



COMPASS Research Brief Ethiopia

Background

Over three years (2014 - 2017), the IRC are developing, implementing and evaluating the COMPASS programme (Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces). This programme identifies, acknowledges and responds to the vulnerabilities of adolescent girls by establishing a foundation for their healthy transition into adulthood in humanitarian crises. Seeking to improve prevention and response to violence against girls, activities include: safe space programming such as life skills training and asset building; mentoring activities with older adolescent girls; and engagement with service providers and caregivers to better prioritise and meet the needs of adolescent girls. In Ethiopia, the COMPASS programme is taking place in three refugee camps in the Beneshangul-Gumuz region, with girls aged 10-19. The IRC is partnering with Columbia University to conduct research in the first cycle of the programme, with research questions that address gaps in existing evidence and best practice, and emphasise the importance of understanding not only whether the programme is effective, but also how, why and under what conditions it works.

Study Design in Ethiopia

A two group, baseline/endline, wait-list cluster randomised controlled trial is being used to evaluate the impact of the COMPASS programme on adolescent girls' human, social and financial assets. In addition, qualitative research will address additional questions of acceptability, processes of change and best practice.

Girls are invited to participate in the COMPASS program, and those who are 13-19 and unmarried are randomly assigned to treatment or control groups. Girls in the intervention group start the programme immediately after the initial baseline assessment. The control group receives the intervention only after completing the endline (in the second cycle of the programme). Through this approach, all girls receive the intervention whether they are randomised into the intervention or control group (although at different times), thus addressing ethical concerns of withholding the programme from some study participants.

Methodology

The study assessment employs a mixed methods approach with most data collection occurring at baseline and endline, and a qualitative assessment at the intervention midpoint as a process indicator. At least 880 girls (440 girls treatment and 440 girls control) will be included in the quantitative survey¹, and qualitative research will be conducted with at least 44 girls and 34 parents or caregivers.

Quantitative survey methods will be used to evaluate attitudes towards a host of topics related to physical and psychological assets health-related behaviours, to yield statistical measures of the scale of changes in attitudes, skills, and behaviours due to the intervention. Survey questions will be administered using tablet computers programmed with Audio Computer Assisted Self-Interviewing (ACASI). ACASI is particularly well-suited to research on sensitive issues because respondents complete the survey independently without the need for an interviewer. In addition, due to extremely low literacy levels among women in the target areas, using ACASI has also reduced the need for literate female enumerators to read the questions to then girls.

Qualitative methods will include in-depth semi-structured interviews and focus group discussions with girls aged 10-19, their family members and mentors, as well as participatory methods with girls to assess topics such as self-esteem, empowerment, and resilience. The use of participatory methods is particularly effective for eliciting girls' views on topics which they may be less comfortable discussing in an interview or focus group discussions. Participatory methods used include mapping and ranking activities.

Ethical and Safety Considerations

IRC and Columbia University take the safety and wellbeing of research participants extremely seriously. Informed consent will be obtained at the beginning of the study by trained researchers from girls, and/or parents or guardians depending on age and marital status. Participants may withdraw from the study without affecting their participation in the programme. All enumerators are female and from the local communities, and undergo strict vetting and training on confidentiality, child protection and referral procedures.

Research Dissemination and Uptake

IRC and Columbia University will disseminate research findings through engagement with local, national and international programme and policy fora, and issue research briefings and academic articles to engage the wider humanitarian community.

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¹ Sample calculation based on power of 80%, alpha at the 5% level of significance and a design effect of 2.0, plus 25% anticipated attrition