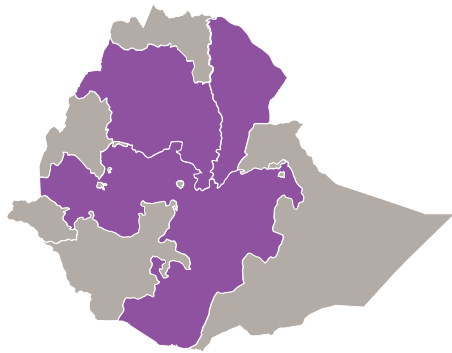


# Forging Panoramic Pathways with Girls from Adolescence to Adulthood



**ACT WITH HER**

## Strengthening Local Systems for Very Young Adolescents: Perspectives from the Frontline



### WHERE

Amhara, Oromia, and Afar regions of Ethiopia

### WHY

While Ethiopia has made remarkable socio-economic progress over the last decade, too many adolescent girls are still vulnerable to child, early, or forced marriage; female genital cutting; and sexual or gender-based violence. Their voice, agency, education, and livelihood options are often more limited compared to boys due to restrictive gender and social norms.

### WHAT

Act With Her is a multi-sectoral program partnering with adolescent girls to forge healthy and happy futures while also connecting with boys, parents/caregivers, and local leaders to ensure that girls have allies and support now and in the future from peers, partners, and social services and systems.

### WHO

Pathfinder International, CARE International, Gender & Adolescence: Global Evidence (GAGE), Government of Ethiopia, funding from the Bill & Melinda Gates Foundation

### WHEN

2017–2022

Pathfinder International, in collaboration with the Government of Ethiopia, in partnership with CARE International, and with funding from the Bill & Melinda Gates Foundation, is implementing a five-year umbrella program that partners with girls to forge the health, education, economic, and social pathways they need to thrive during the transition to adulthood. By 2022, we aim to reach 50,000 adolescent Ethiopian girls and boys by scaling up an existing girls' empowerment program (called Her Spaces) while simultaneously assessing the potential value-add of an expanded version (called Act With Her). A randomized impact evaluation conducted by the UK Department for International Development (DFID)-funded Gender & Adolescence: Global Evidence (GAGE) research consortium will determine to what extent Her Spaces and the variations of Act With Her:

- strengthen individual and collective capabilities among adolescent girls across six domains: physical health, education, bodily integrity, psychosocial well-being, voice and agency, and economic empowerment;
- increase gender equitable attitudes, behaviors, and norms throughout social networks, families, and communities; and
- increase responsiveness and access to high-quality services for adolescents.

Both Her Spaces and Act With Her engage very young adolescent girls (10 up to 14) in weekly curriculum-based groups facilitated by “near peer” mentors ages 18–24 over the course of 10 months. Topics covered include a wide range of puberty and menstruation, health, nutrition, education, safety, gender, communication, and economic empowerment themes.

Act With Her expands this foundational model to also include mentor-led group programming for older adolescent girls (ages 15+) and younger and older adolescent boy peers, and a series of group sessions with parents or caregivers of both girl and boy adolescents.

In select sites, Act With Her also partners with local communities to catalyze positive shifts in gender and social norms, and to make key health, education, child protection, and other social services more adolescent-responsive.

In a small number of Act With Her sites girls also receive a moderate material asset transfer aimed to support their menstrual health and continued education.



Designed to separately serve very young adolescents (VYAs) and older adolescents, with a learning period built in between, Act With Her (AWH) engaged the first cohort of VYAs from March 2019 through January 2020, with over 13,000 girls and boys participating in over 500 groups. Supporting adolescents at an individual level to enhance their personal health, knowledge, skills, and behaviors is critical for their positive development. Yet ensuring a healthy, happy, and productive

future likely also requires simultaneous attention be paid to the diverse set of services and systems that surround young people and influence their trajectory. Therefore, slightly more than half of our sites (67 of 124) were assigned to the intervention variation that transcends group programming for adolescents and parents to also include light-touch local systems strengthening activities.<sup>1</sup> Designed to be initiated shortly after the adolescent and parent groups began and then carry on for up to twelve more months after the 10 months of group sessions had concluded, this workstream was paused as of March 2020 due to COVID-19 and will conclude when implementation resumes. Drawing lessons from our first year of implementation, this brief contributes to a growing body of experiential knowledge about enhancing select systems and services as part of interventions meant to improve the well-being of very young adolescents. Our experience and insights largely align with existing global evidence and best practice, but four themes stand out as particularly useful for our team and may be valuable for others working with very young adolescents:

## 1 Early adolescence is a unique life stage for engagement with systems and services

In Act With Her, systems strengthening is intended to be complementary versus the primary objective. The aim is not to establish or supplement local, community-level services but rather to enhance the ways that they serve and support young people. Careful consideration is needed to target the services most relevant for this age

group. They are older than the target audience for early childhood development, nutrition, and health investments, and slightly younger than the adolescents most likely to need financial services or who seek health services, such as contraception or HIV testing. Largely informed by what GAGE's baseline findings revealed about the specific needs of these younger adolescents<sup>2</sup> and the likelihood of addressing those meaningfully at a community level through a light-touch model, our focus for this workstream became centered on the school environment, menstrual health, and child protection via six key activities:<sup>3</sup>

### Six key activities:

- Supporting multi-stakeholder, cross-sector action
- Enhancing social accountability structures via community scorecards
- Offering gender- and age-sensitivity training with a focus on school-based violence
- Strengthening implementation of the national School Health and Nutrition Package
- Improving menstrual health and hygiene management (MHM) in schools
- Establishing "Roll Back Early Marriage" clubs for girls



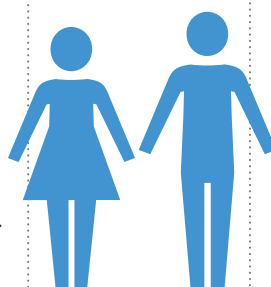
## 2 Even very young adolescents can drive changes in services or systems

When it comes to fostering improvements in education, health, or child protection systems or services, it can initially be difficult to imagine such young adolescents taking on leading roles. Yet given the right mix of trust, partnership, and support they can prove themselves capable of doing so. To hold providers of key services for adolescents accountable for being adolescent-responsive, we use the well-established Community Score Card (CSC) methodology pioneered by CARE. Community Score Card (CSC) is a participatory approach often used in rural areas for community members and service providers to engage in collective dialogue and improve social accountability and quality of delivery of services.<sup>2</sup> Focused on the school setting for our younger cohort, we engaged both service ‘users’ (young adolescent students and parents) and ‘providers’ (school and healthcare staff) to jointly assess and then ultimately improve the health, hygiene, safety, and educational needs of very young adolescent students. They meet monthly to create, implement, and monitor an action plan for this purpose. The adolescents played a critical role in identifying relevant problems and developing creative solutions. In many sites the committees began rolling out changes fairly quickly, such as constructing fences to better ensure safety, designating sex-separate toilets to improve privacy, starting tutorial classes for disadvantaged students, and establishing a student parliamentary system for peer-managed conflict and misconduct management.

Very young adolescent girls also took the lead on running ‘Roll Back Early Marriage Clubs’ in schools, where girl students work together to shift attitudes and strengthen collective peer and community action against early marriage. In the Amhara region, the girls created anonymous suggestion boxes where concerns about early marriage could be reported, with action then taken by school leaders and local child protection stakeholders. With a wide range of reasons cited overall, within only six months at least 35 out of 119 cancellations of early marriage in Amhara reported to the project team were first detected through the girls’ club suggestion box.

## 3 School leaders are eager to support holistic needs of adolescents

The Ethiopian Ministry of Health and Ministry of Education both recognize that schools are an important setting for many young adolescents to receive not only a good education, but also support for their nutrition, health, and overall well-being. The government’s School Health and Nutrition Package, for example, aims to: improve the health knowledge, values, and attitudes of students; produce a health-conscious generation through both formal and informal education and practices; and promote a healthy school environment.<sup>6</sup> As a relatively new



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PHOTO: Rachel Rifken

government initiative, we felt that supporting its rollout and full implementation was an ideal way to strengthen the responsiveness of the local education system to better meet the needs of students in early adolescence. Refresher orientations for teachers, students, parents, and health extension workers (who play a vital role in its delivery) were held to review the package’s components for primary age students. School health teams then took proactive steps such as adding first aid kits, improving hand washing facilities, and making weekly health education sessions more consistent.

In consideration of girls’ needs specifically, we also supported further scaling up a Menstrual Health Management (MHM) training that the government had collaboratively designed with UNICEF, specifically designed for the school setting. The goal is for schools to become a “MHM Model School”, which requires not only fulfilling minimum site requirements, like sex-separate toilets, washing and waste disposal stations, and educational materials, but also achieving a reduction in the number of girls dropping out due to menstruation. Working with UNICEF and the government’s regional health bureaus we supported MHM trainings for school directors and staff, school girls’ club coordinators, and health extension workers. Teachers were especially enthusiastic about learning how to make and have available re-useable sanitary pads for students in need. Many participants went on to raise funds and have already made the changes necessary to meet the minimum standards set forth in the guidance and to better support menstruating girls. Existing school spaces have been re-purposed to provide dedicated spaces for MHM counseling or resting, for example. School staff have also raised their own funds for purchasing basic materials and equipping sanitary and hygienic stations.

## 4 **Crossing sectoral boundaries is key**

Supporting young adolescents to thrive now and in the future is not the responsibility of any single sector. Adolescents' needs cross through ministerial mandates and boundaries, and therefore effective networking, coordination, and collective action between sectoral stakeholders is necessary. Many countries, including Ethiopia, have cross-cutting coordination groups to work on youth issues at a national level and to some degree at lower levels. For example, Ethiopia has successfully advanced a multi-sectoral approach to combat malnutrition.<sup>5</sup> In the same vein, our team worked hard to reinforce multi-stakeholder platforms and strengthen relationships at more local levels to further raise the visibility of adolescent issues and nurture more cross-sector responses.

A woreda is a sub-regional administrative unit in Ethiopia, similar to the district level in other settings. Cross-sectoral woreda governmental committees already exist, though some are more well-established than others. Building on this platform, we engaged key powerholders in each woreda to form a task force devoted to jointly advancing adolescent well-being more specifically, with representation from woreda Administrators, offices for women, children, and youth affairs, health, education, sport, and communications, religious leaders, school principals, health extension workers, and local women and youth leaders. These teams have played a vocal and proactive role in bringing adolescent issues to the forefront of local policy and community discussions, and in many cases, members have worked through this structure to intervene in reported instances of child, early, or forced marriage and female genital cutting.

These forms of age- and gender-based violence particularly warrant a whole-of-government approach, especially at the most local level (which in Ethiopia is a kebele, similar to a village). Strongly driven by GAGE's baseline findings which underscored a high prevalence of violence taking place within schools toward very young girl and boy adolescents, we conducted training sessions that sensitized kebele-level stakeholders on preventive and protective mechanisms of age- and gender-based violence, especially within schools. Recognizing that no sector can tackle this issue on its own, participants included kebele administrators, police, health extension

workers, school principals and staff, local court representatives, religious leaders, and young people. Despite the disruption to implementing some portions of the post-training multi-sectoral action plans these teams devised, community stakeholders at both the kebele and woreda levels are continuing to actively monitor and respond to incidences of violence in their communities. When implementation resumes after the current pause due to COVID-19, our team will support them further in ensuring that young adolescents' risk for and experiences of violence, likely exacerbated during the pandemic, are prioritized as the recovery period continues.

**"I think Act With Her project conducted many activities in changing attitude of the community and the community showed good progress. Girls and other community members developed habits of reporting to the concerned body when violence and sexual harassment happened."**

— ACT WITH HER GIRL PARTICIPANT



### Key Takeaways

- Efforts to improve the individual well-being of VYAs could potentially be amplified by ensuring that the local systems and services that surround them are sufficiently responsive to their unique needs
- Thoughtful tailoring for system strengthening is required for this age group as they are in between the two life stages targeted by most health and other social services (early childhood and young adulthood)
- Very young adolescents are capable of playing leading roles in change efforts
- School leaders and staff can be very receptive to making small but powerful changes to better support their VYA students
- Integrated and cross-sectoral action is well-suited for confronting the multi-faceted challenges facing VYAs

<sup>1</sup> [https://ovcsupport.org/wp-content/uploads/Documents/Strengthening\\_Child\\_Protection\\_Systems\\_in\\_SubSaharan\\_Africa\\_1.pdf](https://ovcsupport.org/wp-content/uploads/Documents/Strengthening_Child_Protection_Systems_in_SubSaharan_Africa_1.pdf)

<sup>2</sup> [https://www.care.org/sites/default/files/documents/FP-2013-CARE\\_CommunityScoreCardToolkit.pdf](https://www.care.org/sites/default/files/documents/FP-2013-CARE_CommunityScoreCardToolkit.pdf)

<sup>3</sup> <https://www.gage.odi.org/publication/adolescent-well-being-in-ethiopia-exploring-gendered-capabilities-contexts-and-change-strategies/>

<sup>4</sup> <https://www.unicef.org/ethiopia/reports/national-costed-roadmap-end-child-marriage-and-fgmc-ethiopia>

<sup>5</sup> <https://gh.bmj.com/content/bmjgh/4/5/e001739.full.pdf>

<sup>6</sup> [http://corhaethiopia.org/wp-content/uploads/2016/08/Final-School-Health-Program-Framework-August-2017\\_FINAL.pdf](http://corhaethiopia.org/wp-content/uploads/2016/08/Final-School-Health-Program-Framework-August-2017_FINAL.pdf)



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