 3. Strengthen School Policies to Ensure that they take Gender into Account and are Well Disseminated and Implemented

- School policies related to sexual harassment should be evidence based and effectively disseminated among teachers, administrators, and students. Policies on pregnancy should be updated to reflect current realities. Schools have effective strategy to address gender imbalances in enrollment. Schools should also have a counselor on SGBV.
- Recommendations for the duration of MCSP/Liberia HRH:
  - Develop a short user-friendly document or pamphlet on best practices for addressing sexual harassment, GBV and pregnancy in school settings, and disseminate to schools
  - Support schools to incorporate gender considerations in their enrollment approaches
  - Support schools to develop and disseminate information on family planning options, and improve student access to family planning services and feminine hygiene products
  - Support schools to advocate for the inclusion of a SGBV counselor on staff
  - Work with the MOH/MOGSCP to review, update or develop job aid(s) for the SGBV counselor
- Longer-term recommendations:
  - Support schools to develop their own, evidence-based policies on gender, in line with international best practices and aligned with the MOH, Gender Ministry, and the School Board of Accreditation, as well as with MCSP's overall program and gender activities in Liberia.

- Support schools to implement the new policies.
- Support schools to advocate for scholarships to cover student fees and living expenses, so that students are not obliged to work while they are in school.

#### **4. Provide Training on Gender at Schools**

- Teachers, administrators and students at schools should receive gender training. The training should be translated into action on campus and focus on correcting misconceptions about gender and/or gender-biased views.
- Recommendations for the duration of MCSP/Liberia HRH:
  - Develop educational posters on sexual harassment and SGBV and disseminate to schools
  - Develop a one-day training on gender and gender-responsive pedagogy and provide it on-site at schools for staff and students. Ensure that the leaders of student associations are engaged in the training.
  - Provide mentoring and supportive supervision to the advisors who are assigned to students, to capacitate them to identify and address gender-specific issues that impact student academic performance.

#### **5. Improve School Data Systems to ensure that data is sex disaggregated and data on gender issues facing students is collected and analyzed**

- At the moment, schools lack a system to collect data on gender-specific issues impacting students, such as sexual harassment, SGBV, reasons for absenteeism, poor performance, or dropout. As a result, it is difficult to track and document exactly how gender is impacting student performance. At most schools, there is no system in place for students to anonymously report sexual harassment or GBV; at schools where an anonymous reporting system is in place, such as suggestion boxes, students do not report sexual harassment or GBV, even though the gender assessment found that these are issues for students. Schools also lack the capacity to develop data collection systems or to analyze the data once it is collected.
- Recommendations for the duration of MCSP/Liberia HRH:
  - Assist schools to set up safe, confidential and anonymous data collection systems, including an anonymous reporting system, which can collect data on gender-specific issues that impact student academic performance, absenteeism and dropout.
  - Provide schools with the tools necessary to analyze that data, for example, by holding a data analysis workshop and providing on-site supportive supervision in data analysis.

## IV. Annex 1: Data Collection Instruments

### A. Interview Guide for School Administrators (President/Dean/Other High-Level Administrator)

#### Introduction

My name is \_\_\_\_\_ and I am part of a team that is conducting a gender assessment to better understand the different experiences of female and male students in the classroom, and the gender issues that may impact female and male students' academic performance and attrition. The goal of our study is to improve matriculation rates, reduce dropout and enhance academic performance among students. Our assessment is being conducted by USAID's Maternal and Child Survival Program, which is implemented by Jhpiego.

I would like to ask you a few questions about your experience as an administrator at the school, school rules, protocols and guidelines, the teaching materials used and the facilities and services available to students. This interview should take approximately one hour and your responses to the questions will be confidential. During the interview, the note taker will take notes. The notes will be shared only with the members of the assessment team, to be used to analyse the results from our interviews. We will not list your name in our report. You may choose not to answer the questions if you are not comfortable. We hope you will, as your responses will assist in improving student performance and the performance of (Name of Institution).

May we begin?

#### Guiding Questions

1. Please tell me something about your work history: What is your position and how long have you been working in your current position at the school? Did you hold other positions at this school before holding your current position? If so, what were those positions? What is the total length of time you have been working at this school? Did you work at other schools before working at this one, and if so, in which schools and in what positions did you work?
2. Please tell me about your current job: What are your professional responsibilities? Have you ever had the opportunity to attend any trainings on gender?
3. We are interested to hear your views on students' academic performance: In your opinion, what are the main reasons why some students perform better academically than others? Have you noticed any difference in the academic performance of female and male students and if so, what difference? Have you noticed any particular difficulties faced by female students? If so, what are those difficulties? Have you noticed any particular difficulties faced by male students? If so, what are those difficulties?

4. We are interested in your opinion on student absenteeism and dropout: In your opinion, what are the main reasons why students are absent or dropout of the school? Are there particular reasons why female students are absent or dropout? Are there particular reasons why male students are absent or dropout? Does your school have any policies or practices in place to reduce dropout?
5. Please tell me about school policies on poor academic performance: What steps does the school take when a student is performing poorly academically?
6. We are interested in your opinion on sexual harassment at the school. In your opinion, is sexual harassment an issue in your school? Please explain. Does your school have a sexual harassment policy? If so, in your opinion, is the sexual harassment policy helpful to students, teachers and other school staff? If not, why not?
7. Please tell me about any work your school does with students' families and communities. Do students' families visit the school and meet with school administrators and teachers? Does the school conduct any activities in the communities from which students come? Have you noticed any differences in the ways in which families and communities treat female and male students? If so, what steps has the school taken to address family or community attitudes towards female and male students?
8. Please tell me about school policy on safety and security on campus: What types of security regulations are in place. (Probe for security in dorms, bathrooms, and transport after dark, campus security office/police).
9. Please tell me about school policy and guidelines on health issues that specifically impact female students: What services or supplies are provided for female students during menstruation (are sanitary pads available at the school and if so where are they available)? What is school policy and practice and what services are provided for female students who become pregnant? For female students who are breastfeeding? For female students who have young children?
10. Please tell me about the teaching materials the school provides to teachers: Where and how does the school obtain teaching materials? In your opinion, do the teaching materials include examples of the ways that Midwives/Medical Laboratory Technicians do their work and are there examples that include both women and men professionals? Do the teaching materials use the pronoun "he" and "she" in equal numbers when describing the roles and responsibilities of Midwives/Medical Laboratory Technicians?
11. Please tell me about any additional training or support that the school provides to teachers: Does the school offer teachers short supplementary courses to update teachers' skills? If so, has a training on gender been offered to teachers?

12. Does your school offer career planning or job placement services? If so, have you noticed any differences in female and male student utilization of these services? In female and male student success in job placement?
13. As we discussed at the beginning of this interview, the goal of our assessment is to improve matriculation rates, reduce dropout and enhance academic performance among students. In your opinion, what are the most important steps that can be taken at this school to reach this goal? Can you recommend any specific steps that would help female students? Male students?

Thank you very much for your participation in this interview. Your views are very helpful for our assessment and will help to strengthen students' academic performance.

## B. Interview Guide for Teachers

Interviews with teachers should take place after the classroom observation exercise, to ensure that the interview process does not impact the way in which the teacher conducts the class.

### Introduction

My name is \_\_\_\_\_ and I am part of a team that is conducting a gender assessment to better understand the different experiences of female and male students in the classroom, and the gender issues that may impact female and male students' academic performance and attrition. The goal of our study is to improve matriculation rates, reduce dropout and enhance academic performance among students. Our assessment is being conducted by USAID's Maternal and Child Survival Program, which is implemented by Jhpiego.

I would like to ask you a few questions about your experience teaching students, the teaching materials and the pedagogical approaches used at (Name of Institution). This interview should take approximately one hour and your responses to the questions will be confidential. During the interview, the note taker will take notes. The notes will be shared only with the members of the assessment team, to be used to analyse the results from our interviews. We will not list your name in our report. You may choose not to answer the questions if you are not comfortable. We hope you will, as your responses will assist in improving student performance and the performance of (Name of Institution).

May we begin?

### Guiding Questions

1. Please tell me a little about yourself and your experience teaching at this school: What subject do you teach? How long have you been teaching this subject? How long have you been teaching at this school? Have you ever had the opportunity to attend any trainings on gender?
2. Please tell me something about your students: What level/year do you currently teach? Are most of your students women or men? What percentage of your students would you say are women?
3. Please tell me about your classroom: Have you noticed any differences in where female and male students tend to sit in your classroom, and if so, what are those differences? Have you noticed any differences in how female and male students participate in your class, and if so, what differences? If you have noticed differences, in your opinion, why do those differences exist?
4. Please tell me about your students' academic performance: Have you noticed any differences between women and men in terms of their academic performance? If so, what kinds of differences have you noticed? In your opinion, what are the reasons for those differences?

5. What are the challenges that students have with learning and academic performance? Have you noticed any differences in the challenges female students face compared to male students?
6. Please tell me about absenteeism and dropout among your students: Have you noticed that either women or men are more likely to dropout of the program or be absent from class? What differences have you noticed? In your opinion, what are the reasons for these differences? Does your school have any policies in place to reduce dropout, or has the school undertaken any activities to reduce dropout?
7. Please tell me about this school's policy on sexual harassment: Does your school have a sexual harassment policy? If so, in your opinion, is the sexual harassment policy helpful to students, teachers and other school staff? In your opinion, is sexual harassment an issue at your school?
8. Please tell me about the teaching materials that you use to teach your classes: Do your materials include examples of the ways that Midwives/Medical Laboratory Technicians do their work and are there examples that include both women and men professionals? Do the teaching materials use the pronoun "he" and "she" in equal numbers when describing the roles and responsibilities of Midwives/Medical Laboratory Technicians?
9. Please tell me about the way in which you teach your classes: What kind of format do you use (lecture, Q&A, small group discussions, class debates, student presentations)? Are you happy with the format you use – why or why not? Have you ever considered changing your format – why or why not?
10. As we discussed at the beginning of this interview, the goal of our assessment is to improve matriculation rates, reduce dropout and enhance academic performance among students. In your opinion, what are the most important steps that can be taken at this school to reach this goal? Can you recommend any specific steps that would help female students? Male students?

Thank you very much for your participation in this interview. Your views are very helpful for our assessment and will help to strengthen students' academic performance.

## C. Interview Guide for School Health Clinic Staff

### Introduction

My name is \_\_\_\_\_ and I am part of a team that is conducting a gender assessment to better understand the different experiences of female and male students at (name of school), and the gender issues that may impact female and male students' academic performance and attrition. The goal of our study is to improve matriculation rates, reduce dropout, enhance academic performance among students, and improve student experience at (name of institution). Our assessment is being conducted by USAID's Maternal and Child Survival Program, which is implemented by Jhpiego.

I would like to ask you a few questions about your experience working with students who visit the health clinic. This interview should take approximately one hour and your responses to the questions will be confidential. During the interview, the note taker will take notes. The notes will be shared only with the members of the assessment team, to be used to analyse the results from our interviews. We will not list your name in our report. You may choose not to answer the questions if you are not comfortable. We hope you will, as your responses will assist in improving student experience and performance and the performance of (Name of Institution).

May we begin?

### Guiding Questions

1. Please tell me a little about your job and your experience working at the school health clinic: How long have you been working at this clinic? What is your current position? What are your primary responsibilities in your job? Where were you working before beginning your current job, and what job were you doing? Have you ever had the opportunity to attend any trainings on gender?
2. We are interested to learn about the main reasons students visit the school health clinic. In your experience, what are the primary health problems that students are facing? Have you noticed any differences in the health issues that female students and male students face? If so, what differences have you observed?
3. An important focus of our study is student absenteeism and dropout. In your experience, what are the main health issues that lead female students to miss classes or to dropout of school? What are the main health issues that lead male students to miss classes or to dropout of school? What can the school health clinic do to address these health issues? In your opinion, are female students more likely to be absent from class or dropout of school due to health reasons, or are male students?



4. Please tell me about the family planning services (contraception) provided at the school clinic: Can students obtain contraception at the school clinic? Elsewhere on campus? What is the process for students to obtain contraception? (Probe: do they need an appointment with a doctor? Nurse? Is counseling offered on family planning? Which family planning methods are the most popular with students?). In your experience, do many students ask for contraceptives? In your experience, is it mainly women, men, or both women and men who ask for contraceptives?
5. Please tell me about female students' health needs during pregnancy: In your experience, is pregnancy frequent among female students at your school? What services does the school health clinic provide for pregnant students? (Probe: what decisions do female students tend to make if they have an unplanned pregnancy? Are safe abortion services available?) What services are provided for female students who are breastfeeding? For female students who have young children?
6. Please tell me about services the school health clinic provides specifically for female students during menstruation? Are sanitary pads available at the clinic? Elsewhere on campus? In your opinion, does menstruation impact female students' attendance at classes?
7. We would like to understand how the health clinic addresses cases of sexual harassment and gender-based violence. Does the school health clinic have a counselor who can advise and support students who have survived gender-based violence? Besides counseling, are there any services or advice that the health clinic can provide to students on sexual harassment and gender-based violence? Counsel students on sexual harassment? Have clinic staff received any training to help them identify the signs of gender-based violence? In your experience, are sexual harassment and gender-based violence issues that impact female students' lives at the school? If so, how?
8. As we discussed at the beginning of this interview, the goal of our assessment is to improve matriculation rates, reduce dropout and enhance academic performance among students. In your opinion, what are the most important steps that can be taken at this school to reach this goal? Can you recommend any specific steps that would help female students? Male students?

## D. Case Studies for Student Discussions

### 1. Case Study 1: Beatrice

Beatrice (*context appropriate names to be substituted as needed*) is 18 years old and a first year student in her first semester. This is her first time to be living away from home and she is excited to begin her studies. Beatrice wants to become a midwife / medical laboratory technician. She studies hard, but is having a difficult time in some of her classes. When the teacher asks students to answer questions, Beatrice does not feel comfortable to raise her hand to answer, even when she thinks she knows the answer. Also, the teacher has not called on Beatrice to answer, even when she does raise her hand. Lately, Beatrice has been sitting at the back of the class keeping quiet during the lessons. In her family, Beatrice is the only girl. She has three older brothers. When Beatrice lived with her family, she was responsible for helping her mother with the housework, cooking and cleaning. She rarely spoke at dinner time, and it was her job to serve her brothers and father, before she and her mother ate themselves. Beatrice's father was not very pleased that she wanted to go to school to study to become a midwife / medical laboratory technician. He thought she should stay at home, help the family, and get married, and he did not want to spend extra money to pay for his daughter to study at the school, because he already spends a lot of money to educate his sons. However, he did agree to allow her to go to school, so long as she promised to study hard and do well. After several months, however, he stopped sending her money to support her during her studies, and Beatrice is wondering what she will do. Beatrice wants to do well in school, but now she is worried that she will not be able to participate in classes and this may affect her grades. She is starting to think that because of the problems she is facing in her classes and the money problems with her family, she should dropout of school.

### Discussion Questions:

1. In your opinion, what are the main reasons that Beatrice is having trouble in school?
2. In your opinion, why has the teacher not called on Beatrice to answer questions in class?
3. Beatrice's father was opposed to her attending school. In your opinion, what are the main reasons for his opposition? Do you agree with his reasons, or disagree? Why?
4. Besides the reasons described in this case study, can you think of other reasons that Beatrice may be having problems in her classes? What reasons?
5. On your flipchart, please make a list of the problems that your group thinks Beatrice is facing. In your opinion, which of these problems are specific to female students? Do male students face some of these problems as well? For any problems that your group decides only female students face, please explain why you think that only female students face these problems.
6. In your opinion, what do you think will happen with Beatrice? Is she likely to dropout of school? Why or why not?
7. Please think about ways that teachers and other school staff can help Beatrice to perform better in her classes? Are there other people at the school who could do something to help Beatrice? If so, which people and what can they do?
8. On your flipchart, please make a list of specific action that teachers and other school staff can do to help Beatrice. Next to each action that you list, please write down which school staff can take the action (teacher, administrator, other staff), keeping in mind that several types of staff can participate in each action.
9. What kinds of changes at the school do you think could help Beatrice – is there a need for more or new staff? Any other changes? On your flipchart please list any changes that you think would be helpful for Beatrice.

## 2. Case Study 2: Mary

Mary (*context appropriate names to be substituted as needed*) is a second year student in Midwifery / Medical Lab Technician School. She performed well in her classes during her first year, but is struggling academically in her second year and is becoming depressed. The problems started at the end of her first year. One of the male students / male staff / male teacher (*to be adjusted according to the school and female/male ratio in student body and teachers*) started following Mary around. He told her she was beautiful and kept asking her to go to parties with him. Mary was not interested and told him to please leave her alone. But he would not stop. Mary started to see him everywhere – when she went to the library to study, eating her lunch in the cafeteria, walking to her dormitory. Mary stopped going to the library and eating in the cafeteria in order to avoid seeing the man. Then he became angry, following her and shouting bad names at her, and bringing some of his friends with him who also shouted at her. Mary became afraid. She spent her vacation at home trying to forget about him and didn't tell anyone about what was happening. She felt ashamed, thinking that it might be her fault that the man and his friends were acting this way. She hoped that by the beginning of the second year, he would forget about her and leave her alone. But he did not forget, and things in her second year have been not better. Mary started having trouble concentrating on her studies and her grades are slipping.

### Discussion Questions:

1. In your opinion, is the way that the man is acting understandable? If a man is rejected when he likes a women, is it natural for him to act this way? If not, how should he act in your opinion?
2. In your opinion, when a man acts this way, does the woman bear any fault? Should Mary have acted differently? If so, what should she have done differently?
3. In this case study, the situation has resulted in Mary having trouble performing well in her studies. In your opinion, is this a normal result of the man's actions? Do you think that this kind of behavior by men can have an impact on women's ability to do well in school? Why or why not?
4. In your opinion, what are the reasons the man is acting this way? Please think about the assumptions and ideas the man has about women and about Mary. Why does he think that it is acceptable to act in this manner? On your flipchart, make a list of the assumptions that both the man and Mary have about the way that men and women should behave.
5. In your opinion, what can Mary do to address the situation? Whom can she talk to? Are there staff or school offices that she can go to where she can get help? On your flipchart, please make a list of the actions that Mary can take.
6. In your opinion, what should the school do to help Mary? On your flipchart, please make a list of actions that the school should take to address this problem. Please indicate which staff or office at the school should take these actions.

### 3. Case Study 3: Susan

Susan (*context appropriate names to be substituted as needed*) is a student at a Midwifery/Medical Lab Technician School. For the past 3 months she has been dating a young man. They use contraceptives, but not all the time. Last month, Susan missed her period and she started to feel sick in the mornings. Some days she felt too sick to go to classes in the morning, and she started to miss classes and was not able to get her homework done. Susan was worried that she might be pregnant, but she decided to wait a few weeks to see if it might be a false alarm. She hoped that her period would come soon. When her period did not come for a second month, Susan felt sure she was pregnant. She has not told her boyfriend about it yet. Susan wants to continue her studies.

#### Discussion Questions:

1. In your opinion, what will Susan likely do in this scenario?
2. In your opinion, how will other people react if they find out that Susan is pregnant? How will the other students react? How will the school administration react? How will teachers react? How will her family react?
3. In your opinion, should Susan talk to her boyfriend about her pregnancy? How do you think Susan's boyfriend will react to if/when Susan tells him?
4. In your opinion, how will the staff at the school health clinic react if Susan goes there to ask for help and advice? What advice do you think they will give Susan?
5. On your flipchart, make a list of all the types of people listed in the questions above. Next to each type of person, write down how you think they would react if they learned that Susan is pregnant.
6. Please consider the reasons that Susan her boyfriend did not use contraception all the time. What are the main reasons this happened in your opinion? What do you think the school can do to help students like Susan and her boyfriend be sure to use contraception regularly?
7. On your flipchart, write down a list of actions that the school can take to help Susan.
8. In your opinion, what should Susan do now?

#### 4. Case Study 4: Grace

When Grace (*context appropriate names to be substituted as needed*) started the Midwifery/Medical Laboratory Technician School, she had never had a boyfriend before. In the second semester of her first year of school, Grace met a really nice man. He was quite a bit older than Grace, but Grace did not care about that. He was kind and thoughtful, liked to buy her presents and always wanted to spend time with her. Grace liked him very much. They started spending all their time together and things were going great. Grace was very happy. At the same time, she noticed that her studies were not going as well as they used to. Her grades were down a bit, and sometimes she had trouble concentrating on her homework. She really just wanted to spend time with her boyfriend. She was also very busy doing things for him – she cooked for him and she washed his clothes for him – so she had less time to study. Grace was happy to do this. It was just like home – her mother always did all the family cooking and cleaning, so when she did these things for her boyfriend, it felt right, like she was on her way to starting a family herself. Also, her boyfriend really liked her cooking, and this made Grace happy. And her boyfriend was not very good at cleaning up, and Grace was great at that, so she thought – what could be the harm in cleaning up after him?

#### Discussion Questions:

1. Grace has noticed that her grades are slipping and she is having difficulty concentrating on her studies. In your opinion, what are the main reasons this is happening?
2. Grace and her boyfriend have different roles in their relationship. Please make a list of the types of things you think that Grace does for the relationship. Please make a list of the types of things that her boyfriend does for the relationship. Do you think this is a good arrangement? If so, why? If not, why not and what do you think could change to improve things?
3. Do you think that this relationship is good for Grace and for her studies and future career? Why or why not?
4. What advice would you give Grace on how to improve her grades and her concentration? On your flipchart, make a list of the things you would advise Grace to do.
5. In your opinion, how can the school support Grace to improve her academic performance? On your flipchart, make a list of the actions the school can take to support Grace to perform better in school.

### 5. Case Study 5: Moses

Moses, a second year midwifery student, performed well in his classes during his first year actively participating with the other students. However, during the second semester he is struggling. Moses does not feel comfortable participating in class because this semester for his courses he has to describe the reproductive system and the instructor does not call on him. Back home, it is forbidden for men to openly speak about the body parts of women, especially when females are present, and it is not allowed for men to see or touch a woman other than his wife, even if she is his sister. If he has to engage in such activities, he has to provide significant reasons and perform ritual cleansing. This second school year, Moses has to complete a course, Fundamentals of Midwifery I, which requires him to describe the female organs/reproductive system and complete a practicum at the health facility (examine pregnant women during antenatal care visits and observe the delivery process/ perform deliveries). Academically he is underperforming and is becoming depressed. Moses wants to do well in school, but now he is worried about whether he will be able to complete the course and what will happen if he refuses to participate in the class, examine pregnant women or assist at deliveries. He is starting to think that because of the problems he is facing in school, he should dropout of school since his community thinks Midwifery is a course for women.

#### Discussion Questions:

1. In your opinion, is this a common situation experience by male Midwifery students?
2. In your opinion, why has the teacher not called on Moses to answer questions in class?
3. Gender norms and values have posed a barrier to Moses' performance. In your opinion, what are the main reasons for norms and value? Do you agree with these gender norm/values, or disagree? Why?
4. Besides the reasons described in this case study, can you think of other reasons why Moses may be having problems in his classes? What are those reasons?
5. On your flipchart, please make a list of the problems that your group thinks Moses is facing. In your opinion, which of these problems are specific to male students? Do female students face similar problems as well? For any problems that your group decides only male students face, please explain why you think that only male students face these problems.
6. In your opinion, what do you think will happen with Moses? Is he likely to dropout of school? Why or why not?
7. Please think about ways that teachers and other school staff can help Moses to perform better in her classes? Are there other people at the school who could do something to help Moses? If so, which people and what can they do?
8. On your flipchart, please make a list of specific action that teachers and other school staff can do to help Moses. Next to each action that you list, please write down which school staff can take the action (teacher, administrator, other staff), keeping in mind that several types of staff can participate in each action.
9. What kinds of changes at the school do you think could help Moses – is there a need for more or new staff? Any other changes? On your flipchart please list any changes that you think would be helpful for Moses.

## 6. Case Study 6: Samson

Samson is a third year student and is doing very well in school. He is expecting to have a very successful career after he graduates. When he gets a job, he plans to marry a girl from his home village. Samson's family are all very happy and proud of him. His father regularly sends him money and whenever Samson comes home, his mother and sisters all cook a big meal for him and wash his clothes. Samson does not know how to cook himself and he never does his own laundry. Some of Samson's friends tell stories about their girlfriends and shout out comments about women's bodies at school when women are walking to class. Samson thinks this is harmless fun and joins in with his friends. Samson has heard some stories about women at his school being harassed or assaulted by men, but he always thought those stories were not true or at least exaggerated. Once he saw a woman at school who had bruises and cuts on her face and was crying as she was walking one evening. He felt like maybe he should do something to help her, but then thought it was really none of his business anyway, so did not do anything. If something bad did happen to a woman, he figured it was probably her fault, at least partly. If women did not do well in their studies, Samson thought they were either lazy or else more interested in getting married than in studying. In any case, Samson felt proud of his own success in school and was sure it was entirely due to his own hard work.

### Discussion Questions

1. In your opinion, does Samson have some advantages over female students that help him to perform well in school? If so, what advantages? On your flipchart, please write down a list of any advantages you think Samson may have over female students.
2. From this story, do you think that Samson himself harasses women? Please explain why or why not.
3. Do you think that Samson's opinion about female students who perform poorly in school is correct? Could there be other reasons that female students may struggle in their studies more than male students? On your flipchart make a list of those possible reasons.
4. When Samson saw a woman who was hurt and crying by herself, he did not do anything to help her because he thought it was none of his business. Do you think that Samson was correct about this? What do you think men can do to help women who have been beaten? Please make a list of possible actions on your Flipchart.
5. What do you think the school can do to improve men's involvement in supporting female students and reducing harassment of female students? Please make a list of recommendations to the school.

## V. Annex 2: Data Collection Summary Sheet

### Data Collection Sheets Case Studies

#### A. Data Collection Sheet for Beatrice Case Study

*The note taker should use this sheet to report on the small group's presentation to the full group, and the discussion following the presentation*

Beatrice Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Family, Classroom Set-up, Poverty, Teacher Attitudes	
Name of Note Taker: Name of Facilitator: Name and location of School: Date:	
Key Issues	Summarize the key challenges that students report Beatrice is facing.
	Summarize the key actions that students recommend be taken to help Beatrice, noting who at the school students feel should take those actions.
Family Issues	Summarize student attitudes on family support for female students. Do students feel that family support / lack of support is an issue that impacts female students' academic performance? Do students agree or disagree that families should support female students? If students feel that lack of family support is a problem for female students, what do students think can be done about it?
Classroom Issues	Summarize the reasons that students think it may be difficult for female students to participate in the classroom setting. What explanations do students give for a female student sitting at the back of the class and not speaking? What explanations do students give for the teacher not calling on a female student?
Solutions	Summarize the solutions that students suggest to address the family and classroom problems that female students may be facing.



Beatrice Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Family, Classroom Set-up, Poverty, Teacher Attitudes	
Name of Note Taker: Name of Facilitator: Name and location of School: Date:	
Key Findings	Summarize the main findings from the discussion on (1) the impact of family opposition to female students' studies on academic performance, (2) the impact of teacher engagement and support in the classroom on academic performance, (3) solutions.
Attachments	Please type up the lists that students provided on their flipchart, including the list of challenges that Beatrice faces, the list of actions that school staff can take, and any changes that students recommended at the school in order to help Beatrice.

### B. Data Collection Sheet for Mary Case Study

*The note taker should use this sheet to report on the small group's presentation to the full group, and the discussion following the presentation*

Mary Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Sexual Harassment and School Support Systems	
Name of Note Taker: Name of Facilitator: Name and location of School: Date:	
Key Issues	Summarize the students' attitudes on the man's behavior. Do student attitudes reflect traditional gender norms? Are students challenging gender norms?
	Summarize the students' attitudes on the Mary's behavior. Do student attitudes reflect traditional gender norms? Are students challenging gender norms?
	Summarize the students' ideas on Mary's academic problems. Do the students think the problems are understandable? Do they blame Mary for the problems she is facing?
Gender Roles and Sexual Harassment	Elaborate on student attitudes towards sexual harassment. Do they see the case study as an example of sexual harassment? Do they see sexual harassment as a problem that impacts female students' academic performance?

Mary Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Sexual Harassment and School Support Systems	
Name of Note Taker: Name of Facilitator: Name and location of School: Date:	
Impact of Sexual Harassment on Academic Performance	Explain how students view the impact of sexual harassment on female students' studies. Do students feel this is a problem?
Support Systems	Summarize the ways in which students report the situation should be addressed. What do students feel Mary can do? What do students think the school should do?
Key Findings	Summarize the main findings from the discussion on (1) gender roles (2) sexual harassment, (3) impact of sexual harassment on female students' academic performance, (4) needed support systems at the school.
Attachments	Please type up the lists that students provided on their flipchart, including the list of the assumptions that both the man and Mary have about the way that men and women should behave, the list of the actions that Mary can take, and the list of actions that the school should take to address this problem.

### C. Data Collection Sheet for Susan Case Study

*The note taker should use this sheet to report on the small group's presentation to the full group, and the discussion following the presentation*

Susan Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Pregnancy	
Name of Note Taker: Name of Facilitator: Name and location of School: Date:	
Key Issues	Summarize the main reactions that students feel other people would have if they learned that Susan is pregnant.
	Summarize the steps that students feel Susan should take now.

Susan Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Pregnancy	
Name of Note Taker: Name of Facilitator: Name and location of School: Date:	
	Summarize the steps that students feel the school should take to help Susan.
Pregnancy and Studies	Elaborate on how students report that pregnancy can impact female students' studies and career.
Supportive Environment	Elaborate on the ways in which different types of people would react to Susan's pregnancy – peers, teachers, school administrators, school health clinic, family, boyfriend.
Reproductive Health Services and Contraception	Summarize student views on availability of contraception and education on family planning methods at for students.
Support Systems	Summarize the ways in which students think the school should support Susan.
Key Findings	Summarize the main findings from the discussion on (1) access to contraception and family planning information (2) attitudes towards pregnancy among students (3) supportive environment for pregnant students (4) needed support systems at the school.
Attachments	Please type up the lists that students provided on their flipchart, including (1) the list of the types people and how you think they would react if they learned that Susan is pregnant, (2) the list of actions that the school can take to help Susan.

### D. Data Collection Sheet for Grace Case Study

*The note taker should use this sheet to report on the small group's presentation to the full group, and the discussion following the presentation*

Grace Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Gender Norms and Dating	
Name of Note Taker: Name of Facilitator: Name and location of School: Date:	
Key Issues	Summarize student views on gender roles and dating
	Summarize any points students make on inter-generational dating
	Summarize student views on the impact of gender roles in dating on female students' academic performance
Gender Roles	Elaborate on how students view gender roles in the context of dating
Gender Roles, Dating and Academic Performance	Elaborate on the ways in which students report that dating impacts female student academic performance. Note whether students assign blame for poor academic performance, and if so, on whom?
Solutions	Elaborate on the advice that students would give Grace.
Support Systems	Summarize the ways in which students think the school should support Grace.
Key Findings	Summarize the main findings from the discussion on (1) gender roles in the context of a relationship, (2) inter-generational dating, (3) impact of gender roles and dating on female academic performance, (4) ways in which the school can support Grace.
Attachments	Please type up the lists that students provided on their flipchart, including (1) list of the types of things they think that Grace does for the relationship, and the list of the types of things they think her boyfriend does for the relationship, (2) the list of the things they would advise Grace to do, and (3) list of the actions the school can take to support Grace to perform better in school.

### E. Data Collection Sheet for Moses Case Study

*The note taker should use this sheet to report on the small group's presentation to the full group, and the discussion following the presentation*

Grace Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Gender Norms and Dating	
Name of Note Taker:	
Name of Facilitator:	
Name and location of School:	
Date:	
Key Issues	Summarize the key challenges that students report Moses is facing
	Summarize the key actions that students recommend be taken to help Moses, noting community gender norm.
Gender Norms and Values	Summarize students' attitudes about gender norms and values. Do students feel that Gender norms are issues that impact male students' academic performance?
	Do students agree or disagree that the community should support men to take on any career they want?
	If students feel that Gender norms and values are a problem for male students, what do students think can be done about it?
Classroom Issues	Summarize the reasons that students think it may be difficult for male students to participate in the classroom setting when certain topics are been discussed? What explanations do students give for the teacher not calling on a male student?
Solutions	Summarize the solutions that students suggest to address the gender norms and classroom problems that male students may be facing.
Key Findings	Summarize the main findings from the discussion on (1) the impact of gender norms to male students' studies on academic performance, (2) the impact of teacher engagement and support in the classroom on academic performance, (3) needed support system at the school.
Attachments	Please type up the lists that students provided on their flipchart, including the list of challenges that Moses faces, the list of actions that school staff can take, and any changes that students

Grace Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Gender Norms and Dating	
Name of Note Taker:	
Name of Facilitator:	
Name and location of School:	
Date:	
	recommended at the school in order to help Moses.

**F. Data Collection Sheet for Samson Case Study**

*The note taker should use this sheet to report on the small group's presentation to the full group, and the discussion following the presentation*

Grace Case Study: Exploring the Impact of Gender on Female Students' Academic Performance – Gender Norms and Dating	
Name of Note Taker:	
Name of Facilitator:	
Name and location of School:	
Date:	
Key Issues	Summarize students' views on harassment of female students
	Summarize student views on male privilege and its impact on student performance
	Summarize students' views on male involvement in reducing harassment or assault on women
Gender Norms and Values	Are students aware of gender norms in the school context?
	Do some students agree that poor performance in school among female students is their own fault? Summarize these arguments.
	Do some students agree that if women are harassed or assaulted it is, at least in part, their own fault? Summarize these arguments.
Individual solutions	Summarize the actions students think that male students can take to support female students.
School Solutions	Summarize the actions students think that schools can take to support female students and improve male involvement in supporting female students
Key Findings	Summarize the main findings from the discussion on (1) the impact of gender norms on academic performance, (2) harassment of female students, (3) male involvement, and (4) school actions.
Attachments	Please type up the lists that students provided on their flipchart, including the list of advantages Samson has, the list of possible reasons female students may perform poorly in school, the list of what men can do to support women, and the list of recommendations for the school.