Reaching Very Young Adolescent Girls through the Her Space Initiative

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Summary

Early adolescence marks the beginning of a transition from childhood to adulthood, setting the stage for future reproductive health decision making and solidifying gender norms and attitudes. Interventions with very young adolescents (VYA) can lay the foundations for lifelong healthy relationships, behaviors, and practices. However, few reproductive health (RH) and life skills interventions reach this group. Adolescent girls experience numerous barriers that hinder their RH, including gender-based violence (GBV), sexual harassment, early marriage, and lack of adolescent-friendly health services to ensure accurate information and open discussion on RH issues and practices.

To respond to the needs of the high percentage of young people in Ethiopia, the Ministry of Health (MOH) renewed the national strategy for Adolescent and Youth Reproductive Health in 2016. The task of creating safe spaces for adolescents commences with recognizing particularly susceptible segments, such as VYA girls. To support health sector priorities of the Ethiopian government, the United States Agency for International Development (USAID) created the five-year USAID Transform: Primary Health Care Activity, which was awarded to a consortium led by Pathfinder International Ethiopia in 2017. This project addresses a wide range of health priorities as determined in partnership with the MOH, including adolescent and youth health and development (AYHD) initiatives, such as Her Space.

Her Space is a mentor-led, girls-only initiative. Girls meet in person within small groups, based on age brackets (11–12 years and 13–14 years). Her Space primarily targets VYA girls between the ages of 11 and 14 years. This initiative works with girls both in and out of school within the regions of Amhara, Oromia, Tigray, and Southern Nations, Nationalities and Peoples (SNNP). The goal of the Her Space initiative is to help facilitate the transition from adolescence to a healthy and productive adulthood and ensure the overall wellbeing of adolescent girls through improved personal, social, health, safety, education, and financial outcomes.

Within this initiative, girls make friends and express themselves while they build social networks; share and learn together; receive social support; acquire relevant skills in the context they live in; and access safe and non-stigmatizing counseling and services on GBV, women's rights, health, and other services. Her Space implements multisectoral collaboration at various levels of the community and government—bringing together the national Ministry of Health Maternal, Newborn and Child Health Directorate, regional health bureaus, zonal health departments, district health offices, and nearby public health facilities. This collaboration facilitates fidelity of implementation across and between districts while establishing support for the program at different levels of government.



Her Space girls, 13–14 Years Age Group, Eko Efo Babo Kebele, Oromia, 2019

Between 2018 and 2020, Her Space enrolled 5,350 girls. 3,263 have graduated, successfully completing 40 hours of in-person small group sessions. Currently, 1,950 girls remain in the initiative and are continuing their sessions in their respective areas. Since the beginning of the initiative, only 2.5% of girls have discontinued participation—showing incredibly high participation and support for the programming.

In 2020, 2,150 girls were enrolled. However, due to the impact of COVID-19, Her Space experienced barriers to programming and graduation rates slowed. Looking forward, there is great potential to reach more girls in coming years through focused scale-up and additional programming.

Based on positive reflection from participants, significant enrollment coupled with low attrition, and graduation rates of Her Space adolescent girls, Pathfinder International and USAID Transform: Primary Health Care recommend that efforts be made to scale-up the initiative to additional areas. Additionally, USAID Transform: Primary Health Care advocates for regional health bureaus to allocate funding for program expansion to reach more girls.

Background

During adolescence, mind and body change very rapidly—often leaving a child stepping into puberty confused and overwhelmed. This is typically coincident with changes in the social and school environment, such as spending less time with parents and more with peers, as well as an increase in autonomy. Adolescence is also associated with a period of increased risk-taking behaviors and increased emotional reactivity—which can lead to reproductive health risks, including unsafe sex.^{1,2,3,4,6}

As Ethiopia is dominated by a young population, the MOH has developed a national strategy for adolescent and youth reproductive health for the first time in 2007 and renewed the strategy in 2016. The strategy aims to promote and meet the sexual and reproductive health needs of adolescents.⁵ According to the Ethiopia Demographic Health Survey (DHS) from 2016, one in four (24%) women have sexual intercourse before age 15 and 62% before age 18. By age 20, 76% of women have had sexual intercourse. Similar to other low-income countries, adolescents in Ethiopia are greatly impacted by school dropouts, child marriage, and early childbearing - resulting in adolescents becoming more isolated and vulnerable.⁷

Pathfinder International has been supporting the Ethiopian government's strategy and efforts in achieving adolescent and youth-related goals.

Her Space uses a socio-ecological approach to better understand and address the participants' needs within the five levels of the model: individual, interpersonal, organizational/institutional, community, and policy. This approach recognizes that adolescents and youth are influenced by various factors and multi-level interventions are designed to support healthy behavior change. Her Space strongly links very young girls with parents, brothers,

PUBLIC POLICY (national and subnational policies and strategies) COMMUNITY (cultural values and social norms) **ENVIRONMENT/ INSTITUTIONS** (health service, schools) SOCIAL **NETWORKS** (family/friends) INDIVIDUAL ADOLESCENT GIRL'S knowledge, attitude, and skills

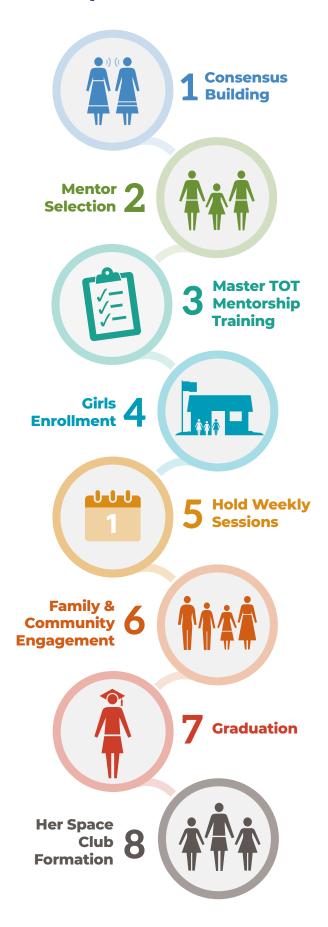
schools, the community, and the nearby health facility to promote adolescents' social-health development. Parents, brothers, and communities are the secondary target population of the initiative—they receive a much lighter touch but still relevant sensitization sessions. The initiative also works alongside various adolescent serving institutions—including schools and health facilities to ensure they are youth-friendly in their approach and that adolescents are aware of the resources available to them. Lastly, Her Space works with the MOH to advocate for national adolescent-focused policies, particularly those focused on VYA. Her Space programming has been incorporated in the MOH's annual work plan and encourages other organizations to implement it as well.

Objectives

- Increase demand from adolescents and their communities to access adolescent and youth-friendly health services.
- Develop adolescent girls' negotiation skills with family members to meet their goals and aspirations in terms of education and finance.
- Increase adolescent girls knowledge, confidence, and capabilities around personal, social, and safety issues.
- Increase adolescent girls and their families problem solving skills to overcome barriers at home, in school, and in the community to allow girls to continue their education.
- Generate evidence and document best practices for the "Her Space" model of empowering adolescent girls.

Her Space addresses a wide range of health, nutrition, education, safety, gender, and economic empowerment themes. The initiative has been designed to equip girls with the knowledge, confidence, negotiation, and problem-solving skills. Skills are built while enhancing their capabilities around positive personal, social, health, safety, education and financial outcomes.

The Steps in Implementing Her Space



Consensus Building.

Her Space required multisectoral collaboration at different levels of government ranging from national to the local, including representatives from a variety of sectors such as health



and education. It was important to have buy-in from the community through consensus-building—which created a common understanding among the various government sectors in each region. Following the consensus-building, implementation kebeles (the lowest demonstrative units within a district) were selected through active participation of relevant actors. Actors considered many variables, including the availability of a public health facility with youth-friendly services (YFS) nearby. This process ensured that local government was engaged and felt a sense of ownership over the project—which, in turn, increased the opportunities to assist with providing technical support.

Mentor Selection.

A mentor is a young volunteer woman who is designated to deliver the curriculum and acts as a role model for Her Space participants. Eligibility criteria was created in collaboration with the health facility, kebele leaders, and school heads/directors or club leaders to ensure consensus. Generally, mentors should be from 18–25 years old and have completed their secondary education.



Mentors should live in the community that they will serve and be committed to advancing adolescent girls' wellbeing. They must be trusted by the community and able to interact with relevant stakeholders and powerholders.

Master TOT and Mentorship Training.

Implementors collaborated with regional health bureaus to provide a master training of trainers (ToT) for health care managers from the district health office where the project operates. The master ToT was skill-based and task-oriented. Participants were critically evaluated by their peers and trainers during simulated training. Following the master ToT, each region conducted their in-depth training for mentors—a two-week process where the curricula is reviewed in detail. Within the mentor training, time is spent learning the participatory methodology of delivering the sessions, which is crucial when working with VYA. To ensure that mentors can gain trust and speak with confidence to the girls, the training involved techniques on how to encourage critical thinking, voicing opinions, and inquisitive learning.



Girls Enrollment.

Her Space targets girls who are 11–14 years old. Girls were divided into groups based on two age cohorts, 11–12 and 13–14 years. These age brackets were selected based on evidence showing that adolescent girls face increased pressure from social norms and expectations at this stage in their life, which is also when biological changes are most apparent. Her Space includes a mandate to ensure that girls with different types of vulnerabilities are included in each group, including up to 20%. The vulnerabilities considered, included (but were not limited to): girls who are out of school; very poor; orphaned or with only one parent; and girls who are disabled. This mandate ensures that no group is identified as "vulnerable" or socially stigmatized. In this way, girls can share different experiences and support each other.

The recruitment of girls was done in collaboration with

kebeles, the school director, and the health center head. After recruitment, girls were given information about Her Space and asked if they were willing and dedicated to



continuing the 40-hour initiative. After securing their positive response, the girls were required to share the information with their parents and obtain signed consent to participate.

Hold Weekly Sessions.

with girls and mentors sitting together in circles.

For each age group, mentors and participants agreed upon a time and location for weekly sessions to ensure attendance and convenience.

Sessions may be held in the school compound, health post, or under a tree where the girls felt the area was safe and comfortable. The sessions were conducted one or two hours per week

Various instructions, including ground rules specifically around confidentiality, were shared to ensure that girls felt safe to speak freely and participate without judgment. Systems were put into place to ensure that each girl has an opportunity to speak and participation is mandatory. Every girl has an equal chance to express feelings, experiences, and answer questions. Her Space girl's sessions are monitored using a "girl life-skill observation tool" which is filled two weeks after Her Space sessions are started. The observation tool is used in the middle of the course (after 20 hours of sessions), and at the end of the 40 hours of sessions for each individual girl. This tool is filled by the mentors focusing on self-confidence, communication, negotiation, assertiveness, and social networking skills of the individual girl participant. The completed assessment observation tool is documented and kept in the health facility.

Forming Her Space clubs help the graduated girls sustain their skills and encourages them to provide voluntary services to their peers within their communities and schools.



As part of the initiative, girls are taken to visit the nearby financial institution, and the marketplace. These visits support sessions related to the improvement of their financial skills, such as saving; using their money for important causes; bargaining for selling and buying in the market; and financial literacy. Most of the girls have already started saving money by selling eggs and vegetables to their parents—demonstrating basic financial literacy.

Additionally, these visits are important to sessions on health care seeking behavior by establishing connections with the health facilities and police stations. This of harassment or GBV, and early marriage. Girls are if their parents are arranging for marriage, if they are harassed, or if they experience any signs of GBV.

Family and Community Engagement.



Parents and brothers/boys were given a one-day orientation on

the Her Space initiative to ensure support and encouragefor each age group. The orientation discussed the goals of Her Space and the role they can play in supporting the young girls in their lives. Brothers were oriented on how they can provide support to sisters in household chores, homework, and being allies against GBV and other forms of harassment in school and the community. Additionally, a one-day orientation was organized for community members and gatekeepers. In the community orientation, goals, as well as how these will be achieved. This orientation improved the understanding of the program and provided support to the initiative in the community.

Graduation.

After 40 hours of sessions together, a graduation ceremony was prepared in facility, and the girls. During the graduation ceremony, the local community, parents, media, sector offices, and other relevant partners were encouraged to participate in the event. The girls were given a microphone so that they can facilitate the graduation. Certificates were awarded to the girls and mentors by guests of honor. Mentors and health extension workers were honored and recognized for their voluntary work and contribution. The celebratory nature of the graduation ceremonies served to bring together all of the initiative—which, in turn, will increase the demand and dedication of the public sector and the community.

Her Space Club Formation.

Girls who have graduated from Her Space are oriented to start forming their own club to teach other young girls within their respective schools. Her Space graduates, across both age group brackets, come together, in collaboration with school heads and girls' club leaders. As a group, they discuss the club's formation and provide the peer-to-peer learning.

Forming Her Space clubs help the graduated girls sustain their skills and encourages them to provide voluntary services to their peers within their communities and schools. Additionally, graduates from the 13-14 age group will also

be added to the pool of mentors for subsequent Her Space sessions in the future.

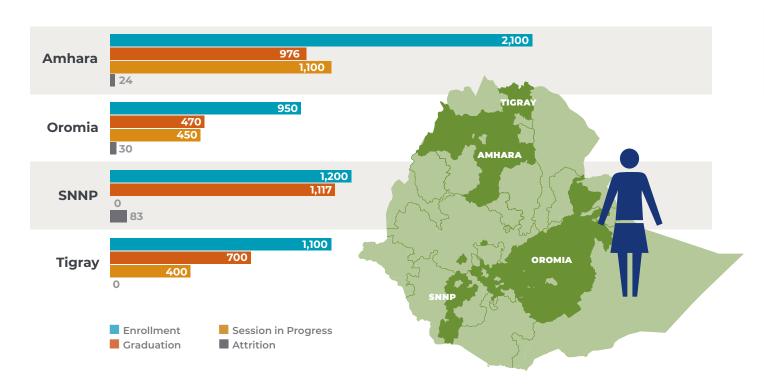


kebele, Debay Tilatgin woreda, Amhara, 2019

Participation

As of the end of 2020, 5,350 girls have enrolled in the initiative. Graduation rates per year reflect high participation rates with 99% of girls graduating in Year 1 and 95% graduating in Year 2. In total, 3,263 girls have graduated from Her Space and 1,950 girls are currently still in sessions.

Participation rates have remained high, as both the mentors and girls themselves remained committed to their weekly sessions. Adolescent girls find the sessions to be fun and engaging and enjoy the chance to get together with their friends. Mentors find the work rewarding and appreciate the way their role has increased their leadership skills among their communities.



Impact

A Dedicated Mentor and Young Girl Challenged an Arranged Early Marriage, 2019

Nitsuh Mitiku is a Her Space mentor in Mesobo kebele, Yilmana Densa Woreda in the Amhara region. This story describes a situation between Nitsuh and one of her 13-year old mentees, Belaynesh Adane. Nitsuh had only been facilitating sessions for one month when this occurred. However, she had already developed meaningful relationships with the adolescent girls in her group and the adults who supported them, including the school director. Through Nitsuh's dedication, problem solving, and negotiation skills, she was able to help Belaynesh cancel her early marriage and stay in school.

Nitsuh: One early morning Belaynesh came to me crying and I asked her "what happened?"

Belaynesh



Nitsuh: I was shocked and started thinking what to do. Immediately, an idea came to my mind to run to the school director and share the story. The school director and I brainstormed on what to do. Finally, we agreed to speak to Belaynesh's parents as the first resort. But, in case they are not willing to abort the marriage, we had decided to proceed to the police.

Nitsuh: The school director and I took time off to go and visit Belaynesh's home, where we met both parents and spoke to them about Belaynesh's stellar performance in school and the news we had recently heard about her betrothal. We discussed with them possible ways it could go and helped them understand their options—but also opportunities Belaynesh will have if she continues her education. Finally, after hours of discussions detailing legal, psychological, and physical ramifications of early marriage, they were convinced and unanimously gave their blessing for Belynesh to continue her education, as well as Her Space mentoring sessions. Currently, she has successfully graduated from Her Space sessions and has continued her education.

Nitsuh: Through consultations we were able to save the life of Belaynesh. We empowered her to say no, to seek help, but also educated the parents. This indeed is a lesson for Belaynesh, her friends, her parents, and her neighbors. Early marriage will be history not only through laws but also through community understanding and commitment to empower our female children.





рното: Talia Flores, 201

Sustainability

The Ethiopian national adolescent and youth strategy, developed in 2016, clearly prioritizes the empowerment of young girls and boys by reaching them with tailored information. Based on this strategy, the MOH included the Her Space initiative in its annual plan and encouraged the woreda health offices to work with VYA girls.

However, resource limitation and donor interest in financially supporting the government's adolescent plan remain a challenge for further scale-up of the initiative. USAID Transform: Primary Health Care has been transferring the necessary skills to woreda health offices, in conjunction with schools and the community, so that they can implement the Her Space initiative in different regions. Additionally, USAID Transform: Primary Health Care has documented process and best practices to share with the community, program implementers, and planners. USAID Transform: Primary Health Care will continue to advocate for regional health bureaus, zonal health departments, and other sectors to allocate funding to support adolescent empowerment programs in their respective areas.

COVID-19 Impact and Program Modifications

The COVID-19 pandemic interrupted the lives of adolescent girls, just as it did for everyone else. Schools were shut down, and many people were afraid to access health centers. Thankfully, when national safety measures were first put in place in March 2020, the current round of girls were about halfway through their sessions. All training and community engagement had already taken place. The mentors were able to keep facilitating their weekly sessions, albeit with modifications put in place. Groups of 25 were further split into smaller groups of five, limiting the number of girls gathered at one time. Sessions were held outdoors, to accommodate physical distancing, and girls did not sit too close to one another. This cohort was able to complete all their sessions and graduate, due solely to the commitment and prior relationships already in place by the mentors. While safe spaces groups such as these are no substitute for formal schooling, it was a good opportunity for the girls to come together and continue growing during the early phases of lockdown. It was also a chance to help spread factual and relevant information, and to assure participants that it was still safe to visit the health facility for non-COVID-19 related needs.

As 2020 continued, USAID Transform: Primary Health Care was able to successfully keep implementing the Her Space initiative as planned through grant funding provided directly to the woreda health offices. Health facilities were given the opportunity to apply for grant funding, and those who received it used it to start up Her Space groups in their locality. All activities (including training, community engagement, adolescent recruitment and adolescent group sessions) were modified as needed to comply with local safety precautions to prevent the spread of COVID-19.



Birtukan speaks out to her fellow Her Space circle, Eko Efo Babo Kebele, Oromia, 2019

Lessons Learned

Her Space programming is multi-sectoral and requires the active and sustainable engagement of different stakeholders in order to be successful. Sectors that impact adolescents—including health, education, women and children, and justice—all have a role to play in ensuring an adolescent's transition to a healthy adult. The Her Space initiative has seen the positive and reinforcing impact of relevant stakeholders, from the national level down to the most local. Her Space would recommend that strategy be followed by anyone trying to implement a similar program.

Engagement with the public sector, stakeholders, and the community should happen at all stages, from planning to implementation to monitoring and evaluation.

By doing so, it creates a sense of ownership among sectors, institutions, community, and family members that paves the way to building trust and reducing barriers for smooth implementation and program sustainability.

Visits to health facilities, financial institutions, marketplaces, and police stations all have helped the girls open their eyes and benefit from the existing nearby facilities. Girls have learned the importance of saving money; seeking health care services when needed; and how to reach out to schools, teachers, or police whenever they feel at risk.

Regular review meetings and direct communication with those involved will help the project succeed. It is

critical that implementing staff, mentors, families, and the girls themselves have the information they need. It is understandable that communities and parents may have concerns about projects implementing with VYA. Efforts should be made to clearly communicate the project objectives and methods upfront. This will help mitigate concerns and reduce the chance for community backlash.

Way Forward

The lasting implications of COVID-19 on girls are difficult to quantify at this point. However, early data indicates that rates of GBV, early marriage, and other barriers to healthy RH outcomes have increased as result of the pandemic. There is emerging data that shows that security, health, and money stressors are creating tensions and strains accentuated by the cramped and confined living conditions in areas where lockdowns occur. This could present significant implications for the day-to-day lives of girls, their future outcomes, as well as for the Her Space initiative.

In order to reach as many girls as possible, it will be necessary to expand Her Space beyond the existing regions or reach more girls within the regions. However, to be successful in doing so, the Her Space initiative will likely need to be implemented by other projects beyond USAID Transform: Primary Health Care. Decision-makers in Ethiopia have a growing menu of options to choose from, depending on the setting, region, target population, and resources available. For example, the Act With Her project, also led by Pathfinder in partnership with CARE, is funded by the Bill & Melinda Gates Foundation. Act With Her is designed as an expanded version of the Her Space model and aims to reach 50,000 adolescents by 2022.

Act With Her reaches both younger and older adolescent girls; their boy peers and parents; and in some cases, the broader community.

Scale-up of the Her Space model requires additional resources and commitment from the government and its partners. USAID Transform: Primary Health Care encourages other relevant parties, including local government officials who are concerned with adolescent wellbeing, to continue to advocate for funding so that more girls are able to participate.



13-14 Year Age Group, Eko Efo Babo Kebele, Finfine Zone, Oromia, 2019

References

- WHO | Action for adolescent health: Towards a common agenda [Internet]. WHO. World Health Organization; [cited 2020 Dec 21]. Available from: https://www.who.int/maternal_child_adolescent/documents/frh_adh_97_9/en/
- Unicef. Adolescent Development: Perspectives and Frameworks; A summary of adolescent needs, an analysis of the various program approaches and general recommendations for adolescent programming [Internet]. ADAP_series_1. 2006 [cited 2020 Dec 21]. Available from: https://www.unicef.org/ADAP_series_1.pdf
- ³ Goodburn EA, Ross DA, World Health Organization. Adolescent Health Programme. A Picture of health?: a review and annotated bibliography of the health of young people in developing countries / undertaken by Elizabeth A. Goodburn and David A. Ross. 1995; (WHO/FHE/ADH/95.14). Available from: https://apps.who.int/iris/handle/10665/62500
- 4. United Nations. The World Youth Report 2005: Young people today, and in 2015 | DISD [Internet]. United Nations—World Youth Report (WYR). 2005 [cited 2020 Dec 21]. Available from: https://www.un.org/development/desa/dspd/2005/07/ the-world-youth-report-2005-young-people-today-and-in-2015/

- FMOH. National Adolescent and Youth Health Strategy 2016-2020 [Internet]. Federal Democratic Republic of Ethiopia Ministry of Health. 2017 [cited 2020 Dec 21]. Available from: http://www.moh.gov.et/ejcc/am/NATIONAL_ADOLESCENT_AND_YOUTH_HEALTH_STRATEGY_2016-2020
- 6. Vanessa Woog and Anna Kågesten. The Sexual and Reproductive Health Needs of Very Young Adolescents Aged 10–14 in Developing Countries: What Does the Evidence Show? [Internet]. Guttmacher Institute. 2017 [cited 2020 Dec 21]. Available from: https://www.guttmacher.org/report/srh-needs-very-youngadolescents-in-developing-countries
- Central Statistical Agency/CSA/Ethiopia and ICF. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF; 2016. https://www.dhsprogram.com/pubs/pdf/FR328/FR328.pdf

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