Forging Panoramic Pathways with Girls from Adolescence to Adulthood

ACT WITH HER

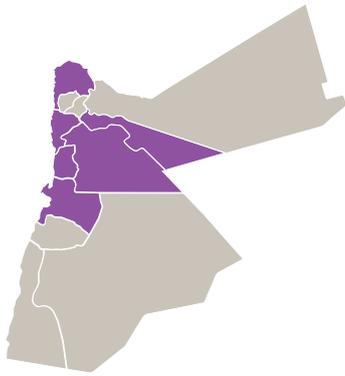# The Act With Her Program: Partnering with Youth in Jordan for a Bright Future

WHERE
Amman, Madaba, Karak, Balqa, Irbid, and Zarqa Governorates

WHY
Adolescence is an extraordinary time in life. It's the gateway to adulthood, during which doors can open or close, and paths can either get derailed or can be forged toward bright futures.

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 communities.

WHO
Pathfinder International, Institute for Family Health, the Elsa & Peter Soderberg Charitable Foundation, and the Government of Jordan (Ministry of Health; Ministry of Social Development; Ministry of Planning's Jordan Response Information System for the Syria Crisis; Higher Population Council)
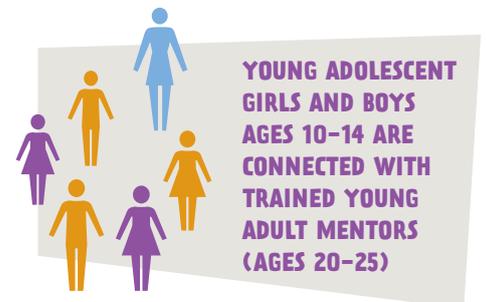
WHEN
2021–Ongoing

Background

Young people living in Jordan – especially adolescent girls – face multiple challenges and barriers to accessing key health, education, economic, and social services that will set them on the pathway to a happy, healthy, productive adulthood. Voice, agency, and choices are often more limited for girls compared to boys during this life stage due to restrictive gender and social norms. Pathfinder's Act With Her (AWH) program model takes a panoramic approach to partnering with adolescents in laying the foundations that they need to thrive through the transition to adulthood.

Leveraging an original investment in the flagship AWH project in Ethiopia from the Bill & Melinda Gates Foundation, the Elsa & Peter Soderberg Charitable Foundation supported Pathfinder to adapt the AWH model to meet the specific needs of young adolescents living in Jordan (ages 10-14). The inaugural 2-year project has served adolescents in Amman, Madaba, Karak, Balqa, Irbid, and Zarqa governorates of Jordan, delivered through a close partnership with a longstanding Jordanian organization, the Institute for Family Health (IFH).

Program Approach

Our upstream philosophy provides young adolescent girls and boys with support during one of the most crucial life stages, reaching them before or during some of the most common disruptors of their future well-being (such as forced marriage, teenage pregnancy, school dropout, or violence). Although it's a girl-centered program, we directly include adolescent boys and also connect with parents/caregivers and local communities, to ensure that adolescent girls will have support now and in the future from their peers, partners, families, and influential allies.

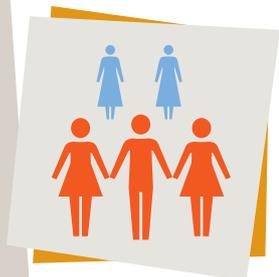**YOUNG ADOLESCENT GIRLS AND BOYS AGES 10-14 ARE CONNECTED WITH TRAINED YOUNG ADULT MENTORS (AGES 20-25)**

Young adolescent girls and boys ages 10-14 are connected with trained young adult mentors (ages 20-25) who host a series of regular group meetings to provide them with the diverse range of knowledge, life skills, and peer networks that they need to thrive. The mentors are guided through a proven curriculum to discuss 38 key themes with the adolescents, covering a wide range of topics including puberty and menstruation, health, nutrition, education, communication, safety, gender, and economic empowerment topics. Their parents/caregivers also attend 6 group sessions to learn more about engaging their adolescents on key issues like puberty, sexual and reproductive health, education, and staying safe.

Adolescents also take 'field trips' with their group, making site visits to relevant local institutions to understand what services they offer and how to access them if needed. These are specifically designed to bring the most benefit to girls, who can often remain unaware of the locations of key local places, such as the police station, bank, or a health clinic.

Customizing a Proven Approach for Implementation in Jordan

Once a program model has shown success in an initial setting, teams must carefully expand it into new contexts by taking into consideration both operational and technical adaptations. Before delivering the program model for adolescents in Jordan, we used an inception period to tailor the foundational content from Ethiopia to closely align with the lives, realities, and needs of young people in Jordan. For example, some topics were not needed in Jordan (such as female genital mutilation), and other topics were created to address different needs (such as positive technology use and combatting peer bullying). From an operational standpoint, we also adjusted the rhythm and pacing of meetings for the adolescents. Rather than meeting once per week over 10 months per the original design, in Jordan the team strategically made the cyclical breaks in the school calendar into an advantage, clustering programming more frequently to leverage the summer and winter break periods. We also effectively built on the momentum generated for virtual gatherings as a holdover from the COVID-19 pandemic, and devised a hybrid model for the parent/caregiver sessions, with the first and last meetings held in person but over WhatsApp for the middle sessions.

On a per capita basis, Jordan has one of the highest rates of refugees globally, many of whom live in urban centers. Therefore, the team ensured that inclusion of refugee adolescents was a priority. Though the registration with the necessary government unit was ongoing during program delivery for the first cohort of adolescents, approval was secured in time for the team to actively recruit refugee participants for the second round. In the latter round, more than 50% of participants were refugee adolescents and families. The majority came from Syria, though a small number were from Iraq or other countries of origin. Acknowledging the important role the mentors play for adolescents, and the guiding principle that they should live in the same communities as adolescents, we were also successful in ensuring that a good portion of the groups including refugees were led by mentors who are also refugees themselves.

Implementation: Key Facts

After the inception period for carefully adapting the model and creating all of the materials in Arabic, we established a phased approach for delivering the program through two rounds of consecutive cohorts of adolescents and their parents/caregivers.

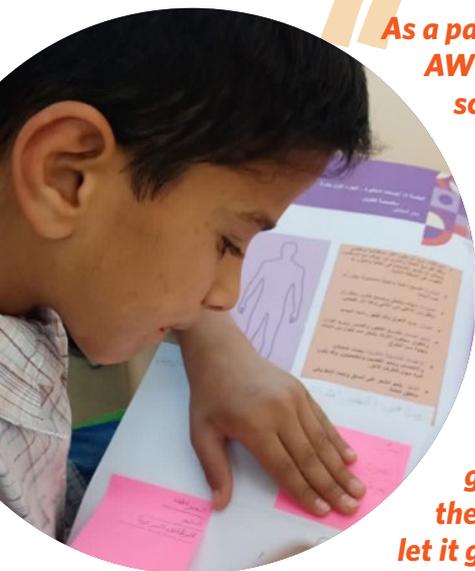|	ROUND 1	ROUND 2
Target # of adolescents	1500	1375
# of adolescents enrolled	1625	1452
# of adolescent groups formed	69	60
# of parent/caregivers engaged	958	867
Timeline	Jun 2021–Sept 2022	Dec 2022–Apr 2023

Across both rounds, 106 young adult mentors completed a comprehensive training program and led the adolescent group sessions. The mentors are supervised and supported by the project's local full-time Mentor Coordinators (one per governorate). We also work closely with established, trusted, local community-based organizations (CBOs) and with IFH health clinics across our community sites to provide safe, secure, and comfortable meeting places for the adolescent and parent/caregiver sessions. To date we have worked with 53 CBOs, youth centers, and clubs across the 6 governorates for this purpose (9 in Madaba, 11 in Karak, 7 in Balqa, 9 in Amman, 9 in Irbid, and 8 in Zarqa). Additionally, trusted IFH health clinics are the locations for delivering the parents/caregivers group sessions, as those are led by highly skilled and experienced IFH Case Managers.

When all the groups in a governorate per round completed their sessions, a graduation ceremony was conducted (one per governorate). These ceremonies created additional community awareness, appreciation, and recognition of the achievements of the adolescents, their families, and their mentors.

Participant Changes, Impressions, and Feedback

Through a series of short pre- and post-tests we are able to see trends in changes that adolescent and parent/caregivers may experience after participating in the program.

Round 1

89% OF ADOLESCENTS passed the post-test (93% girls, 84% boys), and 91% proved through the post-test that they have age-appropriate knowledge (100% girls, 87% boys)

89% OF PARENTS/CAREGIVERS passed the post-test (93% females, 84% males)

Round 2

96% OF ADOLESCENTS passed the post-test (98% girls, 94% boys), and 97% proved through the post-test that they have age-appropriate knowledge (99% girls, 96% boys)

100% OF PARENTS/CAREGIVERS passed the post-test

We also systematically gather qualitative feedback from all participant groups using standard monitoring and evaluation procedures, plus a subset of key focus group discussions (FGDs) with adolescents and with parents/caregivers in a portion of governorates. In the FGDs, adolescents expressed how the sessions they took during summer affected their daily life along with their school life throughout the fall and early winter. Many expressed how they utilized what they learned through AWH to overcome many personal challenges they faced, such as bullying in school, cyberbullying, low self-esteem, puberty, and time management. Also, many of them discussed how their relationships with their parents have changed positively after participating in AWH, and they gave examples of having open daily discussions with their parents, and how they started expressing their thoughts and needs, along with their concerns. They said none of these were

As a parent of a boy who attended the AWH sessions, and a teacher in a school where many girls also attended the AWH sessions, I saw many changes in my house and in my class. I was happy when I started seeing how the adolescents are becoming more confidant, and how they started standing up for themselves. For example, in the school I teach in, many girls get into small fights. Before AWH the girls who were bullied would just let it go, but after attending the AWH sessions, they started to confront their bullies and claiming their right to speak up.
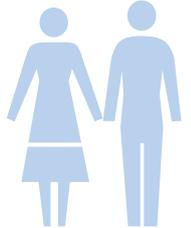
— **FEMALE PARENT/CAREGIVER PARTICIPANT, BALQA GOVERNORATE, ROUND 2**

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common behaviors before the program. In their own FGDs, parents expressed joy in seeing how their adolescents began expressing their feelings and ambitions more after joining AWH, became more open and interactive at home and at school, and overall gained more confidence.

> *I used to get bullied a lot in school, especially about my disability. When that happened I didn't know how to respond or how to stand up for myself. But after participating in AWH, I started using what I learned in the sessions to reason with bullies, and to talk with them and explain why they shouldn't bully me and why it is wrong to do that.*

— ADOLESCENT GIRL PARTICIPANT, IRBID GOVERNORATE, ROUND 1

> *Before I joined AWH sessions, I really was convinced whether I finished school or not, I want to get married just like many girls I know. But now, I find myself thinking about my future and going to college and having a career, and maybe getting married when I'm older, but I don't think that my goal is to get married anymore!*

— ADOLESCENT GIRL PARTICIPANT, ZARQA GOVERNORATE, ROUND 1

> *Before I joined the project, I used to get many warnings from school about my behavior and low grades. After I participated in the AWH project, I started applying what I learned about setting my own goals, and managing my time and homework properly. This school year my teachers told me that I improved a lot from last year, and they even gave an appreciation gift for my good grades and good behavior.*

— ADOLESCENT BOY PARTICIPANT, MADABA GOVERNORATE, ROUND 1

Looking Ahead

In response to repeated requests from girls, parents, and community leaders across Jordan, currently in mid-2023 we are preparing for the next phase of AWH. We plan to continue reaching young adolescents in these sites, but also to expand the approach for older adolescent girls and boys ages 15-19 as well. The existing holistic and culturally sensitive curricula could be slightly adapted to meet the needs of the new older cohort (in general it provides healthy lifestyle messaging and emphasizes issues around puberty, menstruation, sexual and reproductive health, safety and bullying, gender equality, gender-based violence, economic empowerment, healthy digital and technology use, and the importance of community voluntarism).

PATHFINDER

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INSTITUTE FOR FAMILY HEALTH