

# Forging Panoramic Pathways with Girls from Adolescence to Adulthood



**ACT WITH HER**

## Mobilizing Adult Allies for Adolescents: Perspectives from the Frontline

Pathfinder International, in collaboration with the Government of Ethiopia, in partnership with CARE International, and with funding from the Bill & Melinda Gates Foundation, implements the Act With Her (AWH) program to partner with girls in forging the health, education, economic, and social pathways they need to thrive during the transition to adulthood. Between 2019 and 2022, we have reached more than 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 Aid-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 AWH engage very young adolescent (VYA) girls (10–14) 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.

AWH further expands this foundational model to also include mentor-led group programming for VYA boys (10–14) and for older adolescent (OA) girls and boys (15–19), and a series of 5–6 group sessions with parents or caregivers of both girl and boy adolescents.

In select sites, AWH 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 AWH sites the younger adolescent girls also receive a moderate material asset transfer aimed to support their menstrual health and continued education.

**WE HAVE REACHED MORE THAN**

**50,000 adolescent girls and boys across 4 regions of Ethiopia**



The program was implemented in two consecutive phases, with a learning and reflection period between them. We engaged the first cohort of VYAs across the Amhara, Oromia, and Afar regions from March 2019 through January 2020, with over 13,000 girls and boys participating in over 500 mentor-led groups. The advent of the global COVID-19



### WHERE

Amhara, Oromia, Afar, and SNNP 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

2017–2023



pandemic in early 2020 largely coincided with our planned learning period, but it did additionally postpone the initiation of the second phase by several months. From mid-2021 through the end of 2022, we reached a large second cohort of VYAs, while also completing programming for the first cohort of OAs (ages 15-19). The older group meets over the course of 6 months as compared to 10 months for the younger group, although the community level social norms and systems strengthening components for both age groups takes place for approximately 12-18 months. Working across the Amhara, Oromia, and SNNP regions in this phase, more than 29,000 adolescents participated in over 1,164 groups.<sup>1</sup>

Through synthesizing perspectives and insights gathered from our frontline project staff, and from hundreds of mentors, participants, and community stakeholders in every region via an adapted Most Significant Change methodology, this brief specifically contributes to a growing body of experiential knowledge about the importance of mobilizing adult allies for adolescents as they transition into young adulthood.

### **Adolescents Need Adult Allies**

The 'socio-ecological' model is a longstanding, time-tested framework frequently applied to global and social development efforts. The model considers the complex interplay between individual, relationship, community, and societal factors, and illustrates how factors at one level directly influence the others.<sup>2</sup> The model becomes particularly compelling when considering ways to support adolescents on a journey to a healthy and happy adulthood, as their lives are often still controlled and guided by various adult gatekeepers (family, teachers, health providers, community leaders, government officials, etc.). The World Health Organization, for example, recognizes that "Programs to help strengthen the ties between adolescents and their families and improve quality of home environments are important [for their health and well-being]."<sup>3</sup> Further, studies of more than 5 million young people have revealed a set of common experiences and qualities that influence their ability to thrive. Known as the "Developmental Assets Framework", half of these focus on internal socio-emotional aspects, and the other half define the external relationships and opportunities young people need from their families, schools, services, and communities.<sup>4</sup>

While the growing popularity of programs offering safe spaces and life skills curricula for adolescents (especially girls) is necessary, we must also recognize that their ability to make positive choices and to have access to key health, education, and economic opportunities remains linked to how other people in their life view their worth,

rights, and future. Acknowledging this reality, the AWH model strives to cultivate a wide range of adult allies for adolescents via:

- **Young adult mentors** leading the adolescent group discussions become trusted confidantes and serve as real-life, locally relevant role models
- **Parents and caregivers** participating in facilitated group discussions designed to promote positive parenting skills, and improve their communication styles, knowledge, and attitudes related to key issues in their adolescents' lives
- **Influential community members** working together to create positive changes in and reduce harm related to local social norms and practices for young people
- **Stakeholders from local systems and services** improving their responsiveness to the rights and unique needs of adolescents

Paired with the group programming designed to strengthen adolescents' individual capabilities, by engaging multiple levels of adult allies we strive to ensure they also have support now and in the future from peers, partners, their family, and their communities.

## **Our Goal...**

**is that confident, informed, & inspired adolescents will have:**

- **Young Adult Mentors as Role Models & Trusted Confidantes**
- **Parents and Caregivers as Positive Guides**
- **Community Leaders as Champions for Change**
- **Local Officials and Providers as Responsive Supporters**

### **Young Adult Mentors as Role Models & Trusted Confidantes**

The series of group discussion sessions for both younger and older adolescent girls and boys in the AWH program are facilitated by 'near peer' mentors, or young adults ages 18-24 and of the same gender as the adolescents. Please [read this learning brief](#) for our general lessons learned about deploying mentors in adolescent-centered programming. Specifically regarding their role as adult allies, mentors who lead groups or clubs for young people often become positive role models for them, and our program mentors were no exception.

<sup>1</sup> For both phases combined: all AWH intervention sites (kebeles) in Afar and approximately 58% of intervention sites in Amhara and Oromia were part of GAGE's impact evaluation. The SNNP region is not part of GAGE's research areas.

<sup>2</sup> <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

<sup>3</sup> <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>

<sup>4</sup> <https://www.search-institute.org/our-research/development-assets/developmental-assets-framework/> [Copyright ©1997 Search Institute®]



**When I was younger, I agreed with negative attitudes about educating girls and stopped my own before Grade 10. But after the AWH project I realized the importance of education and became highly motivated to continue again myself. Now I have been sharing my experience by being a model to the girls in the groups, and also all the young sisters in our kebele [village]. I have the chance to support all girls to improve their school enrollment and continuation.**

— ADOLESCENT GIRLS' MENTOR, OROMIA REGION

Beyond becoming role models, adolescents often confided in their mentors, and even sought their direct help in tackling problems. Dozens of instances were reported from all project regions where mentors acted on an adolescent's behalf during difficult circumstances, most often by helping girls negotiate with their families to stay in school, or by mobilizing parents or local leaders to cancel plans for child, early, or forced marriage. This trend was not confined to only adolescents in the AWH program, as mentors often described taking proactive actions to support other young people in their communities as well (e.g., canceling marriages and stopping female genital mutilation/cutting [FGM/C]).



### Parents and Caregivers as Positive Guides

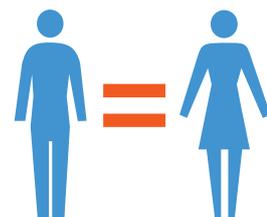
Research and experiences worldwide suggest that during adolescence, both peers and parental figures have significant influence on their beliefs, choices, and behaviors. Generally—whether positively or negatively—parents and caregivers tend to be the most significant gatekeepers for their adolescents' autonomy, experiences, and access to health, social, education, or economic opportunities. Given this central role, AWH directly engages parents and caregivers as key participants in the program. Program mentors or local staff convene them in 5–6 group meetings periodically over time while their adolescent is completing their group programming (10 months for younger adolescents and 6 months for the older group). After first gaining consent for their adolescents to participate, the parental discussions are designed to keep them informed about the themes their adolescents will learn about, while also increasing their own knowledge and ability to communicate about these topics with their children.

In three regions, greater than 75% of adolescents had at least one caregiver attend the first parent/caregiver session (In Afar, where families are pastoralist and highly migratory, 42% of adolescents had at least one parent or caregiver attend the first session). While on average parental participation was strong, many frequently raised the difficulties posed by having large household workloads and competing demands on their time.

**Personally, I have learned that female genital mutilation and early child marriage are unnecessary. During the discussion, members of the group argued that these practices are very harmful, and we gradually stopped those practices. Now we are teaching other people in our kebele who are outside the program every time we meet.**

— PARENT OF ADOLESCENT BOY, AMHARA REGION





In the short-term, adolescents often reported that their parents started compromising with them on chores, and some caregivers who joined the first session on gender norms reported encouraging their daughters to regularly attend their AWH adolescent meetings. Over the course of the sessions, feedback from both adolescent and parents indicated that parental participation helped create a stronger bond and a more positive overall relationship with their adolescents. Program data also showed increases in parental agreement with the statement that “Women should have the same chance to work outside of the home as men” and increases in disagreeing that “Girls should avoid raising their voice to be lady like.” Beyond strengthening support for their children, many parents reporting gaining new knowledge, opinions, or skills from the group sessions that they applied to their own lives as well.

***I tell you the truth before participated in this project I did not believe in educating women and even it was a taboo to talk about reproductive issues and health in our families as well as our community, but now I realized that it was mistake. Now I approach both my sons and daughters equally, and have discussed reproductive issues with my daughters and tell them to openly talk about their daily experience to me.***

— FEMALE CAREGIVER OF ADOLESCENT, OROMIA REGION

***Because of the lessons gained about the multiple negative consequences of early marriage, I discussed with my husband, and we canceled our daughter’s already decided marriage proposal. Before the program I was a proponent of early marriage. Now I am also working to create awareness about the effect of early marriage in the community using local discussion platforms.***

— FEMALE CAREGIVER OF ADOLESCENT, AMHARA REGION

***I actively participated in caregiver sessions and personally it changed my whole life. I believe and hope that my children will improve the condition of our society, that an educated person can manage resources better, including girls. I also realized that AWH played a greater role and changed my mind to cancel my third daughter’s pre-arranged marriage. In addition to this, our family agreed to respect our daughter decisions for her wellbeing and future life.***

— AFAR MALE CAREGIVER

### Parent & Caregiver Group Discussion Topics

<b>Gender Roles</b>	Improve parents’ understanding of local gender roles and norms, and how these effect adolescent health, education, and well-being
<b>Talking to Adolescents about Health and Sex-Related Topics</b>	Improve parents’ knowledge of, comfort with, and skills to communicate with their children about reproductive health and sex-related topics
<b>Staying Safe from Harassment and Violence</b>	Improve parents’ capacity to effectively understand the prevalence of and help respond to gender-based violence (GBV) experienced by adolescents
<b>Importance of Education</b>	Increase parents’ awareness of the importance of education and ways to help children stay in school (especially girl students)
<b>Local socio-cultural practices</b>	Increase parents’ awareness of and ability to reflect on and improve local practices that may cause physical, social, and psychological harm for adolescents (such as child marriage)

### Community Leaders as Champions for Change

Acknowledging that individual adolescents and their families who participate in group discussions will be limited in their ability to shift widespread social norms, the AWH model incorporates CARE’s robust and well-tested methodology

of Social Analysis and Action (SAA). The SAA approach is a completely community-led cycle of dialogue that encourages challenging rigid or restrictive local gender norms and practices through joint reflection and problem-solving. The project first worked with locally sourced data and feedback to identify current and most relevant norms and then developed a discussion guide tailored to help the community group members reflect and take action on them. Notwithstanding periodic pauses related to COVID-19 in some areas, the groups typically worked over 12 to 18 months on an average of eight norms.

The aim is for the groups to work collectively in creating their own community action plans for how they will address gender inequities and potentially harmful practices for adolescents in their areas. Some select examples include:

- **In Amhara**, common action plans included sharing information about family planning with community members, finding girls who dropped out of school and helping them to return, stopping child/early/forced marriage and unions (CEFMU) and FGM/C, reducing stigma around menstruation, and improving menstrual hygiene management (MHM) practices. Regarding FGM/C, one SAA facilitator in Amhara shared that “previously, uncircumcised females couldn’t be married, but now it is adapted as a norm that females must be not circumcised.” One kebele even committed to declaring themselves an Early-Marriage Free kebele.
- **In Oromia**, several action plans included creative solutions for helping adolescent girls return to school and ending child marriage, such as establishing and enforcing fines for families and marriage ‘brokers’ who facilitate adolescent marriages (3,000 Birr, approximately \$60).

Similar to the trend detected from the parental discussions, members of the SAA groups reported not only shifting practices in their communities but also changing some behaviors and dynamics within their own homes and families. Many described applying more gender equitable behaviors at home, in ways that improved marital communications and relationships as well as those with their children. A newfound acceptance of using family planning was also frequently mentioned.

***I have learned and realized to change and improve of my attitudes toward gender roles/equality and cultural norms. I will never allow my recently born baby girl daughter be circumcised under any circumstances. I am also breaking social myths by sharing chores usually done only by the women.***

— MALE SAA MEMBER, AFAR REGION

## Seven 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
- Improving Youth-Friendly Services at local clinics (for sites with older adolescent programming only)



***Previously, I preferred sending children to herd goats rather than education, but now I am sending them to school. I saw parents and even their neighbors develop an interest in teaching girls; previously, we were taking most of our girls’ time to support us in the home. There is an improvement in avoiding early marriage. Currently, what is seen in our community is not how it was before in terms of equal support [and chores] between men and women in the household. This was shameful before.***

— AFAR FEMALE SAA MEMBER

***Previously I did not involve my wife in financial decision making. After I joined the group, I talked with her on our income gained through selling potatoes, cows and about plans for our life. I had planned to circumcise my girls but now after the awareness session I have canceled this. We also believed using FP was a sin, but after the SAA group we started using Depo Provera. I also know household chores like caring for baby and cleaning dishes is not only for women, and most men around us do this now.***

— MALE SAA MEMBER, OROMIA REGION





### Local Officials and Providers as Responsive Supporters

In AWH, light-touch and locally based systems strengthening is intended to be complementary versus the primary objective. The aim is not to establish or supplement community-level services but rather to enhance the ways that they are most responsive to adolescents' needs, and generally increasing the range and type of adult allies they have working on their behalf in their communities.

[This learning brief](#) provides a more in-depth description of and lessons learned from this suite of systems strengthening activities. Here we specifically highlight the common trend across all of them for how committed the local school, health, and government officials often became as adult allies working on behalf of adolescents. School staff and local health and education officials were some of the most passionate and effective change agents, proactively and swiftly making small doable changes to better support adolescents in their communities.

***I used to consider that working with adolescents wasn't worth it, and I also did not understand the deep-rooted harmful traditional practices. The intervention of AWH changed my understanding and it was helpful in my own life. Because, as a higher official, I have to understand what the real situation in the community is. I also internalized that adolescent girls can change their own community and are able to make a golden corner stone for their future life. I now understand that working with adolescents and communities is a key choice for sustainable development and prosperity.***

— WOREDA ADMINISTRATION OFFICE HEAD & MEMBER OF CROSS-SECTOR WOREDA ADVISORY COMMITTEE, AMHARA

***Rape cases started to be reported—the community started to break the silence.***

— MEMBER OF THE CROSS-SECTOR WOREDA ADVISORY COMMITTEE, OROMIA

## Key Takeaways

- Equipping young people with an elevated awareness about their rights, and expanded knowledge, skills, and goals, is not sufficient for them to live up to their full potential. They need a wide range of adult allies who actively champion their rights, autonomy, aspirations, and positive development to reach their full potential.
- Adult participants not only applied the principles from the program to support their adolescents, but also diffused them further within their own relationships, families, and broader communities.
- Parents and community leaders are busy and have multiple competing priorities. Financial compensation for participation in programs is often not an option for sustainability purposes. We recommend options proposed by our frontline staff such as offering Ethiopian coffee ceremonies, or guiding parents or SAA members to establish their own microfinance structures, like basic savings and loans groups.
- Resist the common misconception that men and boys are not enthusiastic and proactive change agents for adolescent or gender issues. Boys and older males involved in AWH (program mentors, fathers, religious leaders, and local officials) all showed a significant level of engaged commitment and action.

In one powerful instance, during the COVID-19 pandemic the risk of child marriage was greatly exacerbated worldwide, including for girls in Ethiopia. In the Amhara region, October to February is generally considered the traditional 'marriage season' where many child marriages often occur. As cases threatened to rise during the pandemic, From October 2020 to February 2021, woreda level (district) stakeholders used a three-pronged strategy in response to this heightened risk: legal enforcement, community mobilization, and preparing temporary shelters to house 'targeted girls' until their arranged date of marriage had passed. Given our local cross-sector work on this issue, the officials recruited the project's staff, mentors, and SAA community members to technically and financially join in this effort. Among 878 cases of planned early marriages were identified during this season, at least 632 of them were canceled.



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MINISTRY OF HEALTH ETHIOPIA

Act With Her is led by Pathfinder International, in collaboration with the Government of Ethiopia, in partnership with CARE International, and with funding from the Bill & Melinda Gates Foundation. Evidence of impact is being assessed by the UK Aid-funded Gender & Adolescence: Global Evidence (GAGE) research consortium.

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