

Meeting Summary

Protecting and Empowering Adolescent Girls: Evidence for the Global Health Initiative

Sponsored by the Interagency Youth Working Group (IYWG)
Thursday, June 3, 2010

The third annual meeting of the Interagency Youth Working Group (IYWG) highlighted examples of innovative programs that address girls' vulnerability to HIV and reproductive health (RH) risks in more than 15 countries. These programs have used a variety of approaches, including school-based interventions, advocacy, empowerment, targeting of especially vulnerable girls, physical activity, and male involvement. One of the main purposes of the meeting was to formulate recommendations on women- and girl-centered approaches within the U.S. Government's Global Health Initiative.

Opening Plenary Why Girls Matter: Measuring Up

Reasons to focus on girls

About 75 percent of young people with HIV are girls, and most of them become infected during adolescence. This vulnerability to infection is driven by many factors, including poverty, lack of education, absence of peer networks, early marriage, limited access to the media, and absence of youth programs. Girls also experience high levels of discrimination, sexual coercion, and violence. These factors, coupled with the large age differences common between girls and their sexual partners, make them more vulnerable to HIV than are boys of the same age.

Despite this vulnerability, many HIV programs for youth still favor treatment over prevention, and the young people with the fewest risk factors and the most social assets (usually boys) receive the largest share of the available services.

Investing in adolescent girls, ages 10 to 14, will be crucial for alleviating poverty, achieving universal primary education, promoting gender equity, and addressing other factors that put girls at risk of HIV infection and other negative RH outcomes.

How to measure success

Programs focused on adolescent girls need to target the girls who are most in need of interventions and then determine what they can change in a certain period of time using meaningful measurements. Because health, social, and economic assets are all closely linked to girls, these assets can be good measures of program success. For instance, in its programs, the Population Council measures school status, marriage status, the density of friendship networks, access to a place to meet non-family peers, knowledge of HIV risks, financial status, and self-esteem. If girls make positive changes in any of these assets, the effect is a protective one.

Programs such as the Global Health Initiative, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the Joint United Nations Programme on HIV/AIDS (UNAIDS) are taking a slightly broader approach to measuring success. They are looking to indicators such as changes in male norms and

behaviors, decreases in violence and coercion, increases in access to education and resources, and increases in legal rights and protections for girls.

More emphasis is also being placed on supporting country ownership of programs for girls and promoting the sustainability of these programs. In March 2010, UNAIDS launched an Agenda for Accelerated Country Action for Women, Girls, Gender Equity and HIV. This agenda will help ensure that governments and other UNAIDS partners around the world develop programs that meet the diverse needs of girls at the country level.

Concurrent Session 1

The Next Generation of School-based Interventions: New Research, Novel Programs, and Innovative Tools

School-based interventions offer a unique opportunity to reach a large segment of youth, especially at very young ages. New resources such as UNESCO's *International Technical Guidance on Sexuality Education* and the Population Council's *It's All One* curriculum provide helpful guidance for school-based sexuality education. It is important to remember, however, that gender and socio-economic status affect in school attendance, so school-based interventions do not reach all children, and especially not those at the greatest risk. Several programs are working to reduce school absenteeism, foster safe school environments, and decrease risky sexual behavior in diverse settings in Africa:

- Huru International's program to produce and distribute sanitary pads in Kenya keeps girls from missing school, fosters opportunities for fellowship among female students, and creates local jobs.
- USAID's Safe Schools Program strives to change attitudes regarding the acceptability of violence among teachers and students in Ghana and Malawi.
- The Abdul Latif Jameel Poverty Action Lab at the Massachusetts Institute of Technology designed an intervention in which information on local HIV prevalence rates, disaggregated by age and sex, were shared with female students in Kenya. Results showed that if they are provided the right information, girls can change their behavior and do have some say over who their sexual partners are.

Concurrent Session 1

Upholding Girls' Rights: Advocacy in Action

Advocacy efforts aimed at protecting adolescent girls from sexual and reproductive health (SRH) risks are most effective when young people and other key stakeholders (such as women, parents, and religious leaders) are involved in the social change and decision-making processes. Access to accurate, regional data is also essential for effective programming and policymaking. Strategic, specialized research is necessary for comprehensive and informed responses to the health challenges that girls worldwide face. A range of advocacy approaches can be used to protect and empower girls:

- The International Youth Speak Out Project works with Advocates for Youth and the Jamaica Youth Advocacy Network to address gender-based violence and youth SRH rights in Jamaica via youth advocacy, lobbying, policy recommendations, activities to raise awareness about these topics, and media appearances.
- Equality Now's Adolescent Girls Legal Defense Fund supports and publicizes strategically selected legal cases from around the world. These diverse cases represent the most common and significant human rights abuses of adolescent girls, including rape, incest, forced marriage, female genital mutilation, child marriage, and domestic servitude.

- The Safe Age of Marriage Program, implemented by the Extending Service Delivery Project/ IntraHealth is a community-based intervention that works with families, communities, and religious and political leaders in Yemen to change policies and social norms regarding child marriage.

Concurrent Session 2

Targeting Vulnerable Girls

Programs that have been unsuccessful in reaching girls have often either targeted the wrong population or targeted the right population with the wrong intervention. The challenge now is to find the girls who are most in need of help and to reach them with effective ways of developing their protective assets. To do this, program managers will need to understand the context in which girls live and to recognize the factors that make them most vulnerable. They will also need to engage the community in this process. Program plans should be made explicit and shared with the community, which will help make changes permanent. Several programs are using these principles to guide their efforts to reach the most vulnerable girls:

- The Population Council believes that a key intervention is to help develop and maintain girls-only spaces that can serve as platforms to build health, social, and economic assets. Two programs from Egypt that follow this model are the Berhane Hewan program (which uses girls' groups to help delay marriage and support married girls) and the Biruh Testa program (which reaches out-of-school girls in the slums). Girls groups are also an important component of the Binti Pamoja program in rural Kenya and the Abriendo Oportunidades program in the Mayan Highlands of Guatemala.
- The Packard Foundation and the NIA Foundation are working with local partners to target girls who are challenged with sensorial, physical, and intellectual impairments. They are providing vocational and life skills training, education on family planning and RH, and better access to educational materials. They are also working to empower the mothers and other family members of disabled youth.
- The Johns Hopkins Bloomberg School of Public Health is teaming up with Macro International on the Go Girls! Initiative to reduce vulnerability to HIV/AIDS among 10-17 year olds in Botswana, Malawi, and Mozambique. The partners are using a community-wide approach to identify and recruit the most vulnerable girls for this effort.

Concurrent Session 2

Empowering Adolescent Girls

Empowerment can be defined as the process of transition from limited life options to more options and the freedom to choose among them. Empowerment necessitates both resources and agency, or the ability to act in one's own interest. Economic empowerment programs provide access to financial products and resources and contribute to the building of economic and personal assets, skills, and social and economic networks. Critical ingredients of success include encouraging school attendance; addressing violence; integrating girls and young women in development planning across sectors; and engaging religious leaders, men and boys, role models, and peer educators as key change agents.

Follow-up research is needed to address the questions of how to implement a global program in local contexts, how to measure empowerment, and how to work with implementing staff to address their own social and gender norms and attitudes. Data collection on what happens after a girl's marriage is cancelled, after she receives a scholarship for education, or after participating in program interventions will inform next steps. The following are examples of programs working to empower girls in various settings:

- Pathfinder International's Women's and Girls' Empowerment Program equips girls and young women in Ethiopia with the information, skills, and support needed for appropriate SRH decision-making and improved health outcomes. The program does so by working with women's associations, health workers, local nongovernmental organizations, girls' clubs, youth centers, volunteer community health workers, and peer educators.
- CARE's Power to Lead Alliance promotes girl leaders in vulnerable communities in Honduras, Egypt, Malawi, Yemen, India, and Tanzania.
- The House-girls Health and Life Skills Project (HELP), implemented by FHI, works with house girls in Nairobi to increase their knowledge and use of services to prevent unintended pregnancies and sexually transmitted infections. The project also helps create awareness in the community about the vulnerability of female domestic workers.

Concurrent Session 3

Strong Girls: Physical Activity to Build Girls' Social and Health Assets

Girls can gain power, pride, resiliency, strength, self-confidence, and dignity from being involved in sports. Physical activity can also help prevent disease and promote individual development, gender equity, and social integration. The policy framework that supports girls' participation in sports is growing, and the number of programs that involve girls in physical activity is expected to increase rapidly in the next decade. To continue this momentum, new program models and methods of implementation will need to be developed and tested. The following are examples of innovative programs that have involved girls in sports:

- In 2005 and 2006, the Haitian Health Foundation piloted the Next Generation of Healthy Women program among 12- to 19-year-old girls. The program included responsible health education, health screening, football, and a youth group. An evaluation among the girls and young women in the program showed that the program significantly reduced pregnancies.
- In 2001, Moving the Goalposts began a football program for vulnerable 10- to 14-year-old girls in Kenya. The longer the girls stayed in the program, the more positive views they had of themselves. A separate study among the girls identified the factors that contributed to their vulnerability. The girls' stories and experiences were documented in the book *Playing by the Rules*, by Sarah Forde. Access the book at: www.createspace.com/3376110.

Concurrent Session 3

Allies for Change: Opening Doors for Girls

Involving men in protecting and empowering girls is the best way to fully achieve balanced gender relations and encourage young women to take control of their lives and bodies. Several programs, research studies, and advocacy efforts are involving both young men and young women in efforts to change gender norms to improve the RH of girls:

- Promundo's Program M and Program H engage young Brazilian men and women in promoting RH and gender equity through youth-led group workshops and campaigns.
- The Respond Project, implemented by EngenderHealth/ACQUIRE works with adolescent married couples in Nepal to increase the couples' RH knowledge through peer education. The project also promotes youth-friendly, supportive health services and encourages families and communities to support RH services for married adolescents.
- The Youth Coalition engages young men and women (ages 18-29) around the world in promoting the sexual and RH of young people through advocacy and information-sharing.

Closing Plenary Prioritizing the Girl Agenda

Donor support

Donor support has historically been sparse for programs that focus on adolescent girls. However, the philanthropic sector is now demonstrating awareness of and lending support to these programs, which engage nongovernmental organizations, bilateral agencies, and a growing number of countries around the world. As more for-profit companies become interested in working with adolescent girls, public-private sector partnerships are also growing.

As this shift in thinking about adolescent girls continues, donors have a unique role in educating other funders about the importance of evidence-based programs for adolescent girls. They can fund program evaluations, communications, and advocacy activities, and they can influence the design and evaluation of future programs.

Considerations for program design

The United Nations Task Force on Girls, the United Nations Population Fund (UNFPA), the World Bank's Adolescent Girls Initiative, Standard Chartered Bank's GOAL program, and the Global Health Initiative are examples of programs that are trying to incorporate the following recommendations for program design:

- Programs for girls should be retargeted to reach the subgroups of girls who are most marginalized (for example those at risk of early marriage or dropping out of school) to ensure greater coverage of girls in general.
- Programs should be designed in response to what girls say they need, and they should give the girls a platform for success.
- Programs should also be holistic in nature and promote changes both in the people who have influence over the girls and in the girls themselves.
- Programs must be increasingly responsive to in-country needs, create demand from in-country stakeholders, and provide the best possible evidence on how to protect girls.

Measures of success

- Better data are needed on programmatic measures of success. Incorporating good measures of success can strengthen a program's sustainability, improve its design, and inform its scale-up. Better measures of success can also allow the program to serve as a role model for others in the field.
- Most program evaluations today seek to determine whether an intervention works. It may be important, however, to think about ways to identify "what works best" rather than just what does or does not work.

Scale-up

- Scale-up should be defined as "reaching those who need the program or intervention the most." It need not be national in scope.
- When developing innovative approaches for protecting girls, different prospects for scale-up should be considered. One strategy is to change the national policy environment and then implement the intervention more widely. Another is a franchise-type model, in which technology (such as a mobile

phone) is used to scale up through a market. A third strategy is to create an opportunity for the cultural diffusion of an idea, such as through the media.

- Social change is difficult to scale up, so it may be helpful to think of it as scaling both “up” and “out.” Scaling up often entails using traditional methods to reach scale, while scaling out may refer to using less traditional, more multisectoral approaches.

Conclusions and Next Steps

This is a special moment for girls and women around the world. The U.S. President and his administration have the knowledge and commitment to address gender issues, and international support for these issues is strong. We also have a growing number of strong examples of what types of programs already work and what we can do better to empower girls to improve their lives. Although we do not have nearly enough of these examples, there is extraordinary momentum for us to do more and to do better. The following are additional considerations for the future:

- Interventions that are not working should be stopped, and those that are working should be scaled up. Greater collaboration and coordination among partners will be vital.
- We need to shift the research focus away from identifying what we know how to do. We need to identify the key populations who have problems to be solved and look specifically at the needs of these subgroups, asking the important questions within these groups to inform our research.
- More discussion is needed about scale and best practices, as well as what to do with the programs that do not work. The Population Council will host conversations about scaling up programs for girls in the near future.
- It is important to involve private sector partners in future meetings so that they are represented and so that effective partnerships can develop.
- To best meet the programming and policy needs of adolescent girls, young people must be involved in the development, implementation, and decision-making processes.
- Increased donor investments are needed for innovative and rigorous evaluations and for longer funding cycles.

Making the case:
Greatly expanded investments in the
health, social and economic assets of
adolescent girls at the highest risk

Interagency Youth Working Group
Walter E. Washington Convention Center
June 3rd, 2010

Judith Bruce, Senior Associate and Policy Analyst
Prepared by Nicole Ippoliti

We have had over 20 active over a span of 12 years including DFID , Nike and NoVo Foundations, Summit Foundation, Ford Foundation, Turner Foundation, Packard Foundation, UN Foundation, Partridge Foundation , Wellspring and USAID to individuals giving in time, in kind and in cash. We would like to acknowledge Nicole Ippoliti, Celia Gorman and Marisela Morales .

Outline

- I. Why Adolescent Girls: Six Reasons on Which the World Agrees
- II. Which Girls: Finding the Highest Concentrations of the Girls at the Highest Risk
- III. When: Moving Upstream to Anchor Girls' Rights and Assets at Critical Moments
 - I. Puberty
 - II. Child Marriage
- IV. Current “youth” initiatives largely fail to reach the adolescent girls at highest risk and when they do it is not early enough
- V. Measuring Success at the Level of the Girl

I. Why Adolescent Girls: Six Reasons on Which the World Agrees

- **Poverty alleviation** (Increased female control of income has far stronger returns to human capital and other investments than comparable income under male control)
- **Achieving universal primary education** (the most deprived sector is rural girls)
- **Promoting gender equality** (at the crucial moment of early adolescence as, sexual coercion appears to be moving down the age spectrum)
- **Reducing maternal mortality and related infant mortality** (selective of youngest and first time mothers)
- **Reversing the rising tide of HIV in young people** (girls and young women, including child mothers, bear an increasing and disproportionate share of new HIV infections; among those ages 15-24 with the ratio 8:1 the ratio of female: male incidence among those reaches 8:1 female: male in some countries)
- **Attaining a sustainable balance between population and resources** (eliminating child marriage could foster synergistic reduction in future population growth)

Intercept Poverty: Give Girls Assets and Preparation for Decent Livelihoods and Give It To Them Young

Girls and planners need to know that :

- \$1 in female hands is worth \$10 (and in some cases \$20) in male hands as women tend to invest money directly back into the family, children, education, health care, etc. while men spend it elsewhere
- If present trends continue, about one-third of the girls in Kenya, 40% in Zimbabwe, and 50% in Malawi will be on their own at some point before reaching their 50th birthday.
- **The risk of being a single mother from either widowhood or divorce, is greatest for girls who come from poor families and who are married under 20. More than 90% will also be economically responsible for one or more children under the age of 15.**

The numbers are not small and the consequences are not insignificant. Failing to invest in these girls is, in effect, **planned poverty.**

Girls both accept and experience high levels of violence

Country	Percent of 15-24 year old females who think that <u>wife beating</u> is justified under certain conditions		Percent of 15-24 year old females who have experienced <u>physical violence</u> since age 15		
	National	Hotspot	National	Hotspot (ever-married)	Hotspot (all females)
HAITI	1.7	3.6 (Nord)	19.4	41.1 (Artibonite)	36.8 (Artibonite)
RWANDA	50.6	71.9 (Cyangugu)	22.9	48.7 (Ville de Kigali)	35.7 (Umutara)
LIBERIA	60.6	74.4 (North Central)	32.5	48.1 (Monrovia)	40.5 (Monrovia)
UGANDA	72.4	87.7 (West Nile)	55.4	73.5 (Eastern)	71.3 (Eastern)
DRC	82.6	89.3 (Equateur)	59.7	88.4 (Kinasha)	75.4 (Equateur)

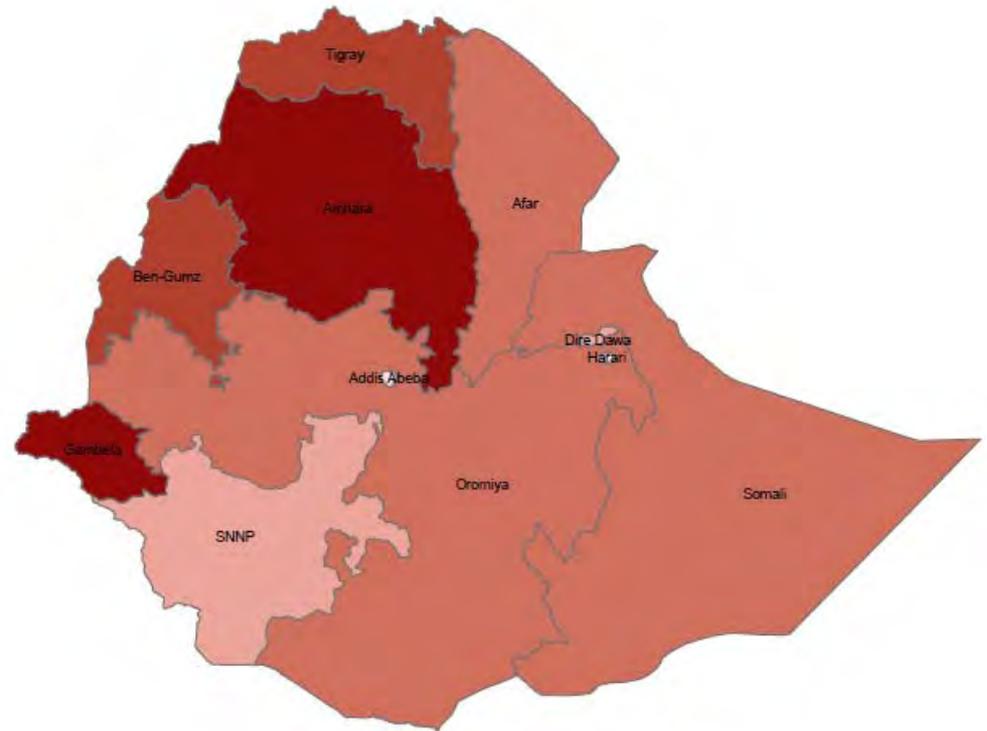
Epidemic levels of sexual coercion combined with large age differences of sexual partners

Country	Percent of 15-24 year old females whose <u>first-sex was forced</u>		Age difference between woman and <u>first sexual partner</u> was 10 years or more, among females aged 15-24		Age difference between woman and <u>current partner</u> was 10 years or more, among females currently aged 15-24	
	National	Hotspot	National	Hotspot	National	Hotspot
HAITI	24.2	34.2 (Nord-Ouest)	11.0	15.7 (Centre)	18.1	22.8 (Grande-Anse)
LIBERIA	9.5	13.3 (Southern Eastern A)	38.4	53.8 (Southern Eastern A)	30.3	46.6 (Sinoe)
UGANDA	25.2	35.2 (Southwest)	17.5	28.6 (Western)	20.1	27.9 (East Central)
MALI	24.9	33.4 (Sikasso)	45.5	65 (Tombouctou)	53.4	73.0 (Tombouctou)
DRC	63.8	84.4 (Maniema)	14.9	25.3 (Kasaï Oriental)	26.2	35.6 (Kasaï Oriental)

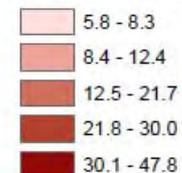
II. Which Girls: Finding the Highest Concentrations Sub-Nationally and in Urban Catchment Areas of the Girls at the Highest Risk

Girls married by age 15:
Ethiopia*

**Highest rates
reaching 48% in the
Amhara region**



Percent of females (20-24)
who were married by 15



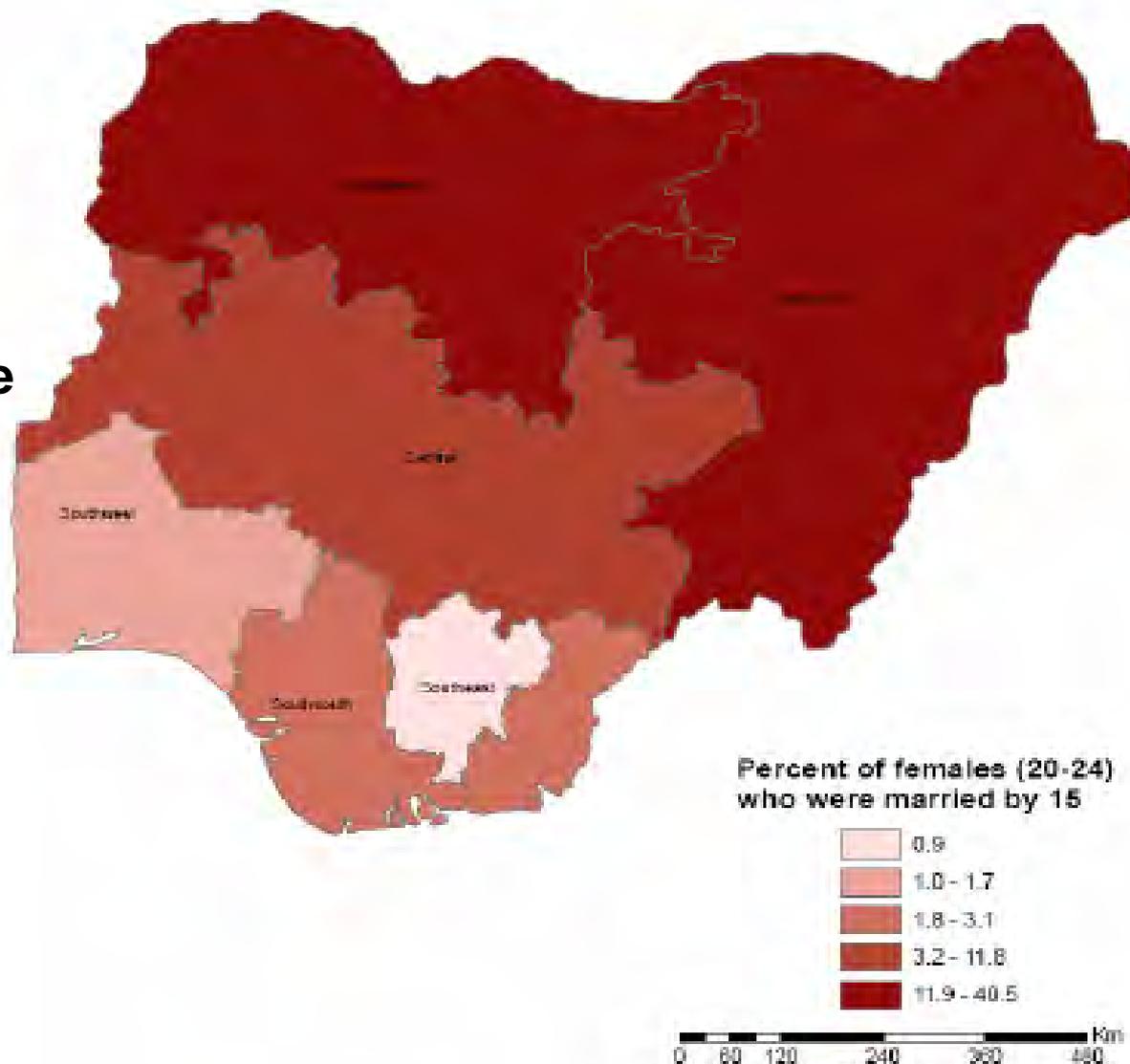
*of those currently ages 20-24 (data from 2005 Ethiopia DHS)

Source: "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Ethiopia 2005." New York: Population Council, 2009.

<http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

Percent of girls who were married by 15 in Nigeria

**Highest rates
reaching 41% in the
Northeast region**

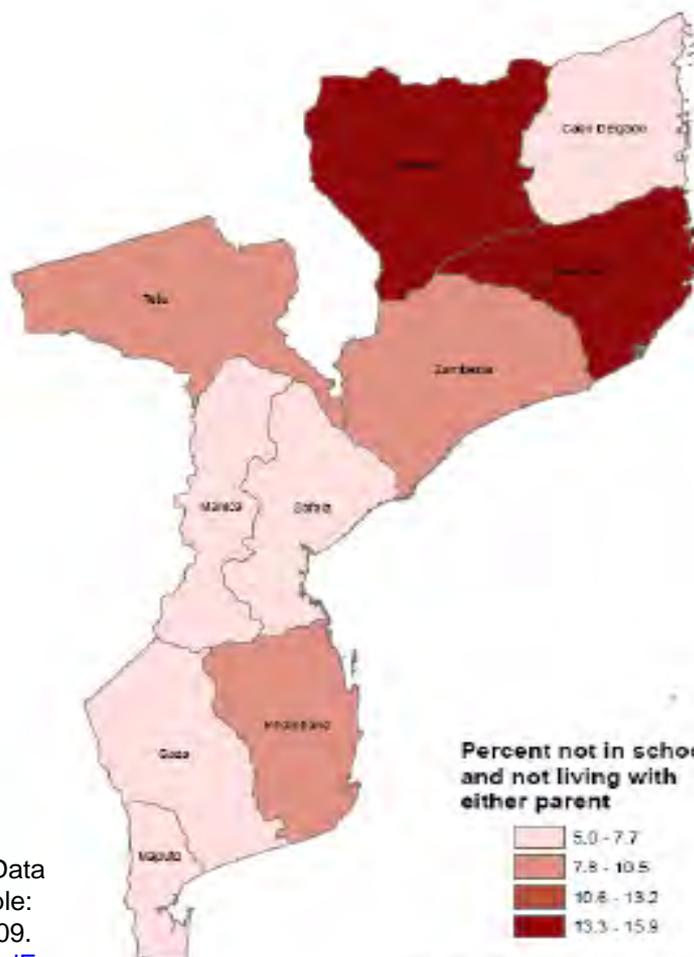


Source: "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria 2003." New York: Population Council, 2009.

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Percent of girls 10-14 not in school and not living with either parent in Mozambique

Highest rates reaching 16% in the Niassa region

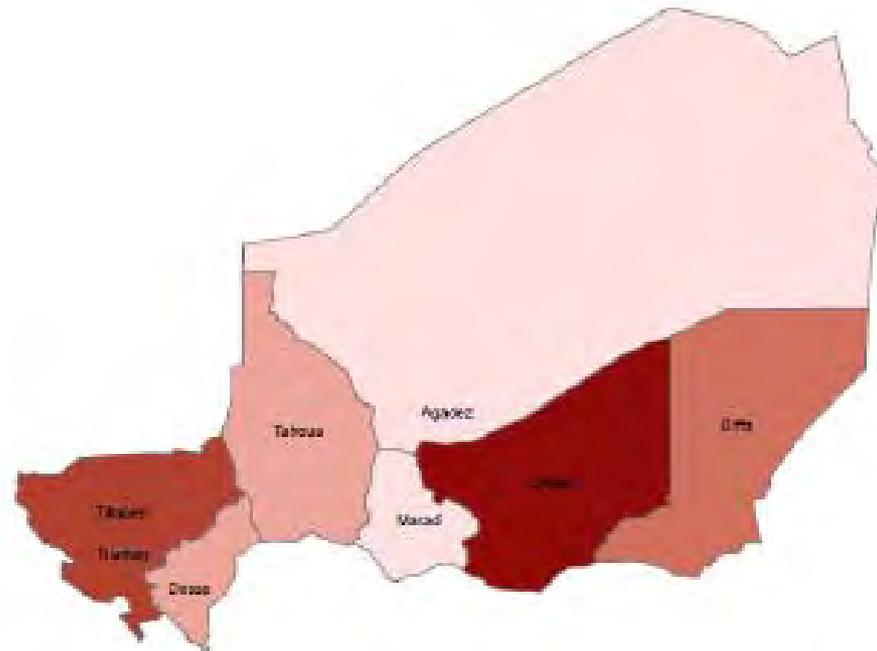


Estimated at-risk girls at the national level is 137,768

Source: "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Mozambique 2003." New York: Population Council, 2009.
<http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

Percent of girls 10-14 not in school and not living with either parent in Niger

**Highest rates
reaching
16.5% in the
Zinder region**



Percent of females (10-14)
not in school and not living
with either parent



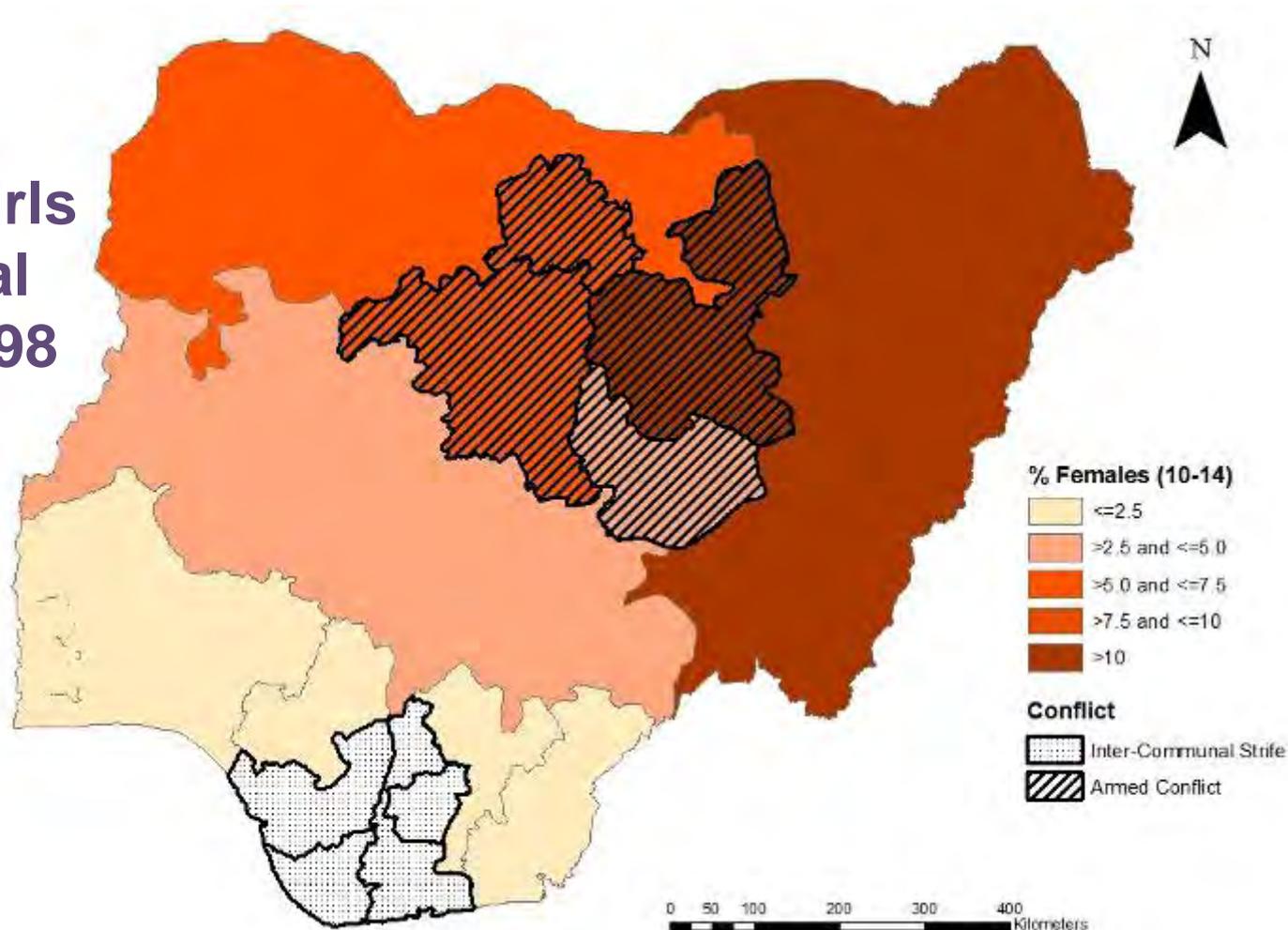
**Estimated
number of girls
at the national
level is 140,867**

Source: "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Niger 2006." New York: Population Council, 2009.

<http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

Percent of females (10-14) not in school and not living with either parent with conflict zones superimposed in Nigeria

Estimated number of girls at the national level is 501,998



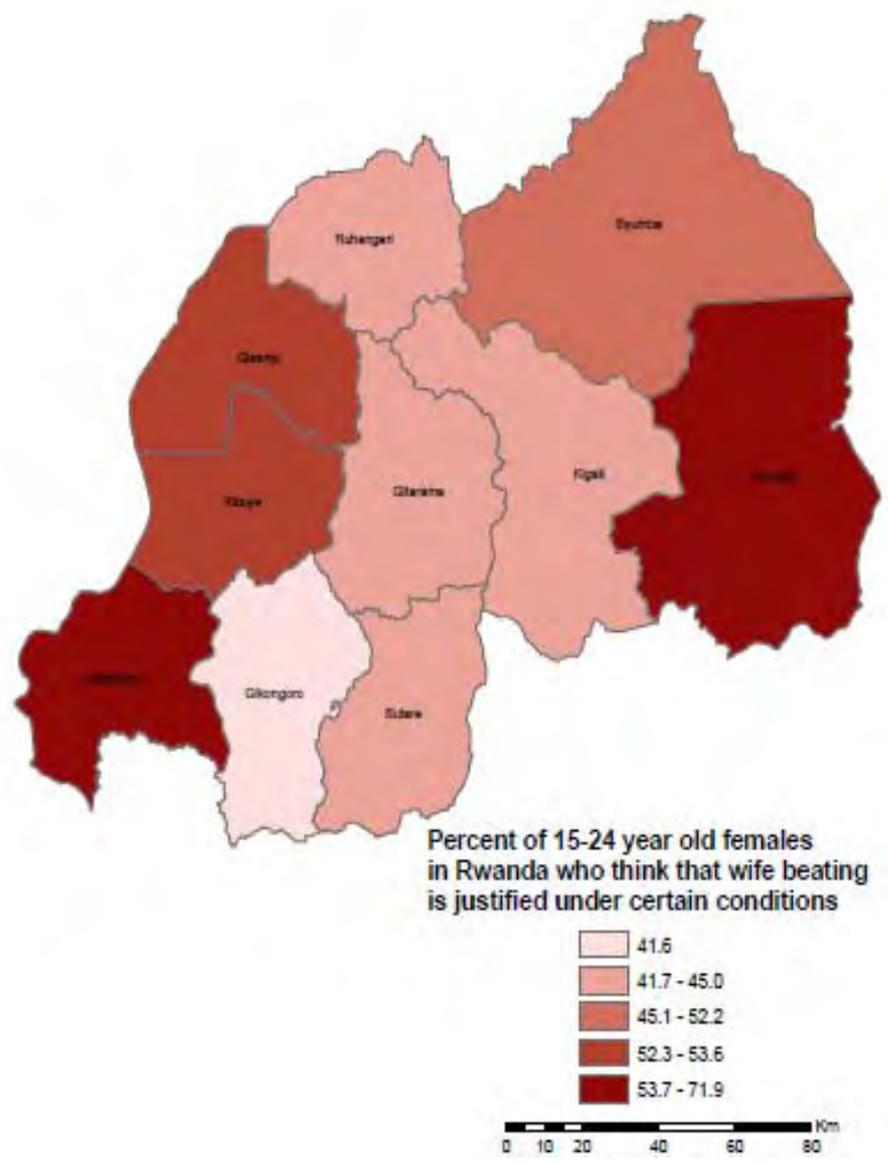
Source: DHS 2003
Source: U.S. State Department, Humanitarian Information Unit, 2005
Population Council would like to thank Eric Greene for compiling this map.

Source: "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Nigeria 2003." New York: Population Council, 2009.

<http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

Percent of 15-24 year-old females who justify domestic violence under certain conditions in Rwanda (by region)

Reaching 71%



Population Council gives thanks to Marisela Morales for creating this map.

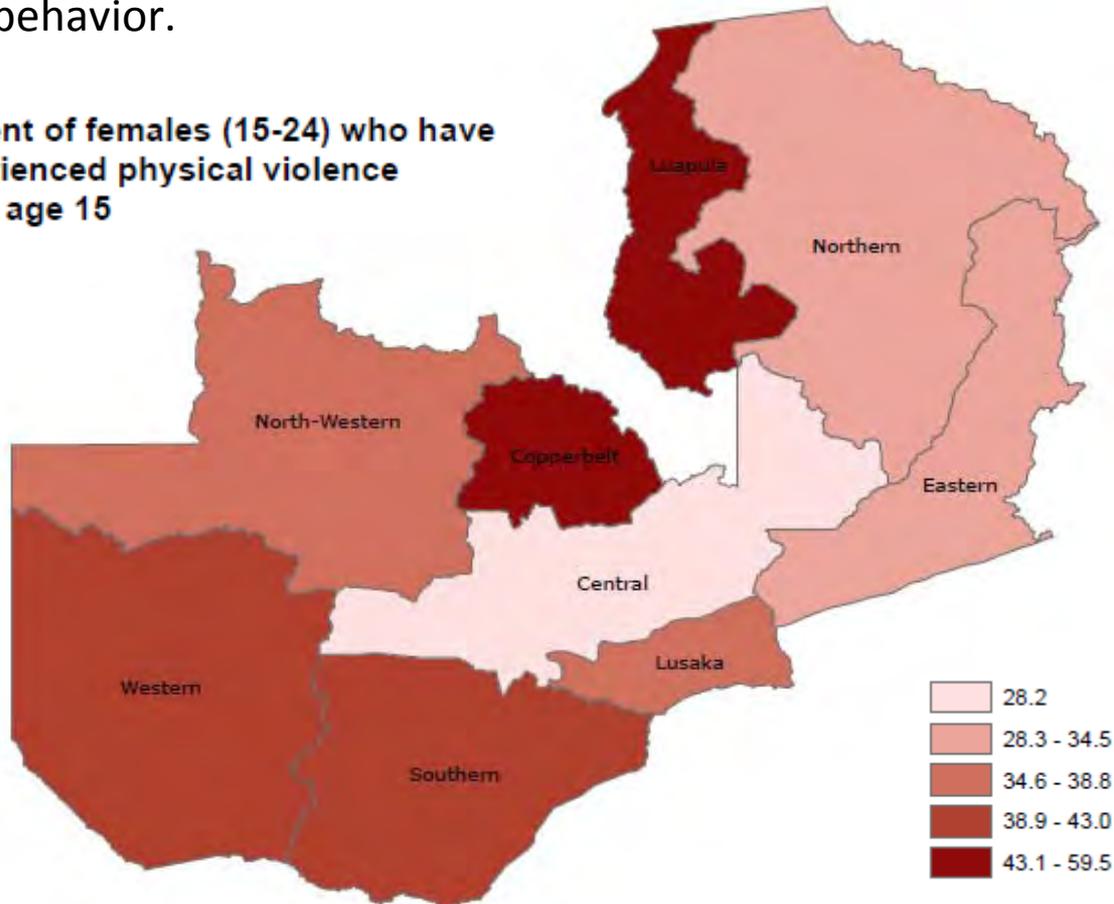


Source: Kenya 2003 3 "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Rwanda 2005." New York: Population Council, 2009. <http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

Women in Zambia Experience High Rates of Physical Violence – mostly at the hands of partners

- Over 40% of ever-married 15-24 year-old females have experienced physical violence
- In general, gender-based violence is justified by cultural norms and often embedded in war-time behavior.

Percent of females (15-24) who have experienced physical violence since age 15



Almost 60% of 15-24 year-olds in the **Copperbelt** region have experienced physical violence since the age of 15

Population Council tabulations and thanks to Marisela Morales for creating this map.

Source: "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Zambia 2007." New York: Population Council, 2009. .

<http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

III. When: Moving Upstream to Anchor Girls' Rights and Assets at Critical Moments



Girls' puberty: Invisible to policy makers and programmers, while pivotal for girls

Liberia Case Study

Immunization

(90% Any)

Entrance to primary school

End of mandatory schooling

MCH/first birth

(82% 4 + ante-natal

visits) Legal age for National IDs

Legal age for a savings account holder

Legal age of marriage

ADOLESCENCE
(65% of 10-14 year olds in school)

CHILDHOOD

ADULTHOOD

Source: Bruce, Judith and Erica Chong. 2006. "The diverse universe of adolescents, and the girls and boys left behind: A note on research, program and policy priorities." Background paper to the UN Millennium Project report Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals. Bruce, Judith. "12 year old check-in presentation for the G8 International Parliamentarians' Conference: Strategic Investments in Times of Crisis – The Rewards of Making Women's Health a Priority, Rome Italy. June 2009

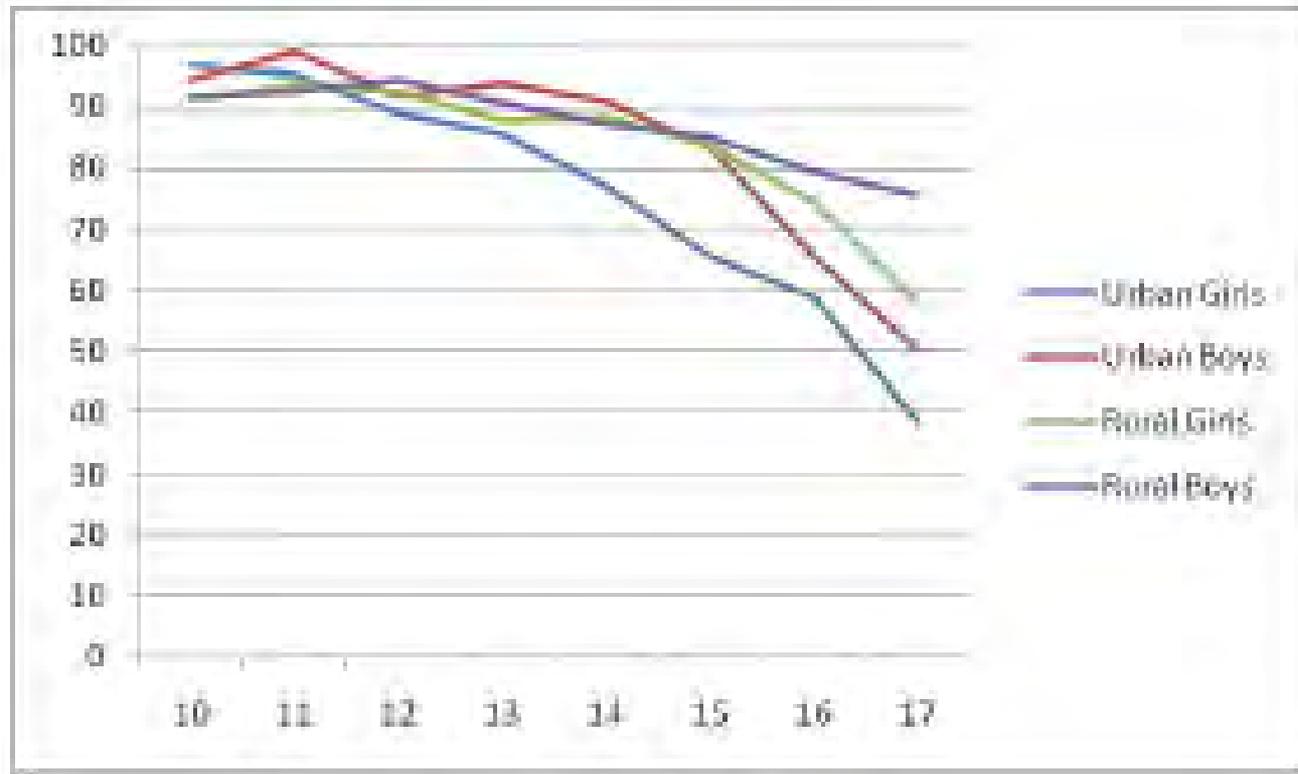


Emergent Issues by Age 12

- Sexual maturation
- **Consolidation of gender norms**, including regarding gender-based violence
- Changes in the family (e.g., parents' marital dissolution)
- Disproportionate care and domestic work burden for girls
- Withdraw and/or lack of safety from public space for girls
- **School leaving**
- School safety for girls
- Loss of peers for girls
- **Migration for work** (often informal and/or unsafe)
- Subject to sexualizing and consumerist media
- Rising need for independent and disposable income & assets
- **Pressure for marriage or liaisons** as livelihoods strategies for girls

Source: Bruce, Judith and Erica Chong. 2006. "The diverse universe of adolescents, and the girls and boys left behind: A note on research, program and policy priorities." Background paper to the UN Millennium Project report Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals. Bruce, Judith. "12 year old check-in presentation for the G8 International Parliamentarians' Conference: Strategic Investments in Times of Crisis – The Rewards of Making Women's Health a Priority, Rome Italy. June 2009

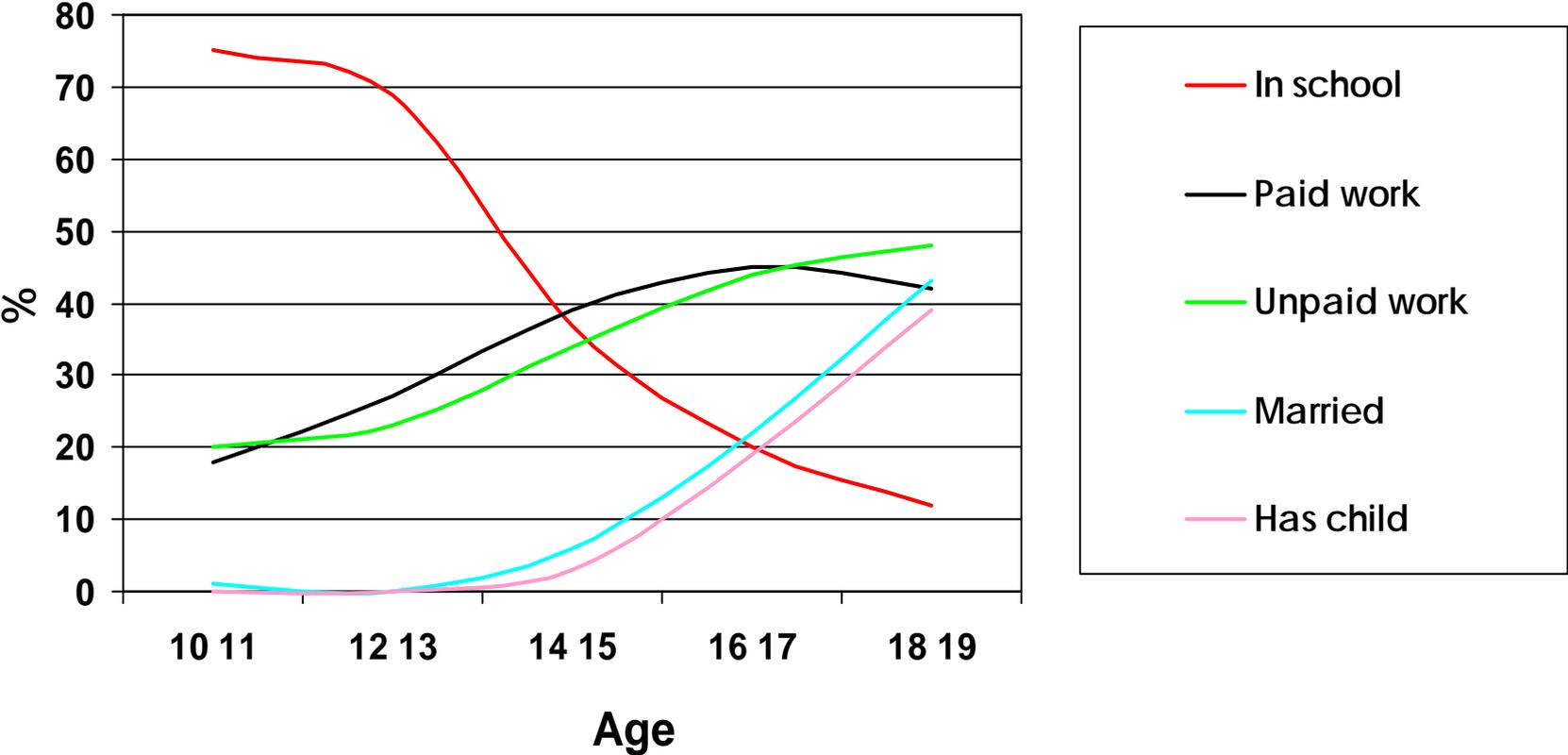
School Enrollment Among Boys and Girls 10-17 Years Olds: Kenya



Source: "The Adolescent Experience In-Depth: Using Data to Identify and Reach the Most Vulnerable Young People: Kenya 2003." New York: Population Council, 2009.

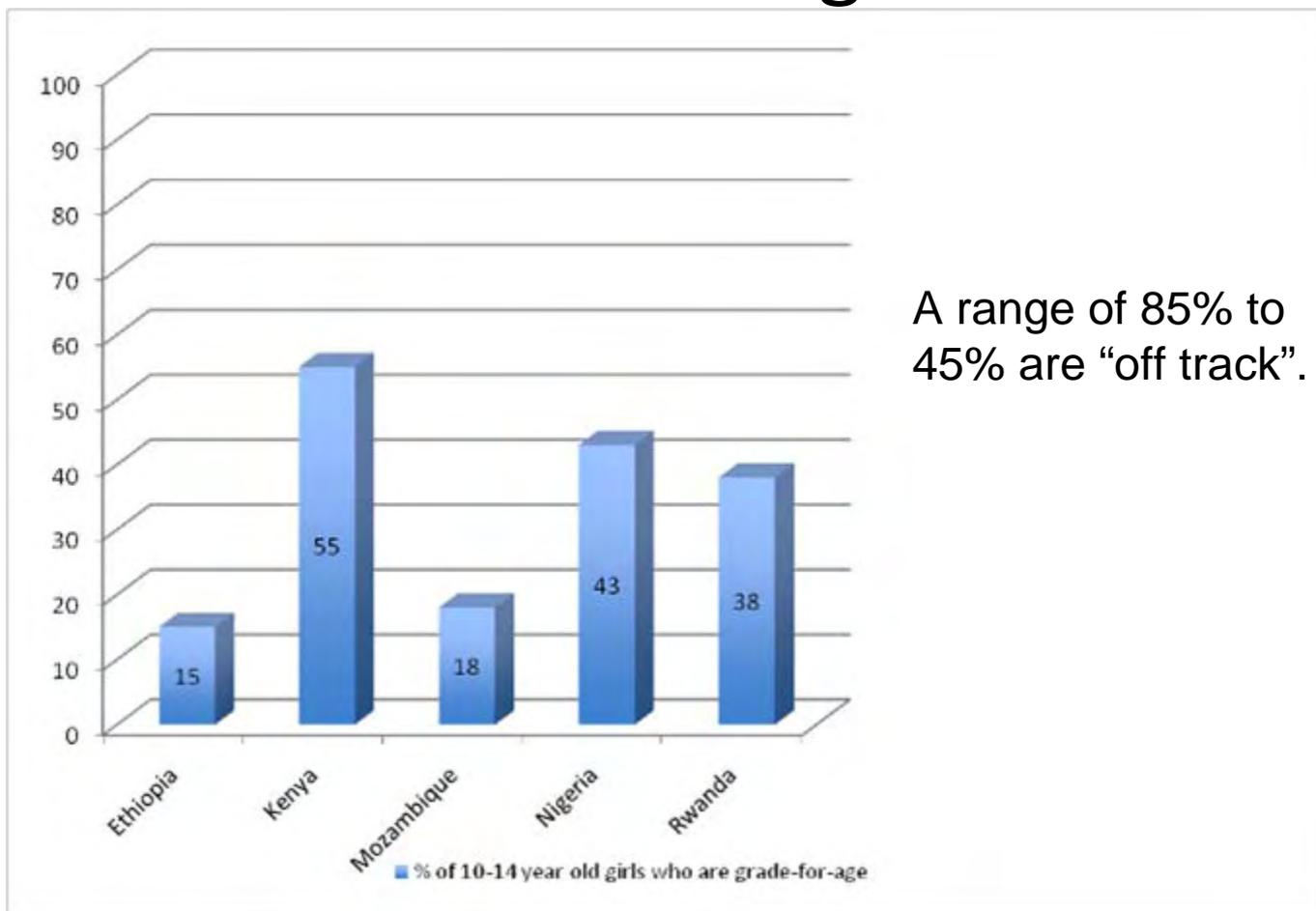
<http://www.popcouncil.org/publications/serialsbriefs/AdolExpInDepth.asp>

Dramatic and Negative Transitions of Indigenous 10-14 Year-old Girls in Guatemala



Source: Hallman et al, 2005, ENCOVI 2000.

Percentage of 10-14 Year Old Girls in High Risk HIV Countries that are at Grade for Age



Child Marriage: The Second Catastrophic Transition



Source: Judith Bruce

Social isolation of married girls

Married adolescent girls are typified by:

- Highly limited or even absent peer networks
- Restricted social mobility/freedom of movement
- Low educational attainment and virtually no schooling options
- Very limited access to modern media (TV, radio, newspapers) and health messages
- Very low participation in clubs or organizations
- Almost entirely absent from current youth serving initiatives

Source: Bruce, J. and Clark, S. "Including Married Adolescents in Adolescent Reproductive Health and HIV Policy," Prepared for for the Technical Consultation on Married Adolescents, WHO, Geneva, December 9-12, 2003. Clark, S. "Early Marriage and HIV Risks in Sub-Saharan Africa," *Studies in Family Planning*, 35(3), 2004; Clark, S., Bruce, J., and Dude, A. "Protecting Young Women from HIV/AIDS: The Case Against Child and Adolescent Marriage." *International Family Planning Perspectives*, 32(2), June 2006. Erulkar, Annabel S.; Muthengi, Eunice. Evaluation of Berhane Hewan: A program to delay child marriage in rural Ethiopia. *International Perspectives on Sexual and Reproductive Health* 35(1), 2009. N., Chong, E., and Bracken, H. "Married Adolescents: An Overview." Paper prepared for the Technical Consultation on Married Adolescents, W2, 200

Child marriage and HIV-risk without guidance

- Older partners
- Higher sexual frequency
- Intense pressure for pregnancy
- Greater social isolation
- Difficulty benefiting from any of the conventional HIV protection messages:
 - Abstinence
 - Reduce sexual frequency
 - Reduce number of partners
 - Use condoms
 - Know one's own and one's partner's HIV status,
 - Observe mutually monogamous relations with an uninfected partner

Sources: Glynn, J.R., Caraël, M., Auvert, B., Kahindo, M., Chege, J., Musonda, R., Kaona, F., and Buvé, A., for the Study Group on Heterogeneity of HIV Epidemics in African Cities. "Why do young women have a much higher prevalence of HIV than young men?" A study in Kisumu, Kenya and Ndola, Zambia. *AIDS* 15(suppl 4), S51-60, 2001; Bruce, J. and Clark, S. "Including Married Adolescents in Adolescent Reproductive Health and HIV Policy," Prepared for for the Technical Consultation on Married Adolescents, WHO, Geneva, December 9-12, 2003. Clark, S. "Early Marriage and HIV Risks in Sub-Saharan Africa," *Studies in Family Planning*, 35(3), 2004; Clark, S., Bruce, J., and Dude, A. "Protecting Young Women from HIV/AIDS: The Case Against Child and Adolescent Marriage." *International Family Planning Perspectives*, 32(2), June 2006.

Emerging evidence of high rates of HIV infection in married girls

	Married	Unmarried, sexually active
Kisumu, Kenya	32.9%	22.3%
Ndola, Zambia	27.3%	16.5%

This picture of infection is part an overall epidemic that is increasingly young, poor and female

Rate among 15 -24 year old population by country and gender

Country	Female 15 -24 with HIV/AIDS	Male 15 -24 with HIV/AIDS	Female to Male Ratio (15 -24 with HIV/AIDS)
Benin	0.9%	0.3%	3 to 1
Burkina Faso	0.9%	0.5%	Almost 2 to 1
Ethiopia	1.5%	0.5%	3 to 1
Malawi	8.4%	2.4%	3.5 to 1
Niger	0.5%	0.9%	Almost 1 to 2
Nigeria	2.3%	0.8%	Almost 3 to 1
Rwanda	1.4%	0.5%	Almost 3 to 1
Sierra Leone	1.3%	0.4%	Over 3 to 1
Uganda	3.9%	1.3%	3 to 1
Zambia	12.7%	3.8%	Over 3 to 1

IV. Are Youth Initiatives Reaching “Our Girls”



Photo taken by Judith Bruce. Girls in South Sudan

If You Build It, They Will Not Come

Conventionally Configured Youth Programs Exclude Key Populations-Younger Out-of-School Girls and Married Girls

Country	Number of beneficiaries served (No. of contacts)	Males	Females	10-14 years	15-19 years	20+ years
Burkina Faso	6216 (6860)	56%	44%	7%	30%	63%
Ethiopia	10866 (10873)	58%	42%	22%	45%	33%
Guinea Bissau	7625 (8167)	57%	43%	7%	37%	56%
Mauritania	5452 (8115)	83%	17%	28%	42%	25%
Malawi	15471 (19666)	54%	46%	18%	31%	50%

Age and Gender Distribution of Participants in "Youth" Programs Demographic Characteristics. Prepared by Adam Weiner. See resource listings for full references and authors of each coverage exercise.

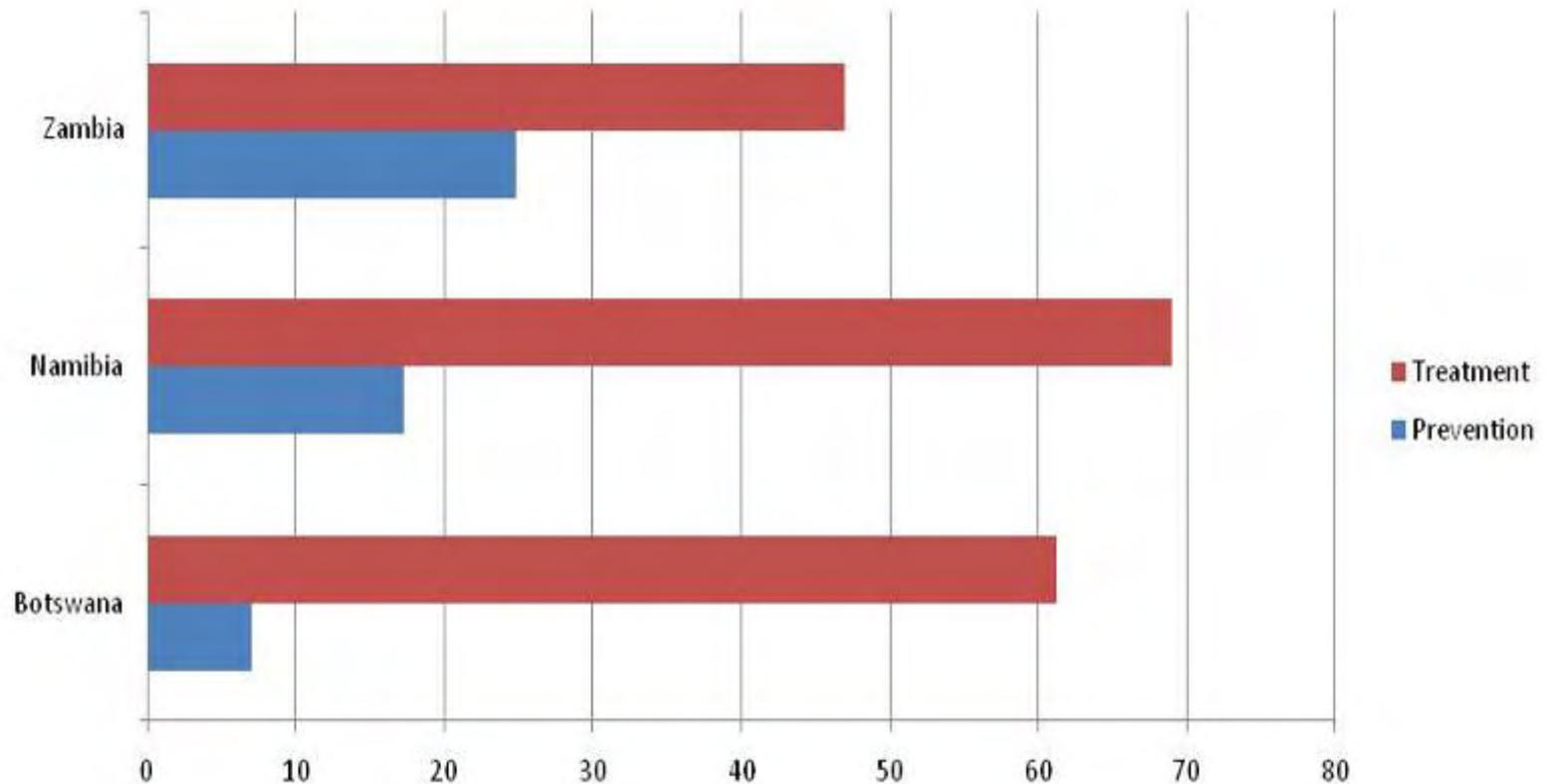
A case study from urban Monrovia, Liberia, shows that under 1.4% of the especially vulnerable 10-14 year old females who are not in school have contact with youth programs in contrast to 12% of 15-19 year old females who are enrolled in secondary school

Age and Type	No. in Primary	No. in Secondary	No. Out of School	With Child	Without Child
<u>10 - 14</u>					
Reached	45	12	8	1	64
Eligible	1942	236	558	N/A	N/A
Percent reached	2.3	5.1	1.4	N/A	N/A
<u>15 - 19</u>					
Reached	54	94	37	63	122
Eligible	686	786	505	379	1651
Percent reached	7.9	12.0	7.3	16.6	7.4
<u>20 - 24</u>					
Reached	9	62	41	89	24
Eligible	112	592	990	1304	586
Percent reached	8.0	10.5	4.1	6.8	4.1

Prevention Efforts, HIV Programs are not Going to Young, Poor Girls

- In a program scan in KwaZulu-Natal, South Africa, 23 community-based organizations working in a wide-variety of areas were interviewed
- **Despite the Fact that Almost 17% of Girls 20-24 Living in This Area Were Living with HIV**
 - Of the 14 programs with HIV/AIDS as a main theme, only 5 had gender as a major focus
 - Among all 23 organizations, only 3 (only 13%) had a significant engagement with or provision of significant social support to vulnerable adolescent girls

HIV Funding and the Gender Equity Discussion has Prioritized Treatment over Prevention by Wide Margins



An Inversion of Care

Those at **lesser risk**, with **greater social assets** (stable homes, schooling) are **receiving majority share** of youth serving resources

- In school (older) boys
- Unmarried males
- Urban born, living in two parents house hold
- Older adolescents, youth 20+, even 24+

Those at **greatest risk**, with **least social assets** (migrant, less stable families, lesser or no schooling, experiencing the most frequent unprotected sexual relations) are **receiving a negligible share** of youth serving resources

- Out of school (younger) girls
- Married girls
- Migrant, rural origin, living apart from parents
- Youngest adolescents, 10-14

V. Measuring success at the level of the girl

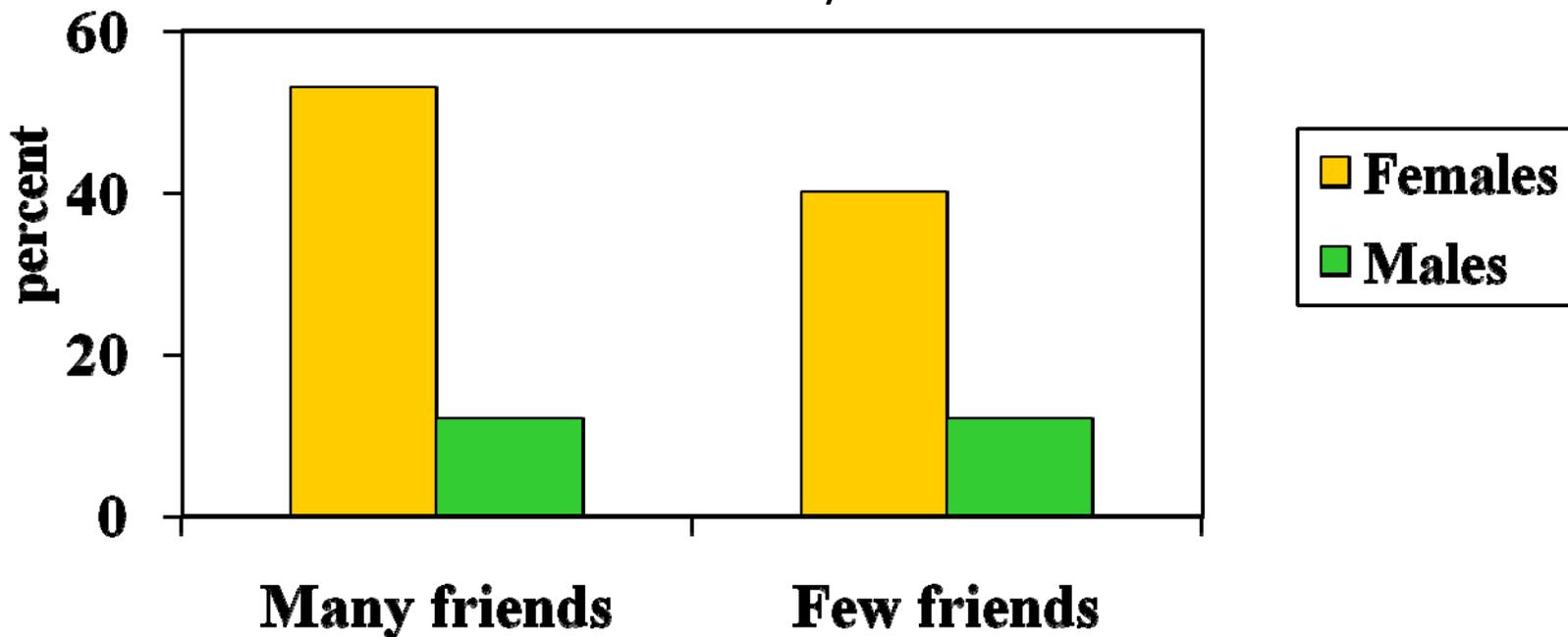
Remember adolescent girls' health, social and economic assets are closely linked

The poorest boys have more friends than the “richest” girls

Females with more friends are:

- Less likely to experience sexual coercion-across economic quintiles
- More likely to have had an HIV test

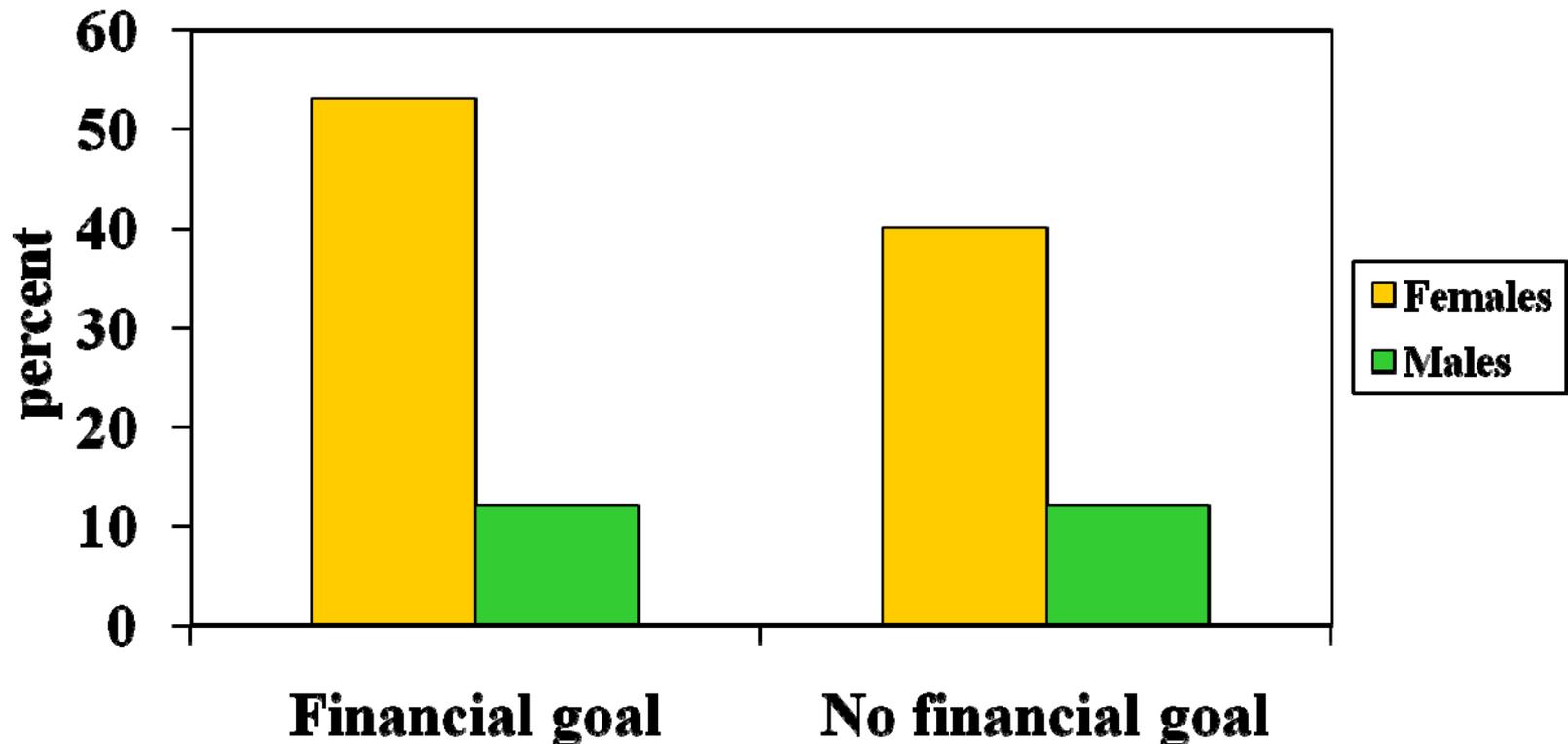
Ever been tested for HIV: 16-24-year-olds



Recognize the close relationship between health assets and economic assets.

While an extremely high proportion of the girls in South Africa are well informed about HIV, the ratio of female to male infection among those 15-24 has risen in some communities to 8:1

Females with a financial goal have more realistic assessment of their HIV risk
“I am at any risk for HIV”: 16-24-year-olds



Initial Thoughts: Measuring Protective Assets at the Level of the Girl

- Age/documentation of age
- Living arrangements
- Schooling status
- Marriage status
- Childbearing status
- Migration status
- Sexual activity status (if possible)
- Density of friendship networks
- Regular access to a place to meet non-family peers
- Levels of social affiliation/group membership

Measuring Protective Assets at the Level of the Girl Continued

- Safety nets
 - Someone to turn to in case of an emergency
 - Place to spend the night in an emergency
 - Someone from whom to borrow money from in an emergency
- Self esteem/sense of agency/aspirations
- Personal documentation/recognition of membership in the community
- Specific knowledge of HIV risks and having “active” HIV protection strategies
- Work and savings “experience”
- Basic financial information and goals

Source: Erulkar, Annabel S.; Muthengi, Eunice. Evaluation of Berhane Hewan: A program to delay child marriage in rural Ethiopia. *International Perspectives on Sexual and Reproductive Health* 35(1): 6-14 . Erulkar, Annabel S.; Mekbib, Tekle-Ab; Tegegne, Mesfin. Biruh Tesfa: Creating a 'Bright Future' for migrant girls in urban areas of Ethiopia. *Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief. 2008 Adolescent and Youth Sexual and Reproductive Health: Charting Directions for a Second Generation of Programming-Background Documents for the Meeting*, pp. 77-89 2003. Bruce, Judith; Hallman, Kelly. Reaching the girls left behind. *Gender and Development* 16(2): 227-245. 2008. Hallman, Kelly. Gender and Development for USAID Prairie no HRA-C-00-00-00006-00) Hallman, Kelly. Population Council, Poverty, Gender and Youth Program. “Siyakha Nentsha”: Enhancing Economic, Health, and Social Capabilities of Highly vulnerable Adolescents in South Africa”. December 2008.

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Adolescent Girls, HIV and Reproductive Health in the U.S. Global Health Initiative

Michele Moloney-Kitts
Assistant U.S. Global AIDS Coordinator
Department of State





Why RH & HIV?

- Universal access to reproductive health (RH) services is an MDG 5 (Improve maternal health) target, but has significant relation to MDG 3 (promote gender equality and empower women), MDG 4 (reduce child mortality), and MDG6 (combat HIV/AIDS, malaria and other diseases).
- RH services include, among others: prevention , treatment and care of STI—including HIV; prevention of gender-based violence (GBV) and child marriage; safe motherhood; access to family planning services and information(FP).





Why Adolescent Girls & RH?

- Every year, there are approximately 60 million unintended pregnancies, many among adolescent girls. (UNFPA 2004).
- In developing countries, complications of pregnancy and childbirth are the leading cause of death in young women aged between 15 and 19 years.
- In the nine countries in southern Africa most affected by HIV, prevalence among young women aged 15–24 years was on average about three times higher than among men of the same age (UNAIDS, 2009).
- A review of studies of child sexual abuse across the world reports a prevalence range from 2% to 62%. (WHO, 2004)





Global Health Initiative (GHI)

Principles:

- **Support country ownership** and invest in country-led plans.
- **Implement a woman and girl-centered approach** – to both improve health outcomes for women and recognize that women are central to the health of families and communities.
- **Increase impact through strategic coordination and integration** – for patients and for those involved in providing or paying for services.
- **Strengthen and leverage key multilateral organizations, GH partnerships and private sector engagement** – because improving health outcomes is a shared responsibility.
- **Build sustainability** through health systems strengthening.
- **Improve metrics, monitoring and evaluation (M&E).**
- **Promote research and innovation** to identify what **works**



Gender in the GHI

- A **woman and girl-centered approach** is a guiding principle for GHI
- This approach will:
 - Require gender analysis for all USG-supported programs
 - Expand integration of programs
 - Improve monitoring, evaluation, and research
 - Focus on adolescent girls
 - Involve both women and men in program design, evaluation, and monitoring
 - Work with partner governments to support gender equity



GHI Targets by 2015

The GHI is expected to achieve aggregate goals including:

- **HIV/AIDS:** Support prevention of more than 12 million new infections, provision of care to more than 12 million people, and treatment for more than 4 million people. (PEPFAR is key component of GHI)
- **Child health:** Save approximately 3 million lives by reducing under-five mortality rates by 35 percent in assisted countries.
- **Maternal health:** Save 360,000 women's lives by reducing maternal mortality by 30 percent in assisted countries.
- **Family Planning:** Prevent 54 million unintended pregnancies.



GHI—How it works

- ***GHI ...***

- Serves as a whole-of-government umbrella of coordination and integration for USG global health efforts ;
- Seeks to create greater country-level capacity to manage and operate programs;
- Builds upon existing plans and programs, rather than duplicating existing efforts;
- Enables greater coordination among USG programs and country, donor, and civil society efforts at the country level;
- Uses existing negotiated agreements (like Partnership Frameworks) as a basis for future collaboration;
- Emphasizes health systems strengthening as a component of disease- and issue-specific programs.

- ***GHI DOES NOT ...***

- Establish a separate vertical program for global health;
- Move programs away from a project-based model;
- Signal lack of USG commitment to existing goals and targets.



PEPFAR Gender Framework

- Gender integration within key programmatic areas, taking into account the ways in which gender norms and barriers contribute to HIV epidemics within the country context.
- Strategic focus on five crosscutting areas:
 - Increasing gender equity in HIV/AIDS activities and services – including maternal and reproductive health
 - Addressing male norms and behavior
 - Reducing violence and coercion
 - Increasing women's and girls' access to income and productive resources and education
 - Increasing women's and girls' legal rights and protection





The Vulnerable Girls Initiative

- PEPFAR Special Gender Initiative: **Go Girls!**
- Seeks to reduce adolescent girls' HIV infection risk through multi-level interventions
- JHU leads Initiative's implementation in Mozambique, Botswana and Malawi
- \$5.5 million invested over 3.5 years (Sept 2007—March 2011)
- Accomplishments:
 - Mapping of existing services at the community level
 - Formative research on communities' perspectives of girls' vulnerability
 - Creation and validation of a vulnerability index/scale
 - Development of an ecological framework program model (individual, family, community and societal levels)
 - Toolkit to support future programming for adolescent girls



What's next?

- GBV Initiative: Will scale up GBV prevention, treatment and care in three countries (DRC, Mozambique, Tanzania).
- Gender Challenge Fund: Will allow other PEPFAR programs to strengthen gender programming.
- Partnership Frameworks: Focus on policy issues to address adolescent girls and women.
- Integration of PMTCT programs with reproductive health.
- Public-private partnership to address sexual violence against girls.



Challenges

- Multisectoral programming
- Linking child protection and public health programs
- Government leadership
- Harmonized indicators





Thank you!



The Next Generation of School-based Interventions: New Research, Novel Programs, and Innovative Tools

Interagency Youth Working Group Meeting

June 3, 2010

Washington, DC

Challenges for schooling – the central role of gender

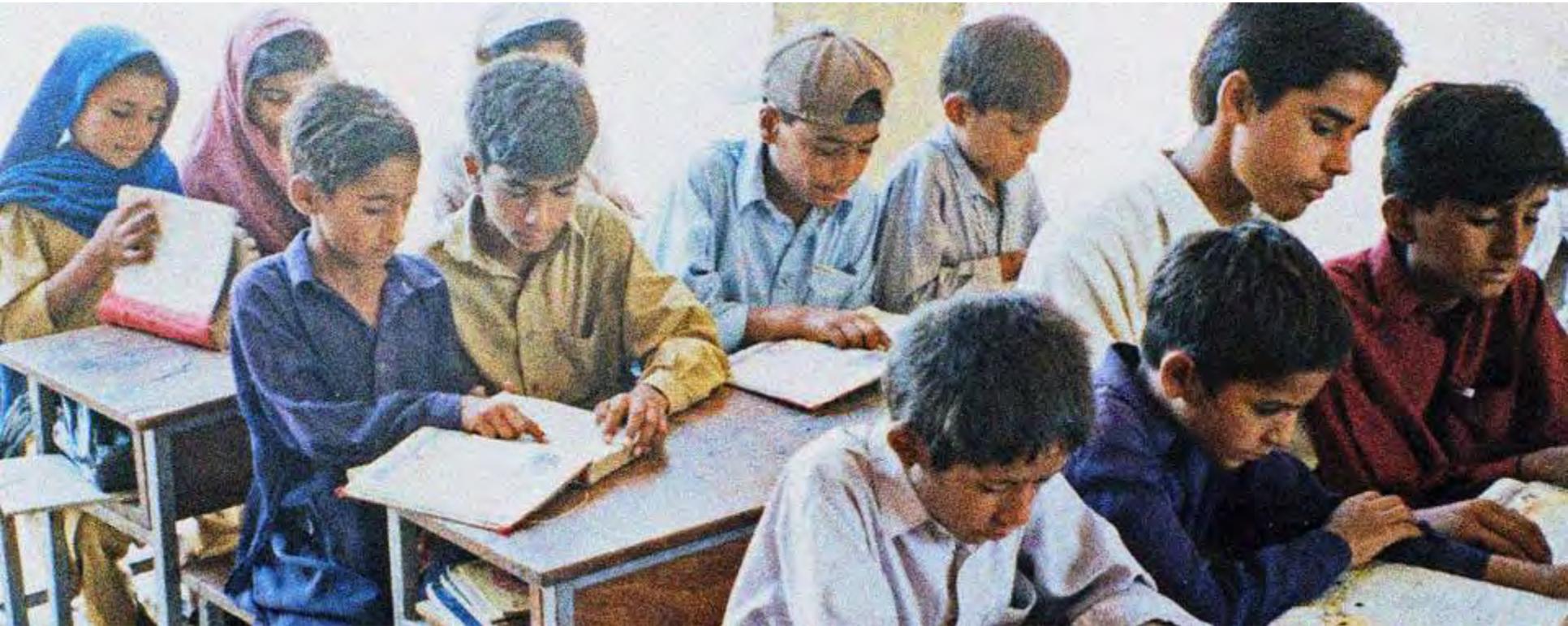
- Access and retention
- Schooling environment
- What we teach
- How we teach



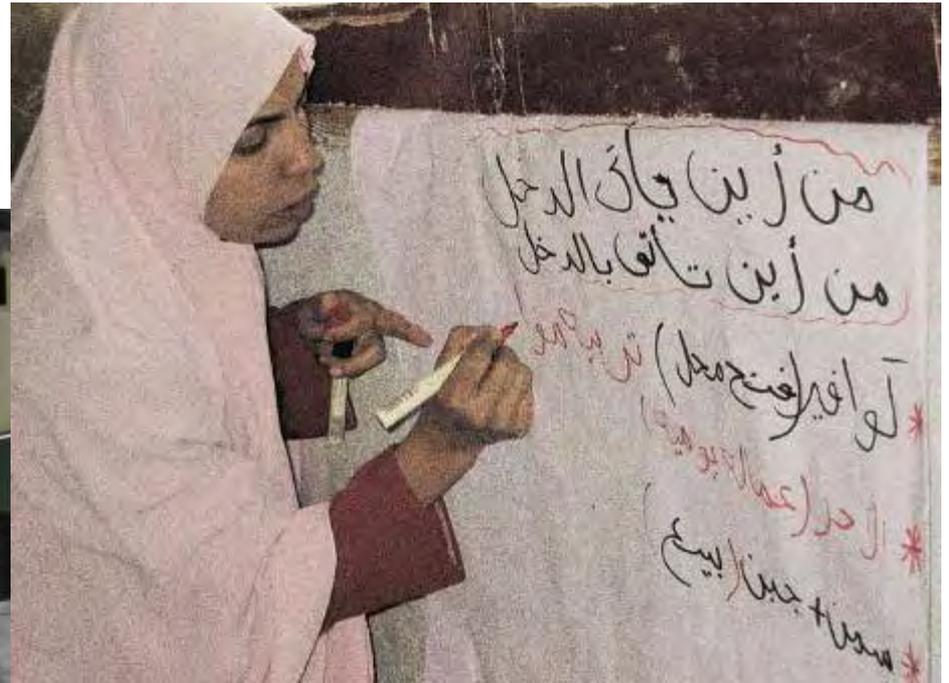
Getting adolescent girls to school and keeping them there



The school environment



What we teach



How we teach



Participatory, learner- centered approaches have better outcomes

- The use of participatory teaching methods that actively involve students and help them internalize information is one of the key characteristics of more effective sex education programs (Kirby et al 2007)

Critical Thinking Matters

- Critical thinking skills enable young people to question the attitudes and behaviors that undermine their health and wellbeing.
- Such skills promote overall academic growth (Halpern, 1993; Hewlett Foundation, 2010).
- Critical thinking skills (and gender equality) lay a foundation for meaningful citizenship (Pettersson 2003; Inglehart, Norris and Welzel, 2002).



Innovative Tools

Interagency Youth Working Group Meeting

June 3, 2010

Washington, DC



Volume I
The rationale for sexuality education

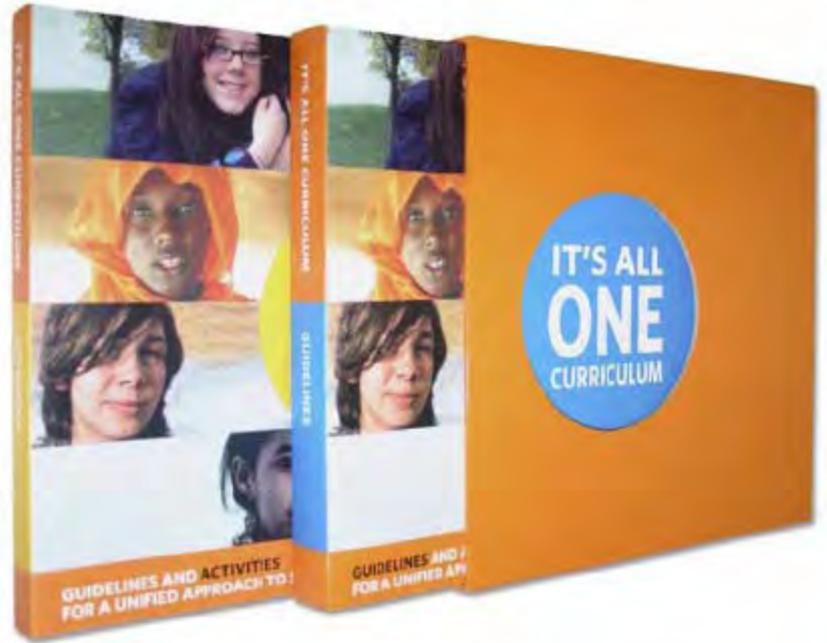
International Technical Guidance on Sexuality Education

An evidence-informed approach for schools, teachers and health educators



Learning objectives

Technical Guidance on Sexuality Education
An evidence-informed approach for schools, teachers and health educators



International Technical Guidance on Sexuality Education

An evidence-informed approach for schools,
teachers and health educators





United Nations
Educational, Scientific and
Cultural Organization

Technical Guidance

- In December 2009, UNESCO published with UN partners two linked documents which comprise the *International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators*
- Volume I: Rationale for sexuality education – including a review of the evidence base, characteristics of effective programmes
- Volume II: Sexuality Education - topics and learning objectives





United Nations
Educational, Scientific and
Cultural Organization

Purpose

- Promote an understanding of the need and rationale for comprehensive sexuality education (CSE)
- Provide a clear understanding of the objectives, components and possible learning outcomes of CSE
- Provide guidance to education and health authorities on how to build support for CSE
- Build teacher preparedness and institutional capacity to deliver good quality CSE
- Offer guidance on CSE materials development



United Nations
Educational, Scientific and
Cultural Organization

What it is

- Voluntary guidance - will have to be implemented within national laws/policies
- A platform for strengthening HIV prevention amongst children and young people in and out of school
- An advocacy tool - focusing on 'why' and 'what' about CSE
- An evidence-informed and rights-based approach for schools, teachers and health educators

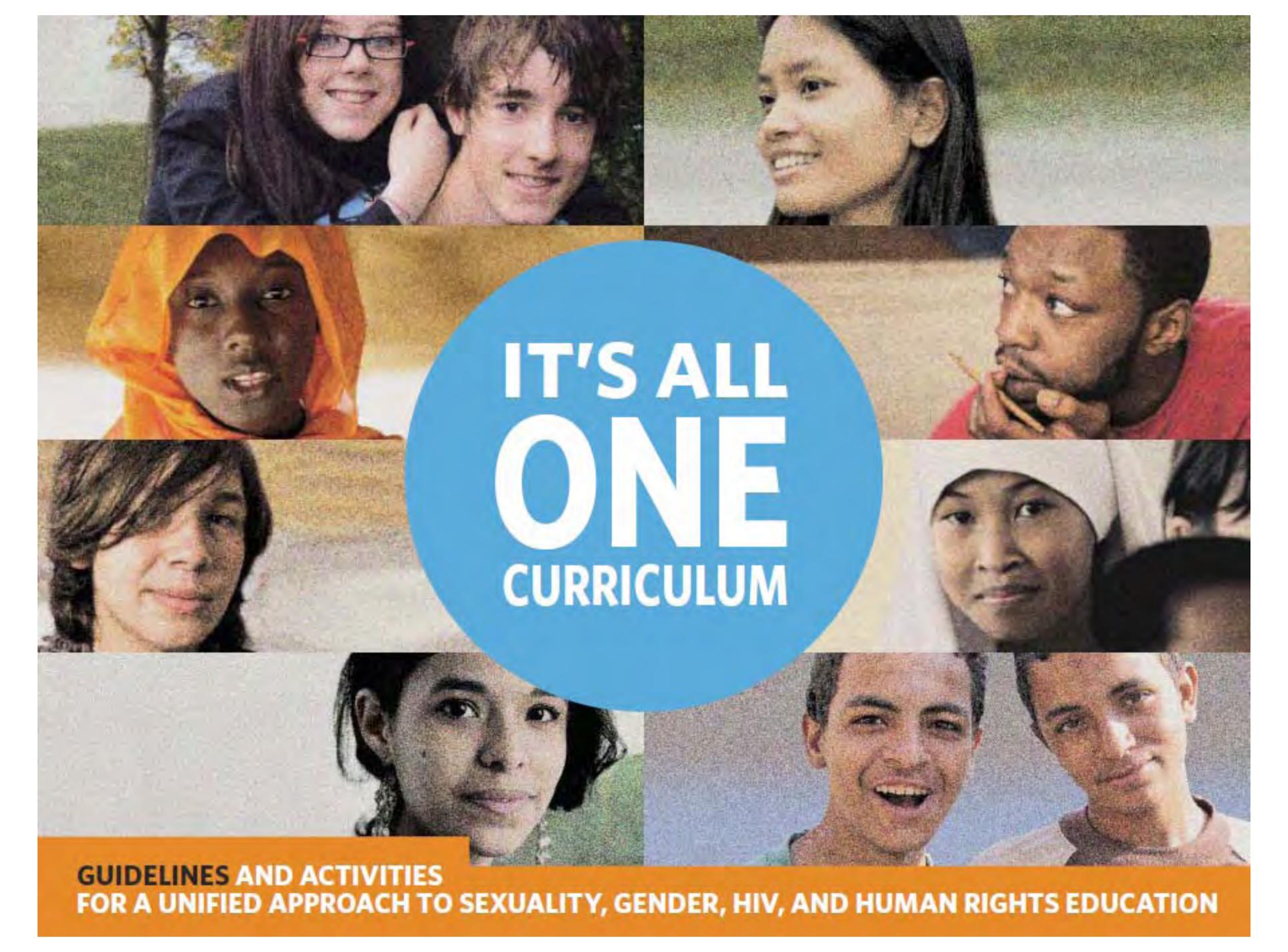


United Nations
Educational, Scientific and
Cultural Organization

What it isn't

- Not focused on 'how to' deliver CSE in the classroom
- Not a curriculum or set of lesson plans
- Not a set of compulsory standards





**IT'S ALL
ONE
CURRICULUM**

**GUIDELINES AND ACTIVITIES
FOR A UNIFIED APPROACH TO SEXUALITY, GENDER, HIV, AND HUMAN RIGHTS EDUCATION**

Seven Key Features

1 Evidence-based, that is, it builds on curricular standards articulated by global researchers, while also integrating important findings about the links between gender dynamics and sexual health outcomes;

2 Comprehensive, including accurate information about all the psychosocial and health topics needed for a thorough curriculum covering sexuality, HIV prevention, the right to abstain from sex, and family life education;

3 Based on core values and human rights, that is, it promotes principles of fairness, human dignity, equal treatment, opportunities for participation, and human rights for all as the basis for achieving sexual and reproductive health and well-being;

Seven Key Features

4 Gender-sensitive, emphasizing the importance of gender equality and the social environment in general for achieving sexual and reproductive health and overall well-being for both boys and girls;

5 Promotes academic growth and critical thinking, fostering habits of mind necessary for understanding relationships between self, others, and society and how these relationships affect all of our lives. Thus, it provides a basis for extending sexuality and HIV education into civics, social studies, and language-arts classrooms;

6 Fosters civic engagement by championing the idea that each person matters and can make a positive difference in his or her world. It helps build advocacy skills that are crucial to creating a more just and compassionate society; and

7 Culturally appropriate, reflecting the diverse circumstances and realities of young people around the world.

It's All One Curriculum: what does it contain?

Book 1: GUIDELINES

An **introduction** that includes an evidence-based policy argument

Seven **content units** (each with Learning Objectives, Key Content, and Points for Reflection)

A final **project-based unit** (to support advocacy and apply lessons learned)

22 **fact sheets**

Book 2: ACTIVITIES

Effective teaching methods

54 **sample activities**

Additional resources

RESEARCHERS have identified **gender inequality** as a key factor driving the **AIDS pandemic**.

POLICYMAKERS have called for **sexuality** and **HIV education** that emphasizes **gender equality** and **human rights**.

EDUCATORS want to teach young people the **critical thinking skills** needed to build compassionate and **just societies**.

IT'S ALL ONE CURRICULUM
responds to these calls.



USAID
FROM THE AMERICAN PEOPLE

Safe Schools Program

Interagency Youth Working Group Meeting
Protecting and Empowering Adolescent Girls:
Evidence for the Global Health Initiative

Presented by
Julie Hanson Swanson
USAID/Office of Women in Development
June 3, 2010



Rationale for Safe Schools Program

- Findings from 2003 literature review
- School-related GBV sufficient concern for education and health outcomes
 - Brazil: 9 to 12% of girls had experienced sexual violence near schools
 - Ethiopia: 68% of female respondents in national survey sexually abused before the age of 18
 - South Africa: 32% of reported child rapes by teachers



USAID
FROM THE AMERICAN PEOPLE

Rationale for Safe Schools Program

Educational and Health Impact on Girls and Boys

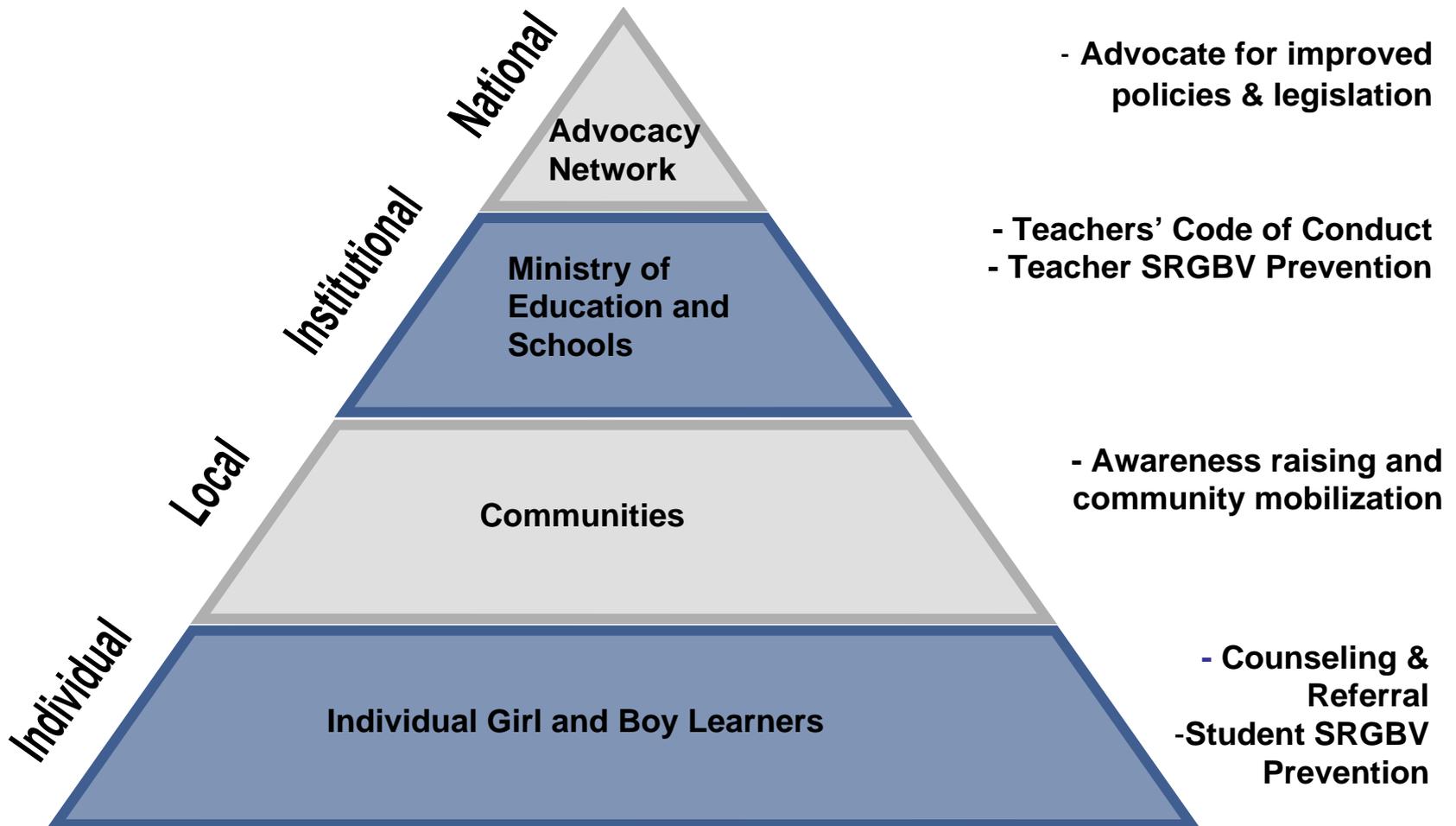


Program Piloted in Ghana and Malawi

- 2003-2008
- Interventions in 60 communities
- Goal: make schools safer to support girls' education
- Beneficiaries: 30,000 students in upper primary/lower secondary school

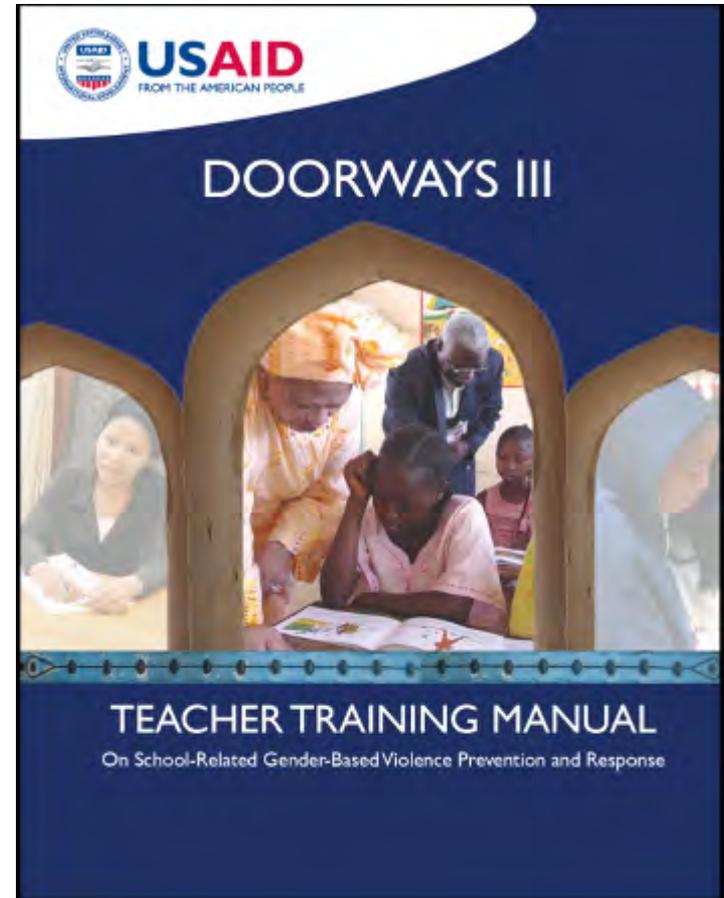


Comprehensive Intervention Framework



- A Gender Approach Expands Understanding of Violence in Schools
- A Whole-School Training Approach More Effective for Changing the School Environment
- Training Materials that Stress Both Children's Rights and Responsibilities

- Communication Materials Should Balance Negative Images With Positive and Constructive Ones
- Stronger Community-Based Monitoring and Evaluation Systems Are Needed to Report Change and Ensure Confidentiality

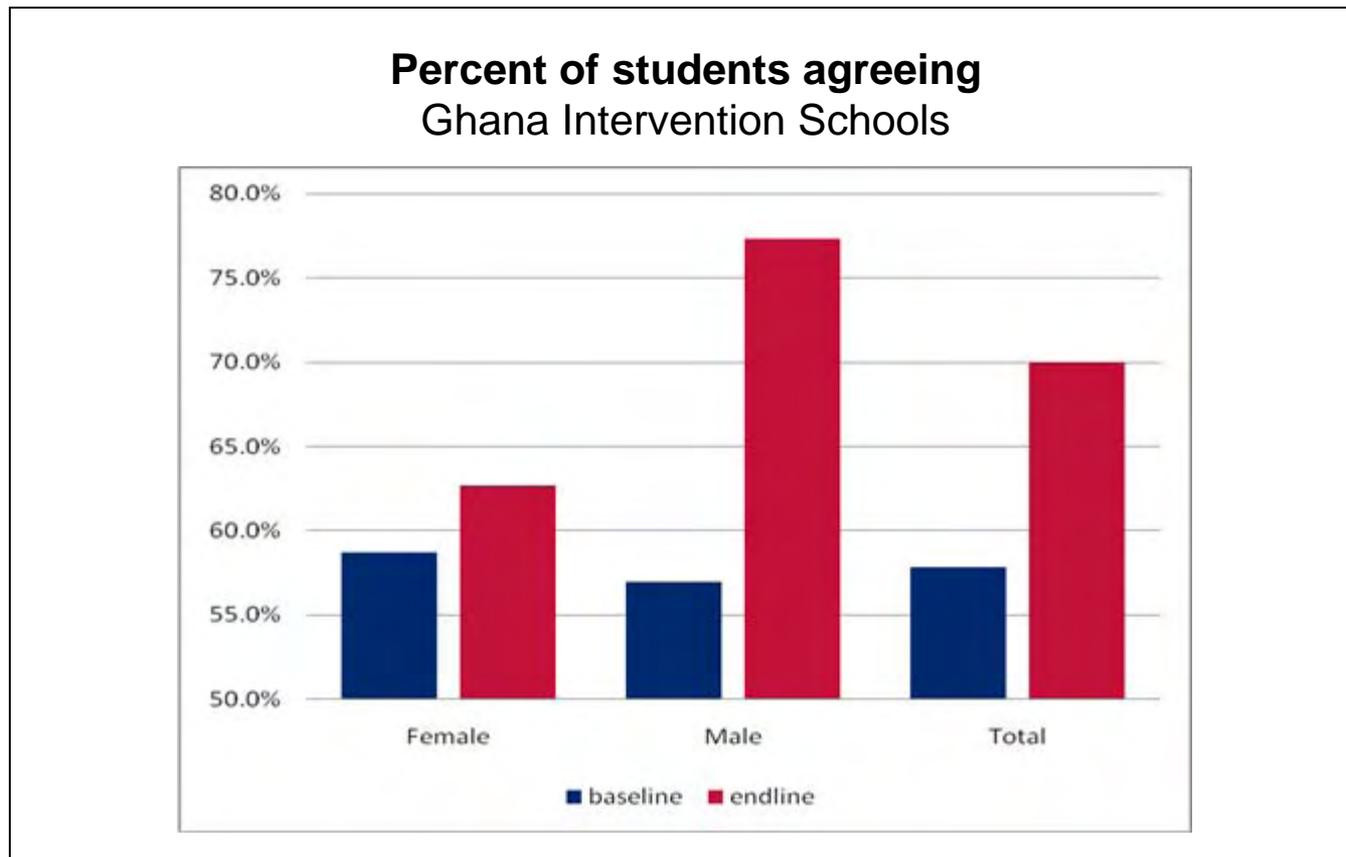


Student and Teacher Baseline and Endline

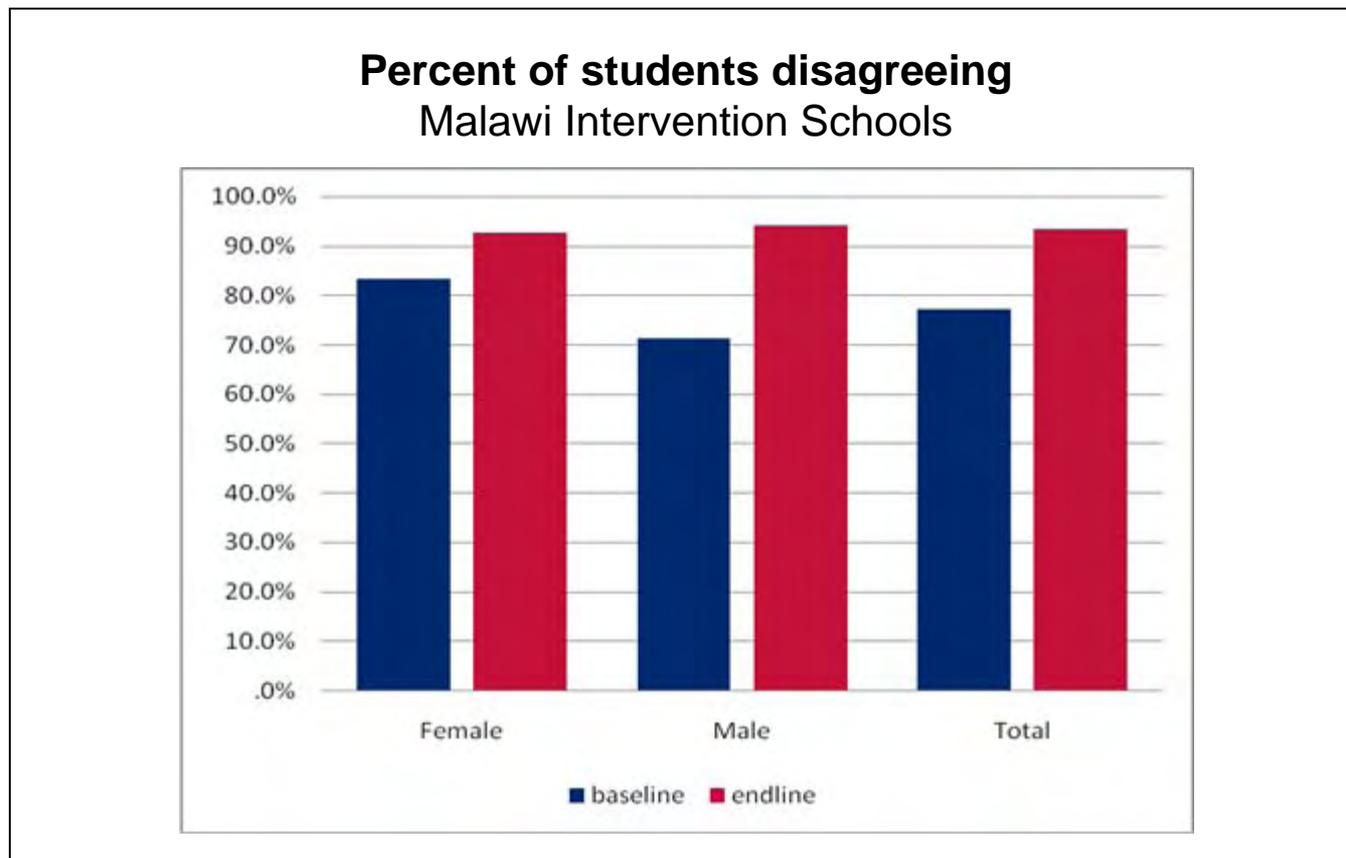
- Gender Norms and School Participation, Basic Child Rights, SRGBV, HIV/AIDS
- 600 students (300 male and 300 female)
- 375 (69 F/206 M) Teachers in Ghana and 250 (32 F/125 M) Teachers in Malawi



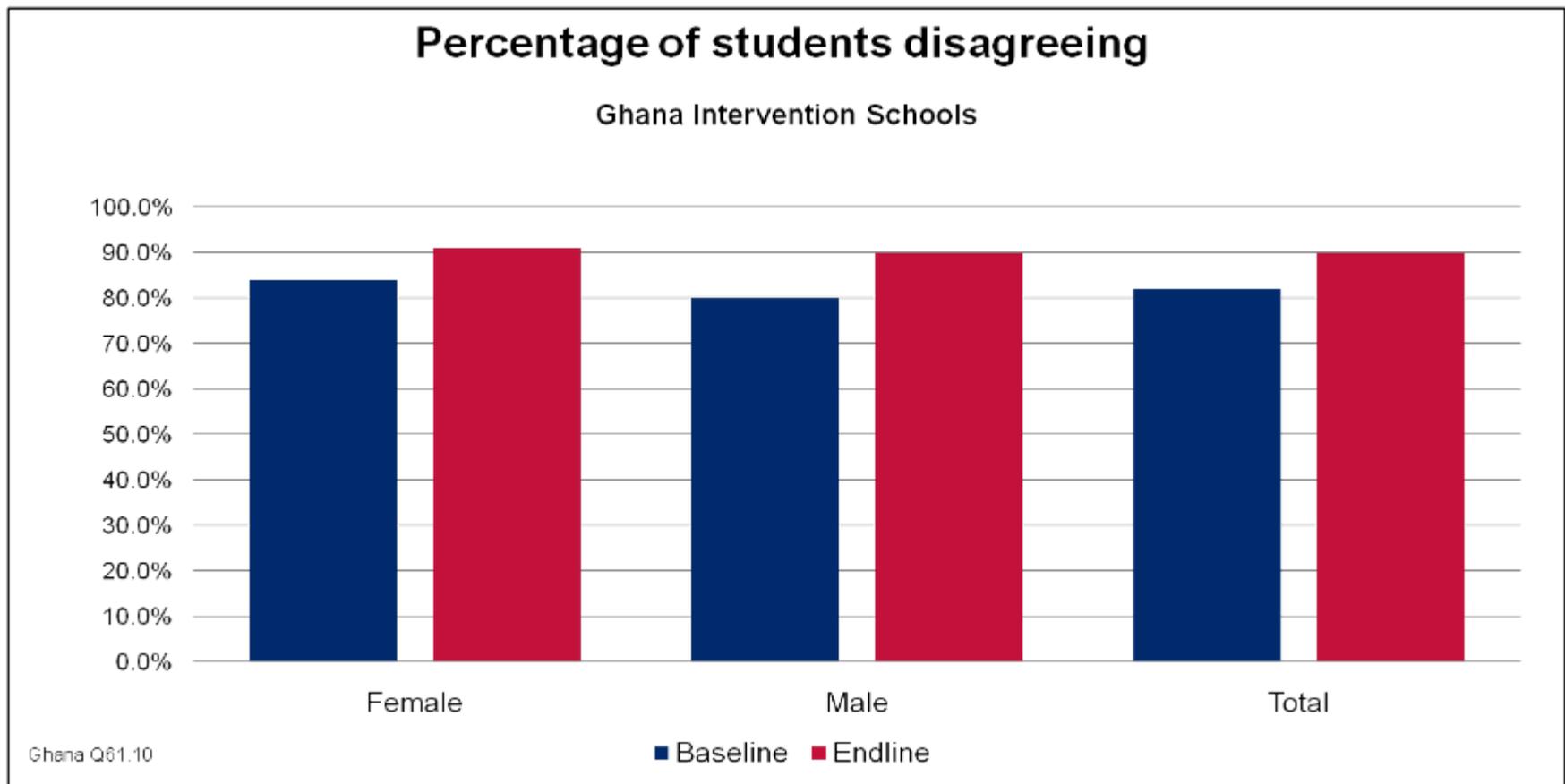
Q: You have the right not be hurt or mistreated.



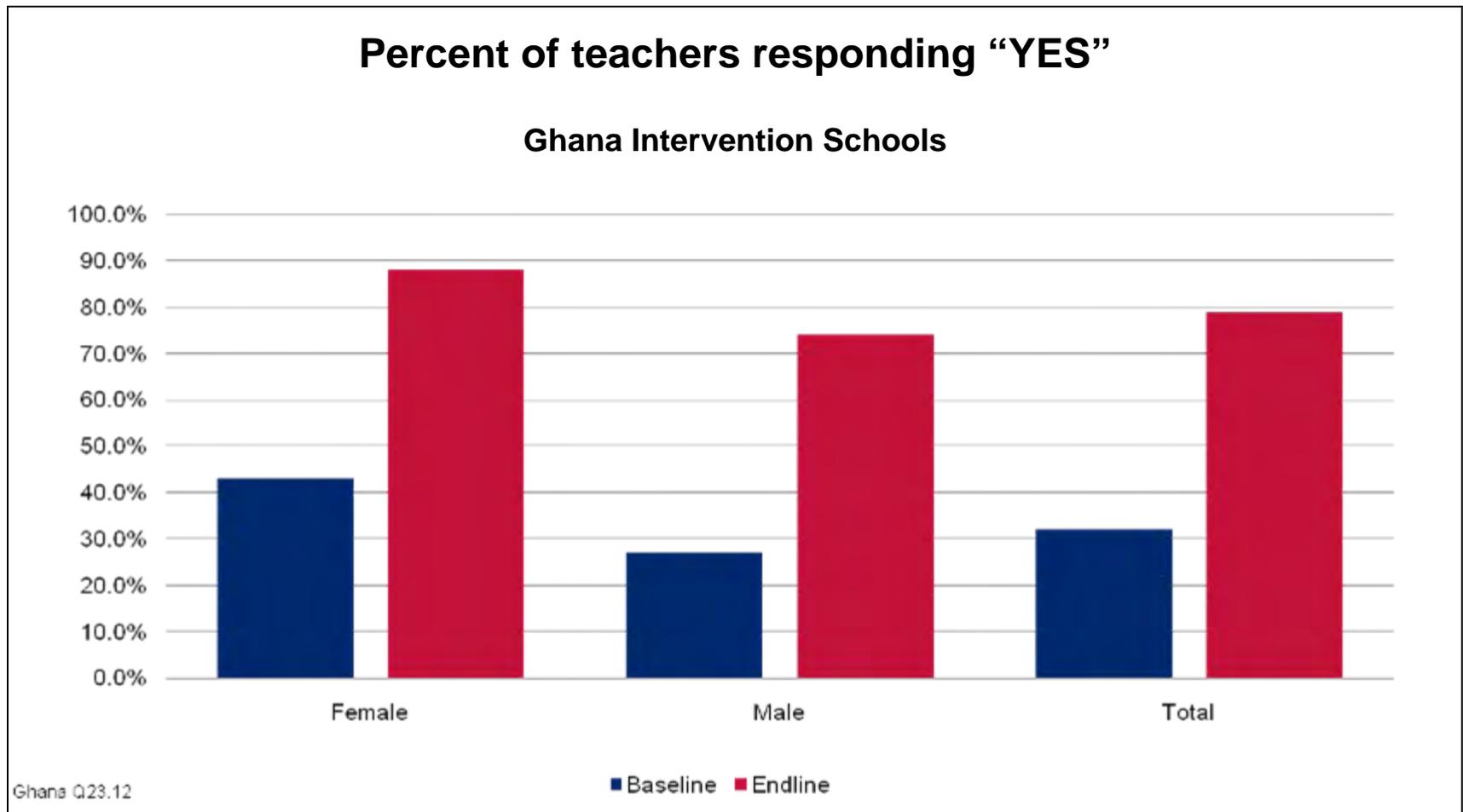
Q: Teachers have the right to shout at you, insult you and call you names.



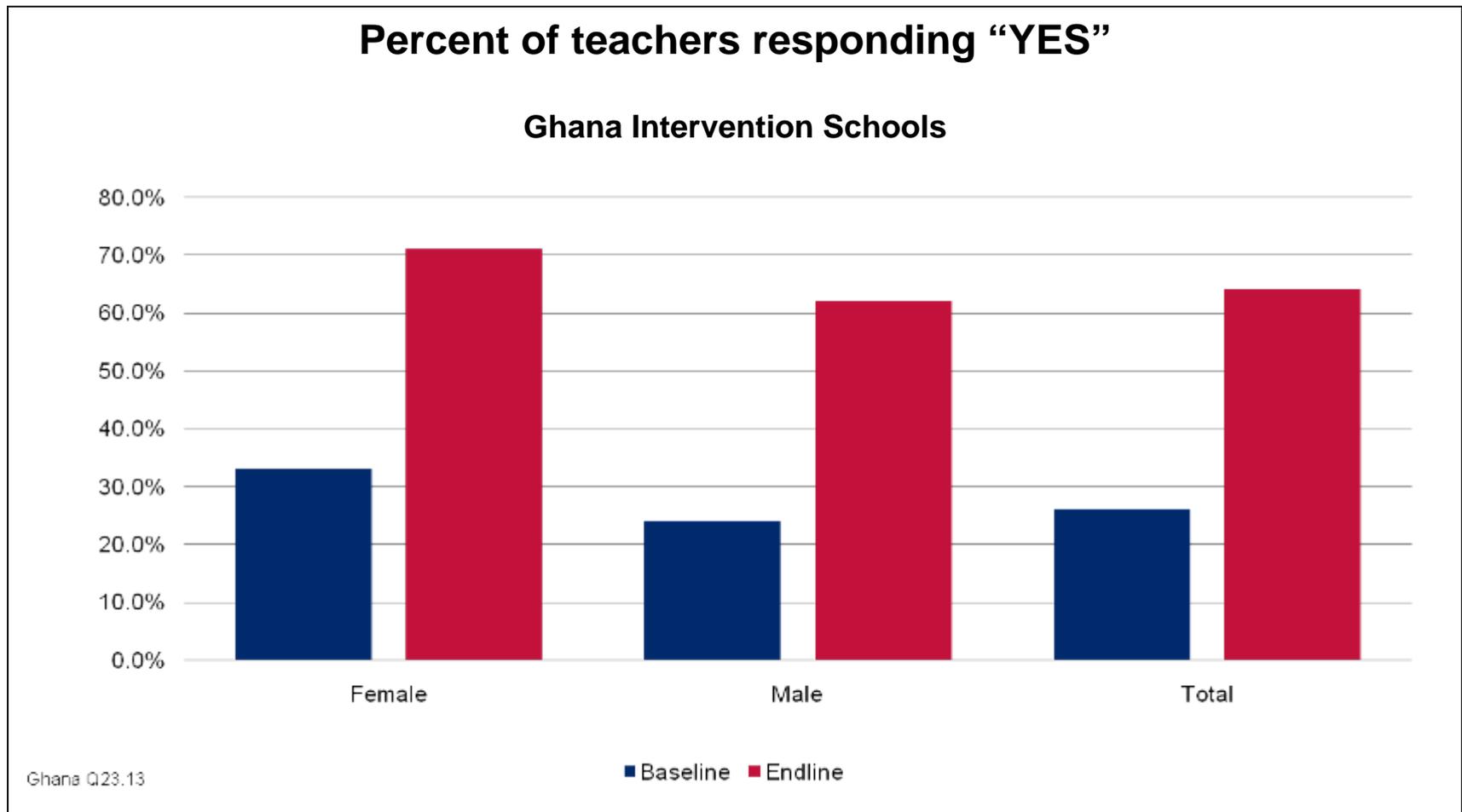
Q: Girls like it when boys touch or grab their breasts or buttocks.



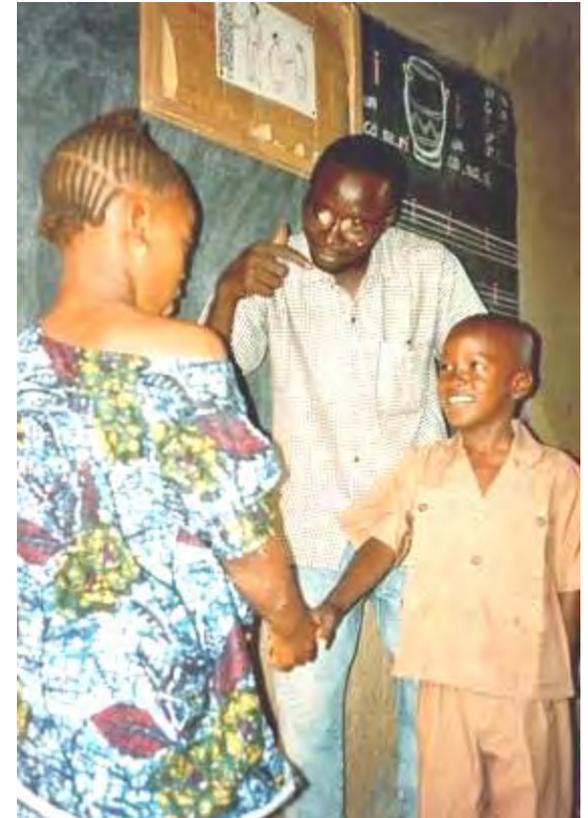
Q: Girls can experience sexual harassment at school.



Q: Boys can experience sexual harassment at school.



Programs to reduce HIV or unintended pregnancies must also address school-related gender-based violence.



School-based HIV education

Kamilla Gumedde

Abdul Latif Jameel Poverty Action

Lab

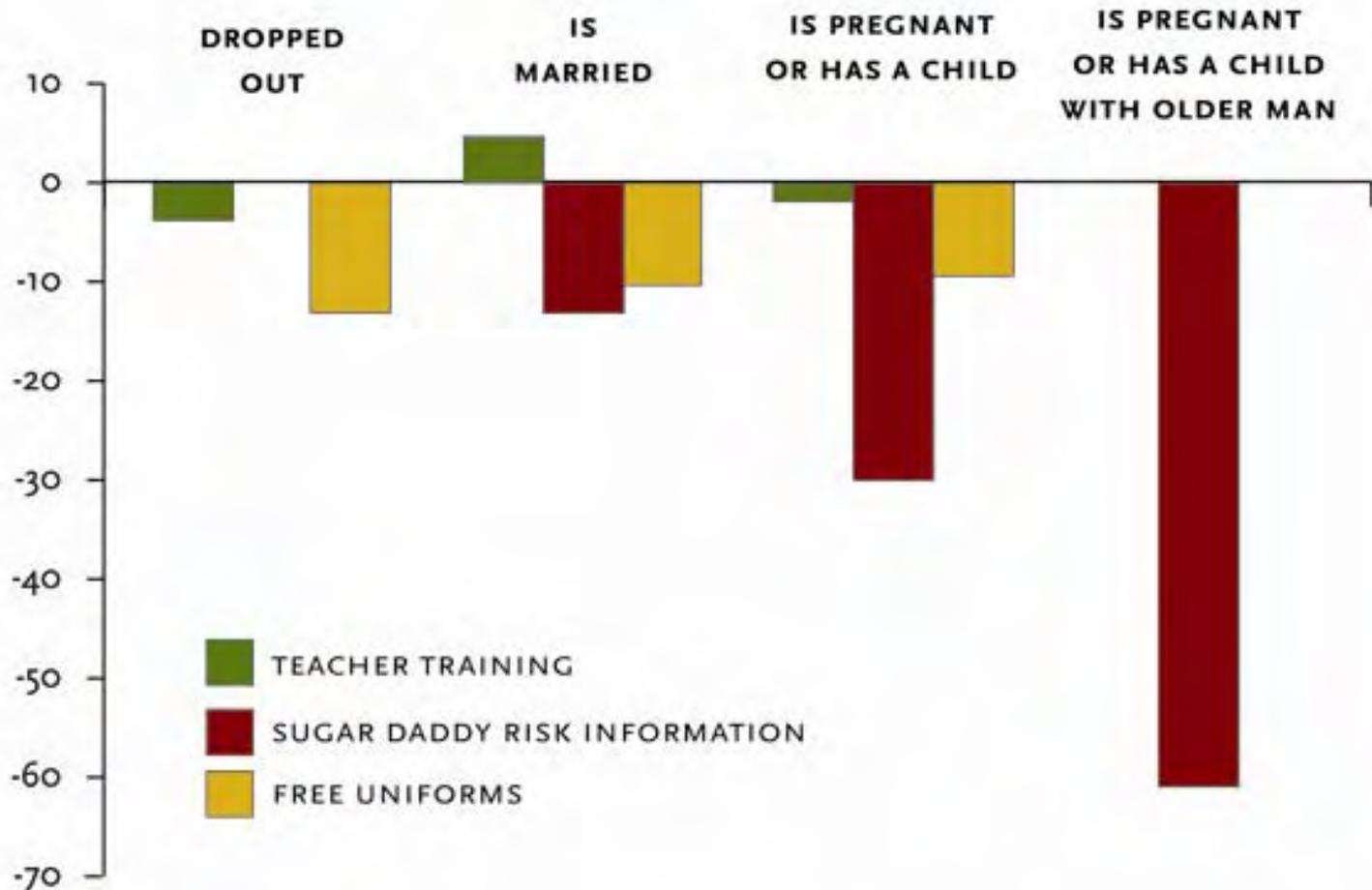
MIT

Kenya's HIV school curriculum

- J-PAL researchers evaluated 4 interventions:
 - Teacher training in standard curriculum
 - HIV debates and essays
 - Free school uniforms
 - “Sugar daddy” talk [CHART](#)

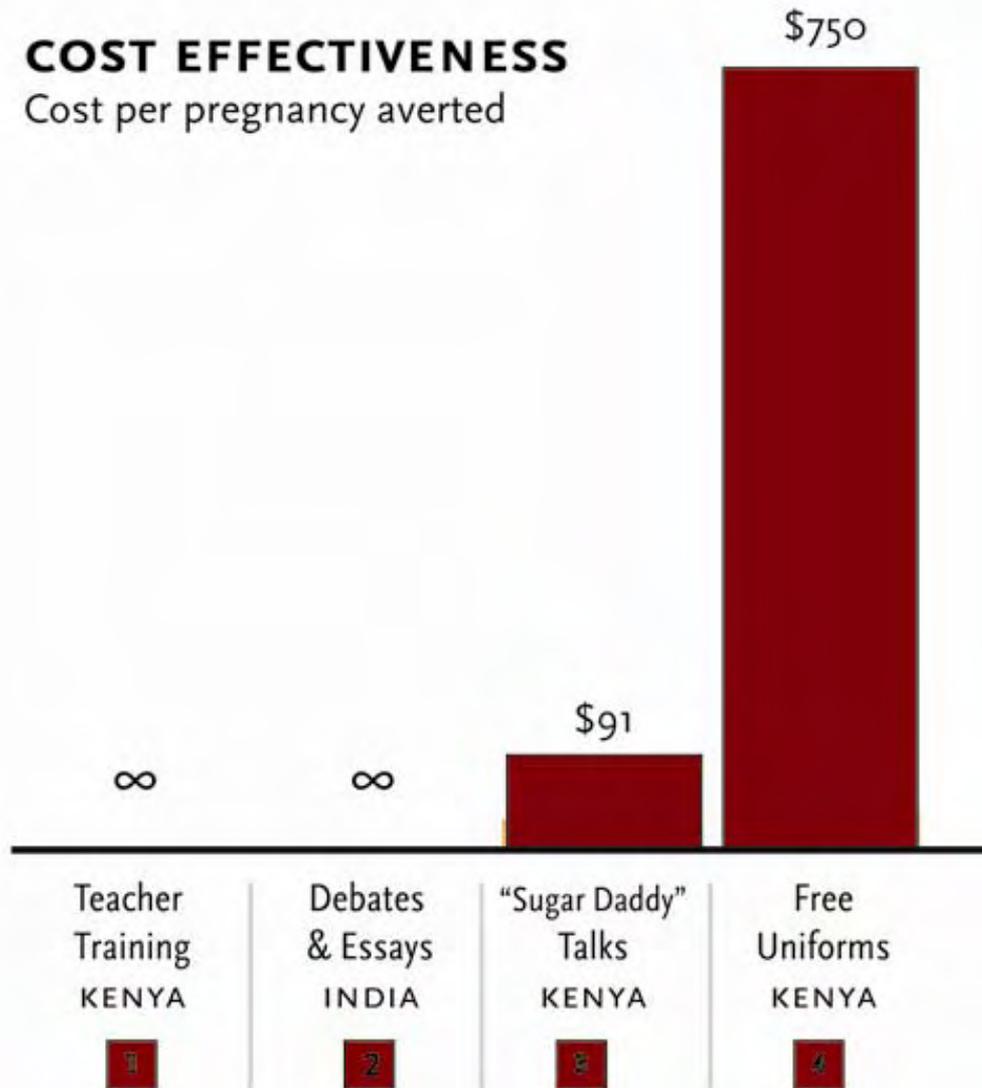
IMPACTS OF EACH PROGRAM ON BEHAVIOR

Percentage change relative to girls in comparison group



COST EFFECTIVENESS

Cost per pregnancy averted



Measures of success

- Isolate causality in program impact estimate.
- Unbiased outcome measures
 - Self-reported behavior ?
 - Pregnancies as a proxy

Follow-up studies

- Long-term effects, biomarkers
 - Herpes Simplex Virus Type 2 (HSV-2)
 - Half of 19,000 follow-ups completed
- VCT, free condom supply
- Sugar Daddy replication in Cameroon
 - Teachers vs. consultants
 - Spill-over effects on friends and sisters

Conclusion

- Cheap, easy to implement, effective programs exist:
 - \$91 per pregnancy averted.
- Rigorous evaluations are key to identifying what works:

www.povertyactionlab.org/policy-lessons

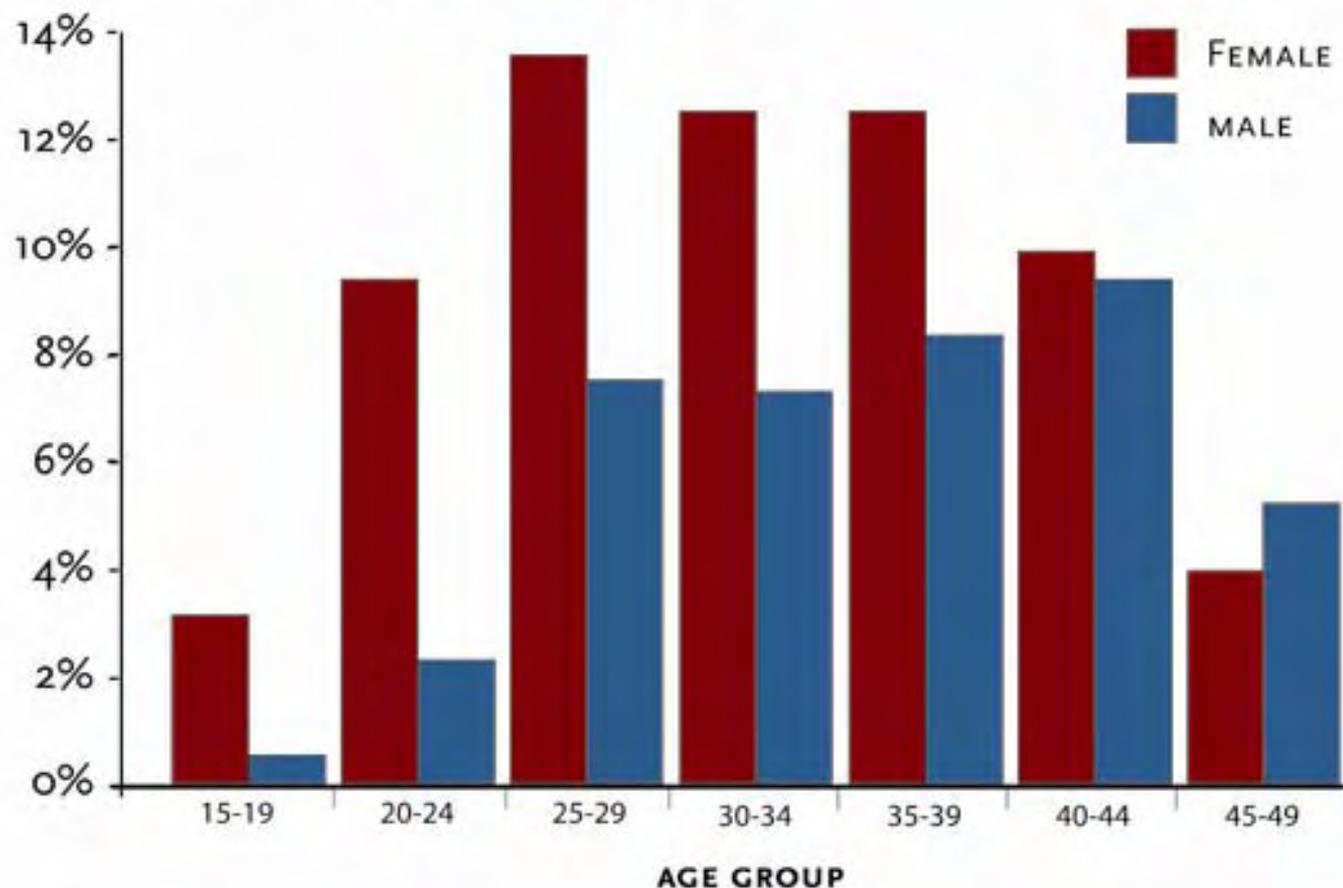
References

Dupas, Pascaline, Esther Duflo, Michael Kremer and Samuel Sinei (2006) “Education and HIV/AIDS prevention: Evidence from a randomized evaluation in Western Kenya.” J-PAL working paper .

Dupas, Pascaline (2009) “Do Teenagers Respond to HIV Risk Information? Evidence from a Field Experiment in Kenya,” *American Economic Journal: Applied Economics*, forthcoming.

HIV RATES ARE VERY DIFFERENT BY AGE

Percent who are HIV positive, by age group



Source: The Kenya Demographic and Health Survey (Central Bureau of Statistics, Kenya, 2004)



Huru International

Interagency Youth Working Group Meeting

**Protecting and Empowering Adolescent Girls:
Evidence for the Global Health Initiative**

Presented by James Bonney





Background

Program features

- Target population: Adolescent girls in resource-poor settings
- Purposes: Reduce school absenteeism by providing girls with essential sanitary products; offer HIV prevention education and resources; and economically empower communities through local production
- Huru Kit distributions are school-based and channeled through established CBOs







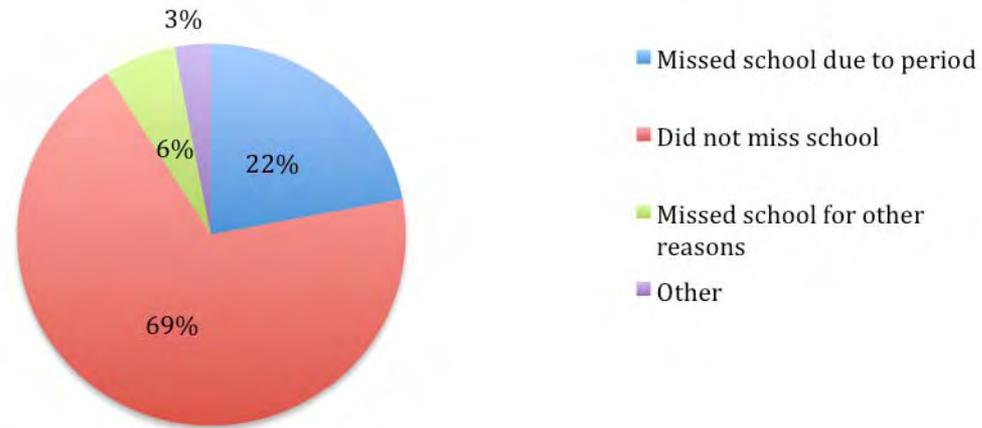




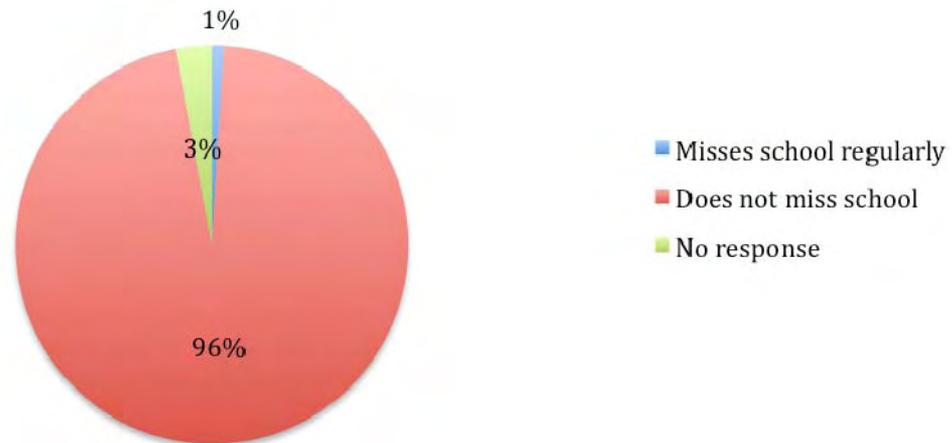
Measures of Success

- Nearly 5,000 Huru Kits have been distributed to date; on target to have 20,000+ distributed by end of year
- Routine absenteeism due to menstruation fell from 22% to 1% among beneficiaries
- Girls report feeling better able to succeed in school and more invested in their health
- Opportunities for employment and participation created in the community

Attendance before Huru



Attendance after Huru











Activism & Advocacy: A Jamaican Perspective

Anna-Kaye Rowe

International Youth Speak Out Project

Advocates for Youth & Jamaica Youth Advocacy Network





- Youth in Jamaica face some of the same challenges that affect young people across the globe.
- Among the many vulnerable populations are *adolescent girls* and *young women*.
- Youth advocates in Jamaica, like those at the Jamaica Youth Advocacy Network have been working to ensure the sexual and reproductive health and rights of young people are respected and protected.

The issues at a glance

Unintended pregnancy among adolescent girls remains a challenge in Jamaica.

- Between, 2000 and 2007, Jamaica's adolescent fertility rate was 58 births per 1,000 women aged 15-19 (*WHO Statistical Information System*).
- Over the same period, the adolescent fertility rate in Dominica, the Bahamas, and Trinidad & Tobago was 48, 43, and 35 births per 1,000, respectively.

The issues at a glance

Adolescent girls are at greater risk of HIV infection.

- Adolescent girls ages 10 to 19 are 2.7 times more likely to be infected than same-age males.
- Increased risk due to difficulty negotiating whether and when to have sex and how to use protection.
- It is common for young women and girls to exchange sex with older men for financial/material support.
- Gender inequality, high levels of unemployment, poverty, crime and violence, population mobility, and the growing commercial sex trade – including sex tourism – compound vulnerability to HIV.

The issues at a glance

Sexual violence against women and young women in Jamaica is of major concern.

- Approximately 20.4 percent of young women 15-19 years old report having been forced to have sexual intercourse at some point during their life.
- One-fifth of Jamaican women have experienced forced sexual intercourse.
- The state has failed to tackle discrimination against women, allowing social and cultural attitudes to encourage discrimination and violence.
- No-one wants to report sexual assault.
- This under-reporting is directly related to discrimination against women and the trivialisation of sexual violence perpetrated by an acquaintance as "just a little sex."

The response

- The government and officials within the Ministries of Youth and Health have been part of the response to address the issues affecting adolescent girls in Jamaica.



- However, their response has been reactive and has not been very effective in tackling the root causes of the problem.

Our response

- Youth advocates from the Jamaica Youth Advocacy Network have responded to the call of the youth and have been actively lobbying the government and policy makers since its inception in 2006.
- The Network and its partner Advocates for Youth, have trained and supported a council of 8 youth activists.
- Activists work to address issues including gender-based violence and sexual and reproductive health and rights among young people.
- Activists conduct advocacy efforts, lobby decision-makers, develop policy recommendations, and engage in media appearances.

Snapshot of advocacy activities



- Youth Public Forum
- Policy analysis meetings
- Commemorative events and interventions for eg. World AIDS Day , International Youth Day, *Smart Girls Wait* Intervention-Safer Sex Week
- Media lobbying and sensitizations
- UNAIDS meetings and Youth Consultations
- Active Youth Parliamentarians
- Representation on key decision making bodies.
- Local and international lobbying for the introduction of bills/laws to improve young people's access to sexual and reproductive health services and information.
- Raising awareness of the issues in the new media (social networking sites, blogging, video production)

Measuring Success



Project Objectives

To increase youth participation in the design, implementation and evaluation of policies relevant to their sexual and reproductive health.

Target Population: Adolescents & Youth (12-29)

Method: The program works by engaging youth in their spaces, sharing information and the importance of being involved in policy and decision making processes. We also seek and create opportunities for youth to participate in these activities.

Outcomes of advocacy efforts

- Over 500 young people have been impacted with knowledge on youth policies. Several youth have been consulted and added to decision making council's and committees.
- The proposal for increased youth involvement in the upcoming review of the National Youth Policy.
- The development of Multi-functional teams for various sectors including Health and Youth. Each team now comprises a youth co-chair and representatives.
- Greater focus on youth in the programming of health services and delivery.

Challenges

- Culturally, it is a challenge to dispel the common perception that young people and activists in particular are noise makers, rebels and simply overzealous in their call for change.
- Difficulty in meeting with key decision makers and policy officials in government.
- Flaws within the political process and limited avenues available for active lobbying and representation.

Recommendations

- Integrate a focus on the physical, psychological, social, emotional needs of adolescent girls and young women within existing policies.
- Support services that meet the needs and concerns of adolescent girls who seek support, HIV testing, pre-natal care, counseling and other critical health care.
- Increase emphasis on sexual and reproductive health within existing youth policies.

Recommendations

- Monitor and evaluate the implementation of new and existing policies to examine the gaps, which may hinder their effectiveness.
- Support strategic and specialized research to inform a more comprehensive and informed response.
- Create a more inclusive framework that respects and utilizes the views of those most affected, such as adolescent girls.
- Make them part of the decision making process and by extension- the solution!

Youth participation: Why should young people participate?

- It's a right
- It's a key element of youth empowerment
- It's an ethical responsibility
- It's a means and end
- It benefits both young people and adults
- It can affect the quality and effectiveness of programmes
- It builds life skills and self esteem
- Young people want to participate

Recommendations for Youth Engagement

- Youth must feel motivated to become and remain involved in activism and advocacy initiatives.
- This can be done through the provision of stipends, ongoing training and empowerment sessions.
- Youth should be given ownership of their advocacy projects and ideas.
- Ensure access to services, networks and opportunities that support their work.



Thank you!!!

For questions/comments

Email: annakaye.rowe@gmail.com

Equality Now's Adolescent Girls Legal Defense Fund



Adolescent Girls at Risk



- For many girls, the critical adolescent years are shaped by harmful experiences that have irreversible and irreparable, and often lifelong, consequences.
- Violence, or even the threat of violence can be a tremendous force keeping girls from knowing or exercising their rights, building skills and accessing civic, cultural and economic opportunities.
- Despite nominal legal recourse young girls have no support structure to protest abuses by family members, partners, teachers or strangers.



Equality Now's Adolescent Girls Legal Defense Fund



- Equality Now's Adolescent Girls' Legal Defense Fund (AGLDF) was created to support and publicize strategically selected legal cases, diversified to represent the most common and significant human rights abuses of adolescent girls.
- AGLDF's main goals include:
 - enhanced legal protections for girls through establishing legal precedents
 - enhanced capacity of legal and other communities to address adolescent girls' human rights
 - enhanced visibility and public policy impact of cases, nationally, regionally and internationally.



AGLDF Identification of Cases



- **Criteria for identification of cases:**
 - The possibility of setting a legal precedent. As such, priority will be given to countries with common law systems.
 - The possibility of highlighting an important and/or pervasive issue related to violation of rights of adolescent girls.
 - An assessment of involvement of local/grassroots groups on the case and/or the issue (e.g. existence of a coalition).
 - The possibility of shaping the development or enforcement of national legislation and enforcing the rule of law.
 - The prospects of obtaining redress or restitution for victims



AGLDF Strategies



- Work with national partners to identify cases for possible action
- Provide financial and technical support to lawyers and activists
- Provide relevant support to the girls who are plaintiffs
- Monitor legal proceedings to ensure that cases are tried transparently
- Conduct research to identify gaps in law and policies
- Enter into strategic partnerships and strengthen local coalitions
- Conduct international advocacy through the women's action network
- Draw attention to positive judgments, including through the media



Issues affecting adolescent girls

AGLDF cases:

- Ethiopia: Rape, abduction and forced marriage
- Zambia: Teacher rape
- Kenya: Female genital mutilation
- Pakistan: Incest

Equality Now work on adolescent girls not involving litigation

- Saudi Arabia, Yemen: Child marriages
- Pakistan: Girls in domestic servitude

Ethiopia - Rape, abduction and forced marriage



- Marriage by abduction, a common practice in parts of Ethiopia, occurs when a man kidnaps a woman or girl, rapes her and then pressures her to marry him.
- Woineshet Zebene Negash, in 2001 was abducted at age 13, raped twice and forced to sign a marriage certificate.
- In 2003, the perpetrators were sentenced to prison by a trial court. Apparently after this verdict, rapes and abductions stopped in the area.
- However soon after, the decision was overturned by an appeals court, and the perpetrators were released. Marriages through rape and abduction started again, including by Woineshet's rapist.
- In July 2004 the law allowing rapists to escape penalty by marrying their victims was revoked.

Ethiopia - Rape, abduction and forced marriage



- Having exhausted all domestic legal avenues, the case is currently before the African Commission.
- During an African Commission session in May 2008 Ethiopia indicated it wanted a friendly settlement.
- To date the Government has not followed through on the friendly settlement and Equality Now in May 2010 has requested the African Commission to consider the case on its merits. This may be the first case of gender-based violence to be considered by the African Commission.

Zambia - Rape of Schoolgirls by Teachers



- The “defilement” or rape of minors is rampant in Zambia. Sexual violence in schools is a particular problem with teachers raping their students.
- We have been supporting the case of R.M, a 13 year old girl raped by her school teacher in February 2006.
- The teacher was briefly arrested in April 2006 but was released on bond and has not been prosecuted
- On 30 June 2008, the High Court in Lusaka passed a landmark decision which recognized the responsibility of the government to prevent and address sexual violence in schools. The decision, finalized in 2009, awarded R.M. damages, called for criminal prosecution and urged the Ministry of Education to set “regulations, which may stem such acts.”

Zambia - Rape of Schoolgirls by Teachers



- Equality Now helped convene a coalition of Zambian organizations that we are working with to address issues relating to violations of the rights of girls in Zambia.
- This coalition has come up with a joint work plan which is funded for the next 3 years by the UN Trust Fund to End Violence against Women. The project involves a multi-sectoral approach including:
 - Empowerment of girls through safe spaces
 - Provision of legal and health services to survivors
 - Legal reform to ensure that legal system adequately addresses such issues
 - Awareness-raising through media and community based events

Kenya – Female Genital Mutilation



- Despite 2001 anti-FGM law in Kenya, FGM continues to be practiced amongst certain communities such as the Maasai community.
- With our Kenyan partner, Tasaru Ntomonok Initiative [TNI] we worked on the case of a 10-year-old girl from the Maasai community who bled to death in 2008 after being subjected to FGM, to ensure proper implementation (and deterrent effect) of the law.
- The victim's father and circumciser were arrested but subsequently released on bail. It is only after sustained advocacy with the court and the police that they were rearrested and sentenced to 10 year imprisonment each.
- This may be the first court case under the FGM law in the Kenyan Maasai community and it will send a strong message within the community of the Kenyan government's will to implement the law.

Pakistan - incest



- In Pakistan, there is no specific law on incest in the penal code
- In 2009, Equality Now, along with our local partner War Against Rape (WAR), got involved in a case where a 15-year-old girl (N) was raped by her father.
- This case has been extremely difficult due to the conservative nature of society and the stigma surrounding incest as well as rampant bribery and corruption in the court system
- The case is currently in trial and a local pro bono lawyer is helping to fight for justice in N's case.
- We also plan to undertake intensive research on incest in Pakistan at the conclusion of which we hope to identify obstacles to justice and avenues for possible legal reform.

Yemen & Saudi Arabia: Child Marriages



- Yemen and Saudi Arabia have no minimum age of marriage laws and marriages of young girls are extremely common
- Child marriage is a human rights violation and has physical, emotional, psychological, intellectual and sexual implications on girls
- Yemen campaign highlighted case of 12 year old Fawziya Abdullah Youssef who died in childbirth and called for a law with 18 minimum age and penalties
- Saudi campaign highlight the case of 10 year old Amneh Mohamed Sharahili married by her father to an older man and called on the King to issue an edict establishing and enforcing 18 as a minimum age of marriage
- Since neither country is a common law country we are not pursuing impact litigation.

Pakistan:

Exploitation and abuse of girls in domestic servitude



- Shazia Masih, a 12 year old Pakistani girl employed as a domestic servant died in January 2010, allegedly as a result of torture by her employer, a prominent lawyer
- In Pakistan there are a large number of girls in domestic servitude, who are confined to their employers' homes in slave-like conditions, work for long hours with minimal or no pay and perform unsafe tasks
- Equality Now is working with Pakistani groups to call for amendments to labor laws to ban domestic work as a harmful occupation for children and regulate the domestic work sector to protect the rights of adult domestic workers and for legislation to address domestic trafficking (for labor or sexual servitude)

Measuring success



• **Girl impact**

- Justice and sense of empowerment for the victim
- Victim has increased knowledge of her rights
- Compensation for victim and family
- In a number of cases (Pakistan, Ethiopia) support from EN enables victim to continue education
- Psychological counseling to help victim move on from ordeal
- Increased awareness in victim's family and community at large regarding the issue

• **Programmatic impact**

- International advocacy boosts impact of local organizations
- Coalition building
- Obstacles to justice for victims are assessed and strategies created to remedy situation
- Increased capacity of legal system to deal with the issue
- Possible law reform and institutionalization of measures by government to better address such situations
- Law enforcement officials and community at large are sensitized to deal with the issue through trainings and awareness raising

EN Internal indicators of success



- **Success in securing law reform or effective implementation of relevant laws**
- **Increased media attention and public debate on issue**
- **Strengthened and enhanced partnerships at local, regional and international levels**
- **Increased advocacy through our Women's Action Network**
- **Direct engagement of concerned government with Equality Now and our partners**

Child Marriage in Yemen: Fostering Changes in Social Norms

Leah Sawalha Freij, Ph.D.

Senior Gender Advisor

Extending Service Delivery (ESD) Project/IntraHealth

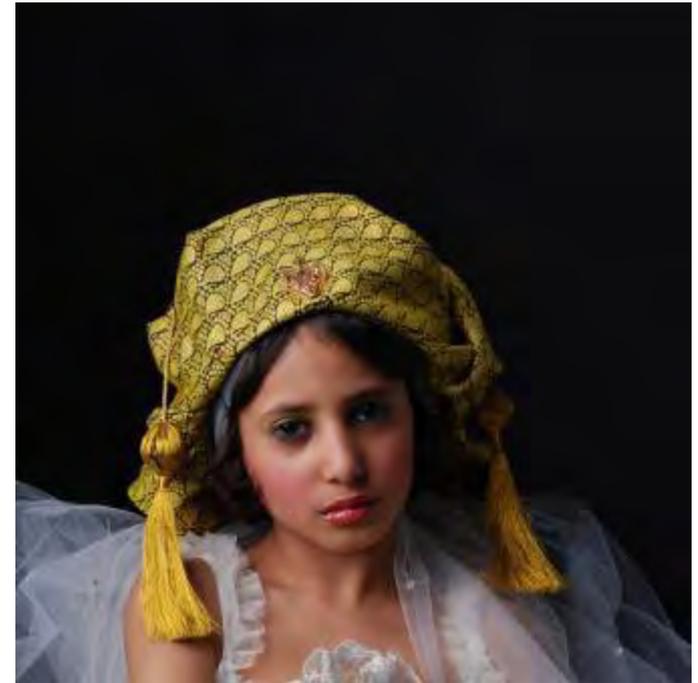


USAID
FROM THE AMERICAN PEOPLE



Child Marriage in Yemen

- Socially sanctioned
- 48% of women married under 18
 - 14% married under 15
- 57% among the poor
- 35% among the rich
- Yemen one of six “20 hot spot countries” without programs
- Widest gender gap in the world



Overview of Yemen's Policy on Child Marriage

- 1990 - minimum age of marriage 16 in South Yemen; 15 in North Yemen
- 1992 - law was set at 15
- 1999 - law amended, minimum age abolished
- Feb 2009 – Parliament attempted to pass law setting minimum age of marriage at 17
- March 2009 - religious clerics issued a *fatwa* against minimum age



Proposed Law Polarizes Yemen



Opponents

- Contradicts Islamic law
- Children mature when they reach puberty
- Sanctions Western traditions
- Prevents immoral behavior

Proponents

- Children mentally & physically not ready for marriage
- Increases health risks
- Robs girls of their right to education and a normal childhood

Safe Age of Marriage Program

Community-based intervention

- Foster change in social norms in 2 rural districts
- 40 Community Educators
- Implementing Partners:
 - Yemeni Women's Union &
 - Basic Health Services (BHS) Project



Programmatic Pathways

(i) Baseline Survey Results

- Most adult population is illiterate (1% women have schooling)
- 71% mothers and 21% of fathers married < 18
- 38% mothers had first child < 18
- Average of 7.6 children/family
- FGD - girls believe cannot combine career with marriage



Baseline Findings: Discrepancy Between Words and Deeds

Attitude	Local Practice
<p><i>Best age of marriage for girls</i></p> <ul style="list-style-type: none">• 70% stated 18-24 yrs	<ul style="list-style-type: none">•59% daughters married <18•Most daughters married off between 14-15 with 14% married \leq13•Husbands older - between 20-24
<p><i>Best age of marriage for boys</i></p> <ul style="list-style-type: none">• 60% said 20 plus yrs	<ul style="list-style-type: none">•46% of boys married 20-24•60% of their wives were below 18

Programmatic Pathways

(ii) Outreach Activities

Awareness Sessions:

160/month - schools, literacy classes, health centers, ...

Radio Spots: 3 messages –
aired 3 times/week

IEC Materials: brochures,
newsletter, calendar



Programmatic Pathways

(iii) Health Fairs

- Movie & discussion
- Mobile clinic
- Information Booths
- Religious lectures
- Quiz show



Programmatic Pathways : (iv) School Activities & Awarding Model Families

School Plays : 6 schools

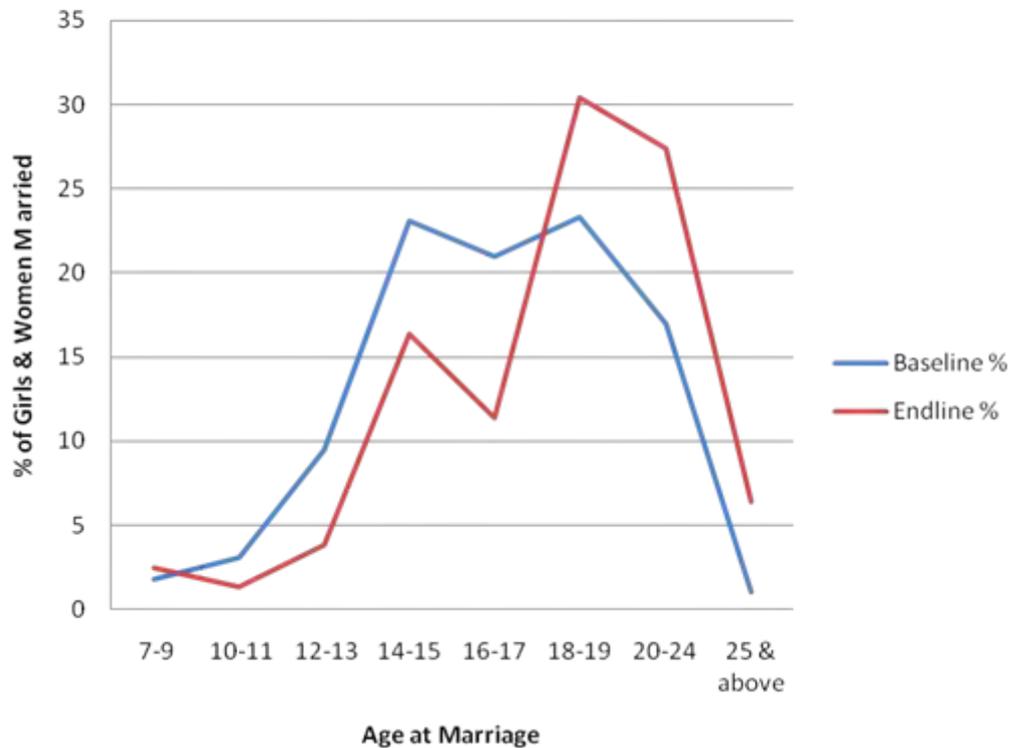
Magazine Competition:
17 schools

Model Families: 10 –
daughters complete
education



Endline Results

Percentage of Girls and Women by Age at Marriage:
Baseline and Endline



18% increase in awareness about the benefits of delaying marriage (77% at baseline to 95% at endline).

Challenges and Lessons Learned

- *Coordinate with government initiatives to reduce delays*
- *Broaden acceptance of project*
- *Incorporate outreach activities that build on cultural preferences*
- *Strengthen capacity of implementing agency*



Programmatic Implications

- *Research political & religious opposition*
- *Analyze existing gender inequities*
- *Take account of political instability in site selection*
- *Identify support base across sectors and build on it*



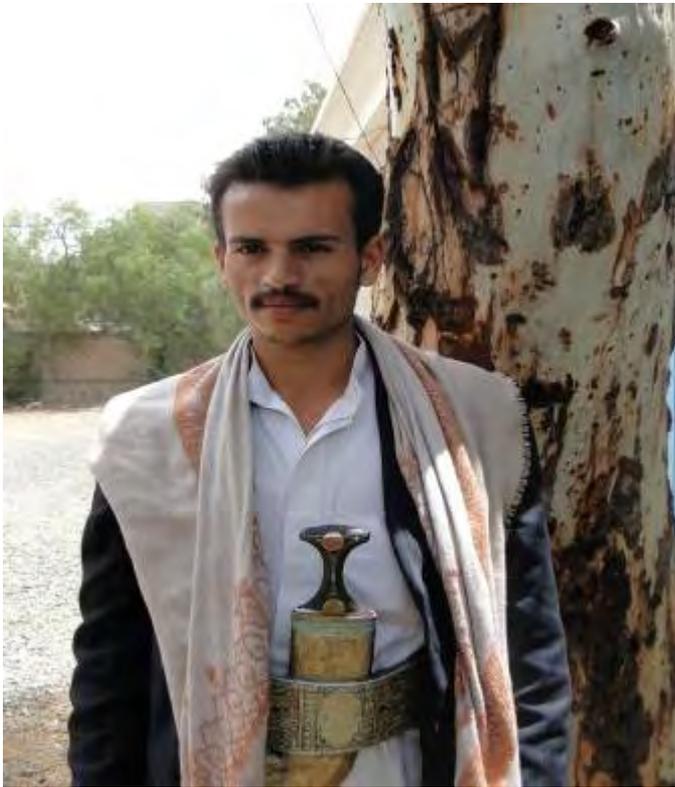
Measures of Success

- Increased pressure on Government to raise minimum age of marriage
- Decree by Ministry of Religious Affairs (Amran)
- Community mobilizing to build girls' school and hire female teachers
- Child marriages postponed until education completed



Stories From the Field

Saving Face



Beating Opposition at its Own Game



Overview of the Population Council's Adolescent Girls Program



Develop programs tailored to key segments of adolescent girl populations

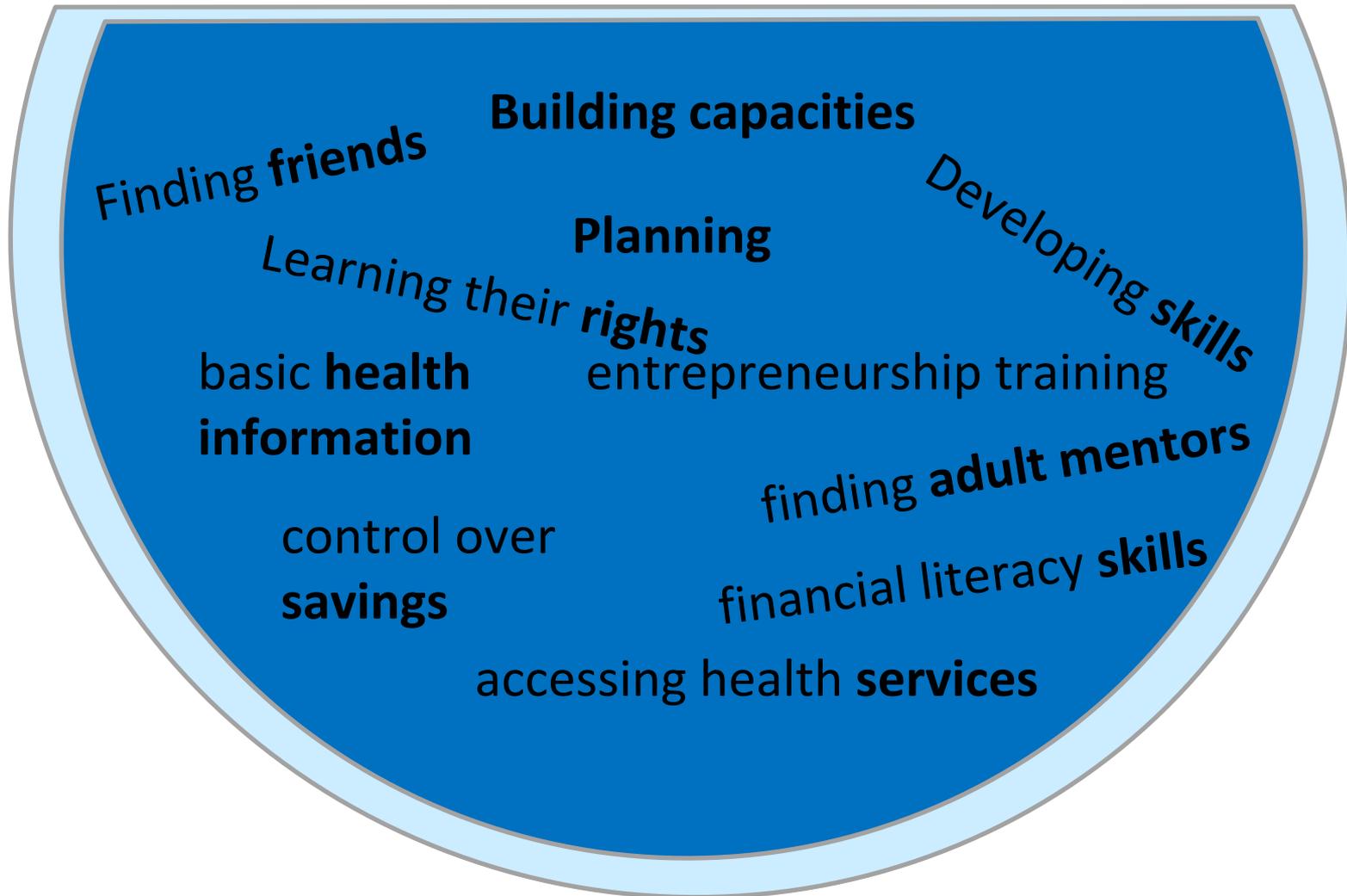
	No schooling	Currently out of school	Attending primary school	Attending secondary school or higher	Out of school		Other
					Unmarried	Married and/or with children	
Girls 10-14	A	B	C	D	E	F	
Girls 15-19	G	H	I	J	K	L	
Girls 20-24	M	N	O	P	Q	R	

Source: Bruce, Judith and Erica Chong. 2006. "The diverse universe of adolescents, and the girls and boys left behind: A note on research, program and policy priorities." Background paper to the UN Millennium Project report Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals. Hallman, Kelly. Reaching the Girls Left Behind. Gender and Development for USAID Prairie no HRA-C-00-00-00006-00

Populations such as:

- Girls 12-13 who have never been to school
- Girls living in districts where more than 30% of girls are married by age 15
- Out-of-school girls 10-18 living within a five-block radius of a bus station/truck stop
- Youngest girls in the entering grade of secondary school
- Girls 10-18 working as head-loaders, market girls

Girl only spaces: An Asset in and of themselves and platforms to build health social and economic assets



The platform is a bowl into which you can add many elements. Without this bowl—or platform—very little of sustained value to girls is possible.

Core Strategy Girl-Only Spaces: An asset in themselves and a platform to build health, social, and economic assets

Finding friends and Finding adult mentors

Building community based female leadership

Receiving health, especially reproductive health, information

Developing skills that support community health

Being knowledgeable and accessing health services

Learning their rights

Addressing negative gender norms

Basic health, social support, safety assessment

Provision of basic health information and services as appropriate, directly or on referral (vaccines, iron tablets, HPV vaccine, ARV treatment)

For more information, see Bruce, Judith Reaching The Girls Left Behind: Targeting Adolescent Programming for Equity, Social Inclusion, Health, and Poverty Alleviation Prepared for: "Financing Gender Equality; a Commonwealth Perspective," Commonwealth Women's Affairs Ministers' Meeting, Uganda, June 2007., Bruce, Judith. 2008. "The girls left behind: Using policy research and evidence-based programs to 'SEE' the girls left behind," presentation at launch of UN Interagency Task Force on Adolescent Girls in Paris, France, 20 October., Bruce, Judith. 2008. "Investing in the poorest girls in the poorest communities: A critical development, reproductive health, and human rights strategy," presentation at European Parliamentary Forum on Population and Development in Brussels, Belgium, 19 October. Chong, Erica, Kelly Hallman, and Martha Brady. 2006. "Investing when it counts: Generating the evidence base for policies and programs for very young adolescents--Guide and tool kit," New York: UNFPA and Population Council. Population Council would like to give thanks to Christina Tse for her assistance in design

Girl-only spaces: An asset in themselves and a platform to build health, social, and economic assets

Learning basic financial literacy skills (principles of money management, building, retaining, and safeguarding assets)

Obtaining vital documentation (ID cards, health certificates)

Accessing health entitlements, including HIV-related

Planning for seasonal stresses

Dealing with prolonged illness, death, inheritance, succession planning, migration for work, rape

Establishing safe and independent control over savings

Building capacity to access (when ready) more demanding opportunities: entrepreneurship training, participation in group lending, establishment of business

For more information, see Bruce, Judith *Reaching The Girls Left Behind: Targeting Adolescent Programming for Equity, Social Inclusion, Health, and Poverty Alleviation* Prepared for: "Financing Gender Equality; a Commonwealth Perspective," Commonwealth Women's Affairs Ministers' Meeting, Uganda, June 2007., Bruce, Judith. 2008. "The girls left behind: Using policy research and evidence-based programs to 'SEE' the girls left behind," presentation at launch of UN Interagency Task Force on Adolescent Girls in Paris, France, 20 October., Bruce, Judith. 2008. "Investing in the poorest girls in the poorest communities: A critical development, reproductive health, and human rights strategy," presentation at European Parliamentary Forum on Population and Development in Brussels, Belgium, 19 October. Chong, Erica, Kelly Hallman, and Martha Brady. 2006. "Investing when it counts: Generating the evidence base for policies and programs for very young adolescents--Guide and tool kit," New York: UNFPA and Population Council. Population Council would like to give thanks to Christina Tse for her assistance in design.

And Purposefully **Build Solidarity** **Among Girls:** Anchoring the Female Infrastructure



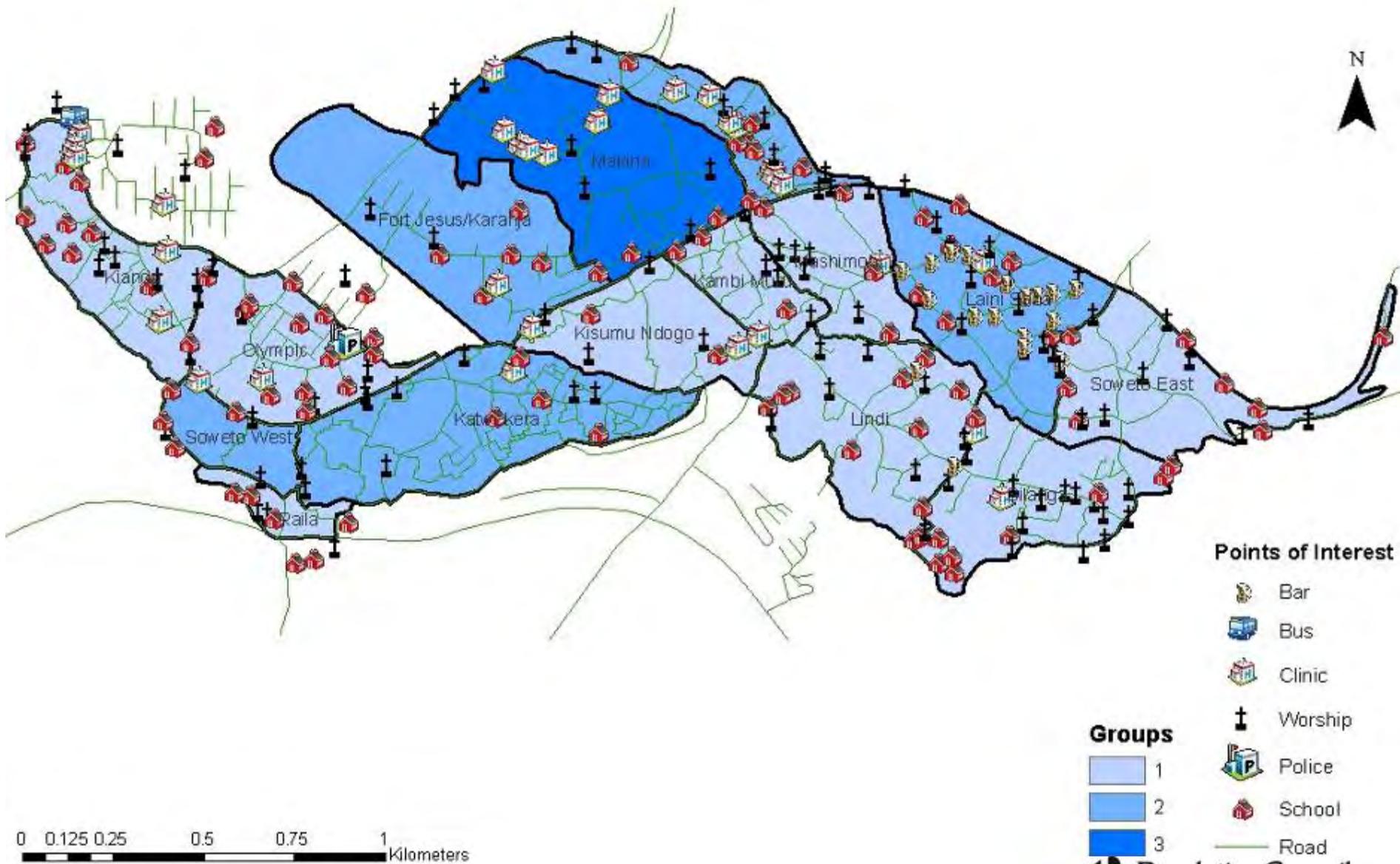
Binti Pamoja/ Tap and Reposition Youth:

Laid a joint foundation for creating a network of girl spaces, promoting cascading leadership and age, gender and context specific financial literacy and tailored savings products in a poor conflicted community in Kibera, Kenya.

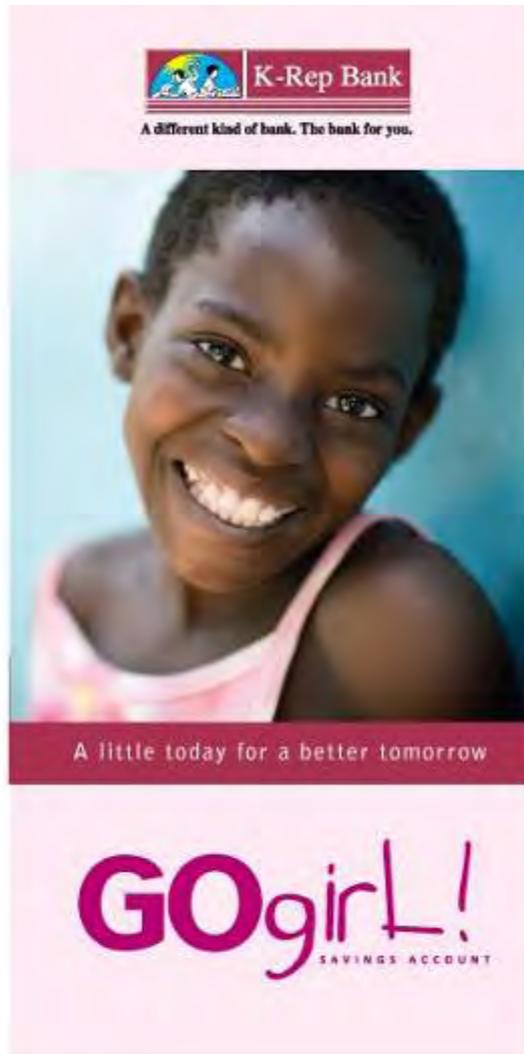
- Binti Pamoja girls mapped their constituencies to identify existing and potential **safe spaces** which revealed that less than 2% of girls in Kibera had access to girly only programming once a week
- Binti Pamoja pioneered multi-dimension asset building content including **reproductive health and HIV**, communication and **leadership** skills, and budgeting, savings and setting **financial** goals.
- Utilizing a **cascading leadership model**, Binti girls start their own girls' groups, which currently reach 800 girls.
- As 'TRY' morphed into "Go Girls," mentors at a network of schools convene girls for basic financial literacy and to open personal savings accounts



Kibera, Kenya: Number of Girl-Led Girl Groups by Constituency



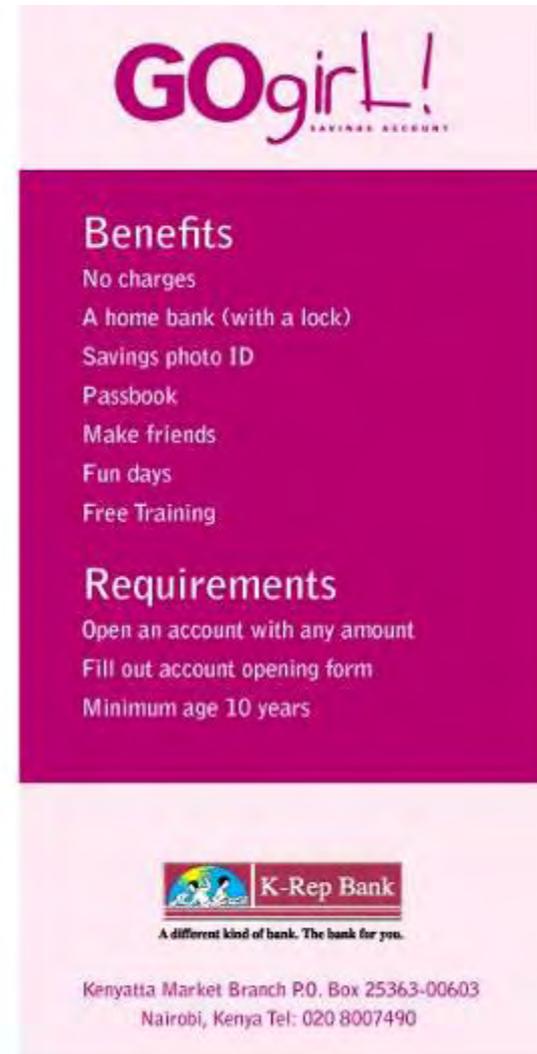
Now a savings product is offered by two banks in Uganda and Kenya, currently reaching 10,000 girls this year and scaling out (resources permitting) to another 30,000.



K-Rep Bank
A different kind of bank. The bank for you.

A little today for a better tomorrow

GOgirl!
SAVINGS ACCOUNT



GOgirl!
SAVINGS ACCOUNT

Benefits

- No charges
- A home bank (with a lock)
- Savings photo ID
- Passbook
- Make friends
- Fun days
- Free Training

Requirements

- Open an account with any amount
- Fill out account opening form
- Minimum age 10 years

K-Rep Bank
A different kind of bank. The bank for you.

Kenyatta Market Branch P.O. Box 25363-00603
Nairobi, Kenya Tel: 020 8007490

Source: K-Rep Bank 2009. Marketing Materials for Go Girl Savings Account. This is supported by the Nike Foundation and the NoVo Foundation. For more information: Austrian, Karen. "Promoting Healthy, Safe, and Productive Transitions to Adulthood Brief" (no. 29) 2007

Berhane Hewan

Delaying marriage and supporting married girls in Amhara, Ethiopia

Girls' groups and support to remain in school

Three options for participation:

- Support to remain in/return to school
- Participation in unmarried girls groups led by mentors
- Participation in married girls groups led by mentors



Berhane Hewan Program Results

- Significant delays in marriage from early to later adolescence
- Significant increases in family planning among married girls
- Program upscale: formal education, non-formal education, and married girls clubs



Reaching over 12,000 girls

Abriendo Oportunidades:

Keeping girls in school, delaying marriage and childbearing, and building a national rural girls' movement in the Mayan Highlands of Guatemala.

- **Community clubs of girls ages 8-12 and 13-18 ***
- 80 young female mentors gain leadership and professional skills and experience
- Girls clubs meet weekly and offer girls a 1-year age, gender and lifecycle-sensitive skill-building program, now adding **community health skills and financial literacy**
- Mentors and participant girls are linked in **a national network** that provides **an advocacy platform** from the family to the international level

Reaching 3,000 girls currently.
Adding an additional 20 communities in 2010-2011.



Biruh Tesfa

A program for out-of-school girls living in the heart of the urban Ethiopian HIV epidemic

- Biruh Tesfa promotes single-sex and age-specific safe spaces for out-of-school girls aged 10–19 – many **in-migrant girls working as domestic workers**.
- The program offers functional literacy, life skills, livelihood skills, and health and HIV education through girls' clubs led by adult mentors



Biruh Tesfa continued...

- Meeting times accommodate the schedules of working girls, with groups meeting for **two hours, three times a week**.
- The Biruh Tesfa project has its **own identity card** which includes the stamp of the *kebele* and the signature of its chairman, providing girls with a sense of inclusion and a degree of social protection.
- Biruh Tesfa negotiated **wellness checkups with local clinics for all girls in the program**, collecting background information on the girls' situation and including basic medical exams, laboratory tests, and treatment for simple ailments.



Biruh Tesfa reaches over 10,000 girls in slums of Addis and four other Ethiopian cities

The Latest in Zambia:

Moving from pro-girl language to building protective assets on the ground

Cause for concern

- **36%** of girls have heard of a school girl who had been forced to have sex with a teacher
- **48%** of girls have heard of a girl who has been forced to have sex with a relative in her household
- **86%** of girls reported they've been pressured to do things they didn't want to do for money

Cause for hope:

- **"R" successfully wins suit against her teacher for defilement and rape**
- **\$14,00 settlement**
- **Teacher open to criminal prosecution**
- **Principal who protected teacher censured**
- **MOE cited for failing to protect girls**

Prioritize resources for building up the protective assets of the affected population

Current resources prioritize the “treatment response” capacity for abused girls and among duty bearers and work with males

Program Subject	Prevention and build protective assets	Mitigation	Treatment	Recovery	Skills for social inclusion
<ul style="list-style-type: none">•Oldest girls primary school•Youngest girls secondary school•Out of school girls 10-14• _____• _____• _____	We need far more resources here!				
Police					
Lawyers					
Judges					
Health workers					
Teachers					

Equality Now's Adolescent Girls Legal Defense Fund with the Population Council convened a coalition of pro-girl organizations

Survey finds virtually no dedicated girl programs

Adolescent Girls Capacity Building Workshop

Media Support

Legal Support

Dedicated spaces for girls in schools

- **FAWEZA**
- **CAMFED**
- **PPAZ**
- **YWCA LUSAKA**

Working on men and boys' attitude following consultation with girls

Girl School-Based Clubs

Initially, each organization will serve at least 100 girls initially reaching a minimum of 30% of the girls who are either the oldest in basic school or the youngest in secondary school carrying the greatest risk of sexual abuse.

Weekly sessions of 1.5 hours run by mentors during after school hours to be recruited from among the female teaching population and in some cases, girl mentors working with the programs already or from the community.

Later, there will be a move to establish community locations to more purposely pick up the out of school girls.

The emphasis is on Prevention and Building Preventative Assets of the at risk population. Girls will conduct and post the results of the safety scans, learn and post teachers' codes of conduct and build health, social-capital and basic financial literacy. These spaces will also be a comfortable venue for girls to build confidence, friendships and begin to discuss risk factors in their environment and report and address cases of sexual abuse.

Resources List: Population Council's Transition to Adulthood Briefs

1. Leveling the playing field: Building girls' sports programs in the developing world
 2. Introducing adolescent livelihoods training in the slums of Allahabad, India
 3. Supporting married girls: Calling attention to a neglected group
 4. Enhancing financial literacy, HIV/AIDS skills, and safe social spaces among vulnerable South African youth
 5. For Mayan girls, leadership skills and participation in a national network lead to social, economic, and political gains
 6. Reaching vulnerable youth in Ethiopia
 7. Understanding sex without consent among young people: A neglected priority
 8. Empowering young mothers in India: Results of the First-time Parents Project
 9. Addressing the needs of married adolescent girls in Burkina Faso
 10. Analyzing data to target the most vulnerable adolescents and identify their needs
- Child marriage in the context of the HIV epidemic
12. Bringing new opportunities to adolescent girls in socially conservative settings: The Ishraq program in rural Upper Egypt
 13. Empowering adolescent girls in rural Bangladesh: Kishori Abhijan
 14. Programs to address child marriage: Framing the problem
 15. Tap and Reposition Youth (TRY): Providing social support, savings, and microcredit opportunities for young women in areas with high HIV prevalence
 16. Assessing the multiple disadvantages of Mayan girls: The effects of gender, ethnicity, poverty, and residence on education in Guatemala
 17. Enhancing the benefits of girls' livelihood initiatives
 18. Influencing girls' lives: Acceptability and effectiveness of a livelihoods skill building intervention in Gujarat ([PDF](#))
 19. Addressing early marriage in areas of high HIV prevalence: A program to delay marriage and support married girls in rural Nyanza, Kenya
 20. Reaching disadvantaged rural girls, creating social support, and discouraging child marriage in Amhara, Ethiopia
 21. Biruh Tesfa: Creating a "Bright Future" for migrant girls in urban areas of Ethiopia
 22. Sexuality and HIV education: Time for a paradigm shift
 23. Girls left behind: Redirecting HIV interventions toward the most vulnerable
 24. Girls' schooling in developing countries: Highlights from Population Council research
 25. Obtaining more accurate and reliable information from adolescents regarding STI/HIV risk behaviors
 26. The changing context of sexual initiation in sub-Saharan Africa
 27. Reducing the social exclusion of girls
 28. Assessing equity of access in youth programs
 29. Expanding safe spaces and developing skills for adolescent girls
 30. Identifying sources of adolescent exclusion due to violence: Participatory mapping in South Africa
 31. Reforming marriage practices in Bangladesh
 32. Education during humanitarian emergencies: The situation of displaced children and youth in Darfur, Sudan

Reproductive Health For All: Reaching vulnerable girls including those challenged with Physical, Sensorial and Intellectual Impairments

Zemi Yenus, Nia Foundation

Yemeserach Belayneh, Packard Foundation

June 3, 2010



the David &
Lucile Packard
FOUNDATION



Purpose of Intervention

Promote inclusive FP/RH service provision to young girls in difficult circumstances and youth with physical, sensory, and intellectual disability.

Objectives:

- Provide vocational and life skills training and FP/RH education to young girls in commercial sex work and other difficult circumstances
- Promote access to RH education and service to young girls and boys with physical, sensorial, and intellectual disability
- Empower mothers of children with intellectual disability

TARGET POPULATION

- **Young girls and boys (15-24 yrs) with intellectual, physical, and sensorial disabilities**
- **Parents, mostly mothers, of children with intellectual disabilities**
- **Young girls in difficult circumstances**
- **Health providers**
- **The Public**

WHERE ARE THEY?



**“ A young
mother with a
child -- no job
or family to
support.**

Jimma.





"I didn't do any crime. I am deprived of my basic rights just because I am different"

Fekerte, 9





“I am not a cruel mother, I have no other choice. I do this to protect her while I am out to make a living.”



Young girls
with an ID are
up to four times
more likely to
be raped than
non-disabled
women



PATHWAYS

➔ Girls Empowerment

- *Vocational trainings*
- *Life skills development*
- *RH Education*
- *Financial*
- *Job placement*



PATHWAYS

➔ Holistic Rehabilitation

- *Communication*
- *self help skills*
- *Sensory Integration*
- *Social awareness*

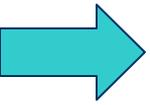


PATHWAYS

System Strengthening

- *Education*
- *Guidelines and training materials*
- *Trainings to health professionals*
- *Advocacy*

PATHWAYS



Family Empowerment



ACCOMPLISHMENTS

- **Developed confidence and self-reliance**
- **Disability audit in 24 public facilities and 40 NGOs**
- **Training manual on RH and disability**
- **Holistic rehabilitation provided**
- **Increased demand and engagement**



PEPFAR Gender
Initiative on Girls'
Vulnerability to
HIV/AIDS
Go Girls! Initiative
Assana Magombo
Country Program
Coordinator, GGI Malawi



USAID
FROM THE AMERICAN PEOPLE

Project SEARCH
SUPPORTING EVALUATION & RESEARCH TO COMBAT HIV/AIDS



Goal & Objectives

GOAL: To prevent HIV infection in the vulnerable adolescent girls

OBJECTIVES:

1. To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV;
2. To conduct an extensive process evaluation to ascertain program fidelity, reach, dose delivered and dose received, satisfaction, recruitment, and context; measure limited short-term outcomes; assess sustainability & potential for adaptation and scale-up to other settings.

Project overview



Mozambique



Malawi



Botswana

Timeline: 2007-2010



USAID | Project **SEARCH**
FROM THE AMERICAN PEOPLE | SUPPORTING EVALUATION & RESEARCH TO COMBAT HIV/AIDS



Conceptual framework

Social ecological approach

Program to overcome barriers to structural normative & social and behavior change

INDIVIDUAL

- Healthy behavior
- Knowledge & skills
- Beliefs & values
- Self-efficacy
- Perceived norms
- Perceived risk
- Emotion

FAMILY & PEER NETWORKS

- Parenting skills
- Positive peer influence
- Social support
- Supportive partner relationships

COMMUNITY

- Leadership
- Equal Participation
- Information equity
- Collective efficacy
- Social capital

SOCIETY

- Committed leadership
- Supportive policies
- Positive religious & cultural values
- Equitable gender norms
- Equal access to resources & services
- Supportive media
- Income equity



How does GGI reach vulnerable girls?

Whole- community approach



Communities:
Community mobilization
Radio program



Safe schools:
Teacher training



Families:
Adult-child communication
Economic strengthening



Girls:
Life skills in- and out-of-school

The steps to reach the most vulnerable girls:

1. Define “vulnerable girls” :

Girls who are, or are likely to be, exposed to unsafe sexual encounters due to weaknesses in ideational, social, economic, or legal support and protection

2. Translate into criteria for recruitment:

Orphans, out-of-school girls, socially marginalized, recent migrants, alcohol use, live in impoverished conditions

3. Work with the communities to identify and recruit the most vulnerable girls - Community Mobilization Action Groups

Challenges in reaching the most vulnerable

- Socially uncomfortable: Community leaders and members don't feel comfortable 'pointing out' the most vulnerable girls and families
- Time consuming: It takes time and effort to identify vulnerable girls as they are often occupied with other activities
- Married girls: Need husband's approval, or family's approval, to participate in the program
- Young Mothers: Culturally inappropriate to associate with age-mates who do not yet have children



How does GGI define success?

Building skills for girls & caregivers



Life skills: Girls discuss the sensitive topic of rape with a GGI trained, compassionate facilitator



Adult Child Communication:
Parents/Caregivers use role play to practice new techniques that will help them communicate with their children

Community involvement, discussion, & commitment

Community members use GGI produced visual materials and role plays to teach each other about gender



A GGI trained mobilizer encourages community members to form a facilitating group to lead the Community Action Cycle

Creating a safe school environment



GGI trained teachers use participatory methods to engage students in lessons about HIV/AIDS & gender



Male students compose and perform a piece on the vulnerability of girls for the entire student body, school administration, and teachers



How does GGI measure success?

Measuring Success

1. Baseline Survey
 - Understand the context in the intervention communities prior to GGI program implementation
2. Monitoring Activities
 - Using monitoring forms to track program participation, actions taken, changes in knowledge, program satisfaction
3. Process Evaluation
 - Using observation and qualitative techniques to measure fidelity to design, satisfaction with the project, impact of project on individuals and communities
4. Endline Survey
 - Measure the reach of program activities – how many community members participated in 1, 2, 3, 4+ GGI activities
 - Is program participation associated with changes in behavior?

Examples of change in Malawi

A mother shares the change in her personal relationship with her daughter as a result of the new communication techniques she has learned:

“I have a daughter who dropped out of school and was promiscuous, I tried to talk to her, she told me that I gave birth to her and that is all I need to do. I came here (GGI Adult-Child Communication Program) and I learned the skills on how to communicate with my daughter and now she has changed.”

Adult-Child Communication

A caregiver participant in the adult-child communication session is discussing the diffusion of ideas and change in her community. Not only those in the sessions are learning from the experience:

“Even other parents in the community are also changing, whatever we learn here we share with them so it is also helping them to change.”

Transactional Sex and Parental Involvement

“As parents we were relaxed, even if a child brings something home we didn’t ask anything, we would just receive the thing and eat. With the coming of GGI we have learned that we should ask the girls where they got the thing from. Now girls don’t dare bring anything home because they know the parents will ask them where they got the item.”

Young girls share their experiences

“I always wanted to be a nurse but people in the community would laugh at me. They would ask me where do you think you will go to school. The project has helped me believe that I will be able to achieve my goals in life.”

“I was going to school just for the sake of going to school. With the coming of GGI, I can see that I shouldn't be going to school just to go to school but to go to school to achieve my goals in life.”

Lessons learned & recommendations

- It is important to lead the program with information on the dire situation of girls
- Framing a 'girl issue' as a community issue
- Use multi-sectoral approach to address different levels of vulnerability
- Girls' vulnerability is embedded in gender and cultural norms – change takes time
- Recruitment of the most vulnerable girls is a time consuming process: Need to allow extra time and resources to build trust
- Inviting 'gate-keeper' family members to participate in the program may be a potential solution



Women's and Girls' Empowerment Program in Ethiopia

Presented by: Worknesh Kereta,
Senior Advisor for Adolescent Reproductive Health
Pathfinder International-Ethiopia



Ethiopian Context

- ❖ Ethiopia is second populous country in Africa, 77 million (CSA 2008)
- ❖ Young people aged 10-24 comprise 35% of total population
- ❖ Girls & young women face:
 - Poverty and unemployment
 - Illiteracy and inequality in education
 - Heavy workload, unequal division of labor
 - Unequal power relationships and decision-making



Program Background

- ❖ Funded by Packard Foundation; cost-share with USAID
- ❖ 2007-2009 building on Women's Empowerment Program
- ❖ Multi-faceted model to empower & equip girls & young women with:
 - information
 - skills
 - support needed to implement SRH decisions appropriate for their lives



Program Background (2)

Works through:

- ❖ Women's associations (AAWA, ORWA, AWA)
- ❖ Health Extension Workers
- ❖ Local NGOs (YMCA, ECS)
- ❖ Girls' clubs,
- ❖ Youth centers
- ❖ VCHWs
- ❖ Peer educators



Program Goal & Objectives

❖ **Goal:**

To improve the SRH, rights, and social status of adolescent girls & women in Amhara, Oromia & Addis Ababa

❖ **Objectives:**

- increase awareness of SRH issues
- advocate for elimination of harmful traditional practices (HTPs)
- increase access to and utilization of YFS



Intermediate Impacts

Educational attainment
Increased % of young women in
leadership roles
Delay of marriage & childbearing
Reduction in unintended
pregnancies
Reduction of STIs and HIV
Reduction of HTPs & GBV

Select Results



- ❖ > 8 million adolescents & women reached with SRH information
- ❖ > 5 million sensitized on SRH, HTPs & GBV
- ❖ 10,549 students completed the Teen Star program
- ❖ 49,323 students reached by PEs (Year 3) and 43,603 in- and out-of-school youth counseled by youth counselors
- ❖ 231,789 YFS visits--18,444 clinical services and 213,345 for IEC

Select Results (2)

- ❖ 1,962 law enforcement officials trained on laws related to early marriage, HTPs, and GBV
- ❖ 70 adolescent girls received scholarships
- ❖ 432 fistula cases identified & repaired



External Evaluation Results

External evaluation conducted by ACPHI in 2009 found that:

- ❖ Girls' clubs and CACs instrumental in cancellation of >4,000 early marriages
- ❖ Modern contraceptive use increased from 25% to 35%
- ❖ Universal awareness of HIV and AIDS (99%)
52% had been tested for HIV—a 26% increase from baseline
- ❖ Increased awareness of existence of YFS and YFS location. Data limitations prevented a trend analysis in YFS visits



A young girl whose marriage was cancelled

MEASURE Evaluation

Evaluation conducted in 2009 in Amhara, found that:

- ❖ 75% of adolescent girls, 83% of young men, & 65% of caretakers exposed to early marriage prevention messages through non-print media.
- ❖ Religious leaders are key change agents, influencing public opinion.
CHWs, PEs, and providers also played important role
- ❖ Girls' Club members more likely to initiate discussions about stopping planned marriages & higher prevalence of cancelled marriages

MEASURE Evaluation (2)

- ❖ Peer education is critical as more adolescent girls turn to their friends than to family or teachers when faced with an unwanted marriage
- ❖ Total planned marriages cancelled: 27% (intervention) 19% (control). Changes only noted in urban areas



Considerations & Recommendations

- ❖ Emphasis on changing male attitudes and practices regarding early marriage, couples communication, SRH and gender equity—(reach boys who are forming attitudes)
- ❖ Explore why little change in rural areas regarding early marriage and needed changes in program strategy
- ❖ Evaluate what happens after a girl's marriage is cancelled (long-term implications on age of marriage?)

Considerations & Recommendations

- ❖ Follow up girls who received scholarships to determine:
 - impact on subsequent SRH decisions and behaviors (age of marriage, FP use, spacing of children)
 - Impact on education, participation in workforce or public spheres
- ❖ Consider assessing changes in girls' agency as a result of program interventions (decision-making, negotiation, participation)

Co-Authors

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**Thank
You!**



Power to Lead Alliance (PTLA)

Goal:

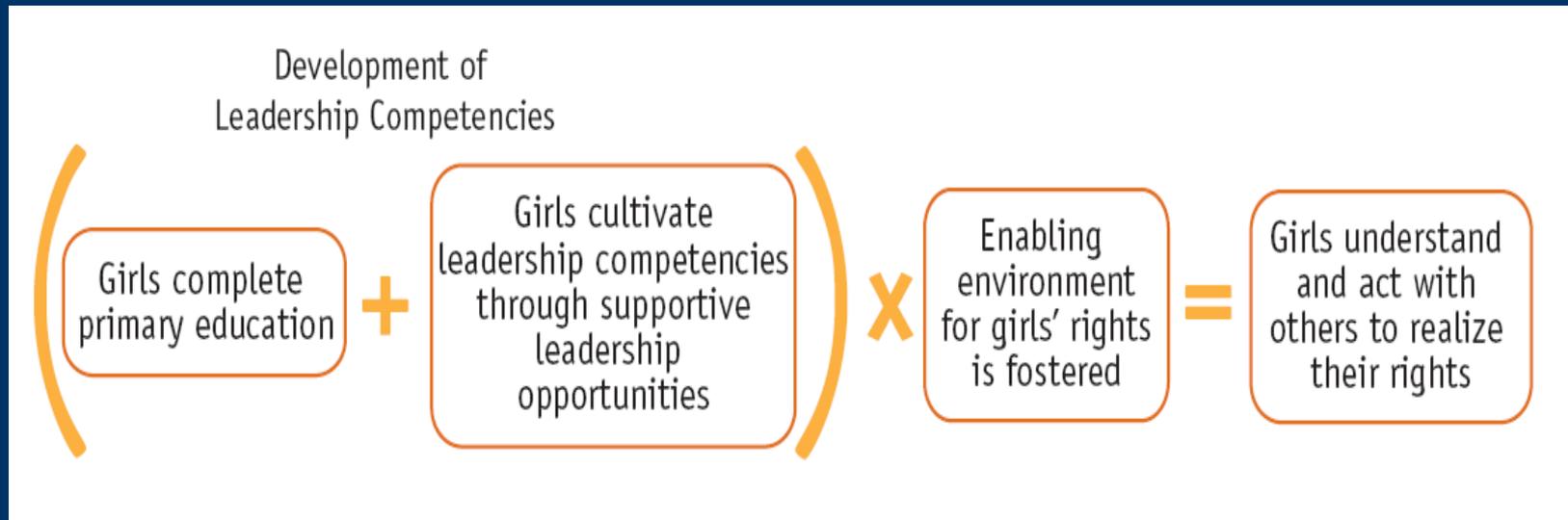
To promote girl leaders in vulnerable communities in Honduras, Egypt, Malawi, Yemen, India and Tanzania

Project objectives:

- 1) Cultivate opportunities for girls' leadership
- 2) Create partnerships to promote girls' leadership
- 3) Enhance knowledge in leadership programs

Power Within – Global Adolescent Girls' Program

Theory of Change for Power Within



PTLA Leadership Model

Leadership is defined as “a girl leader is an active learner who believes that she can make a difference in her world, and acts individually and with others to bring about positive change.”

CARE’s leadership model is focused on five competencies:

- 1) Vision/ability to motivate others
- 2) Voice/assertion
- 3) Self-confidence
- 4) Organization
- 5) Decision-making

Girls' Leadership Index

Rarely	Sometimes	Often	Always	SENTENCE
1	2	3	4	I do not hesitate to let others know my opinions. (V)
1	2	3	4	There are times that decisions I make can influence others. (DM)
1	2	3	4	When a task to accomplish is clear, I like being part of a group to get it done. (VAMO)

Baseline findings from India using GLI

Findings on Voice

Always	38.2%
Often	14.6%
Sometimes	33.5%
Rarely	13.8%

Findings on Decision-Making

Always	27.9%
Often	15.6%
Sometimes	44.0%
Rarely	12.5%

Gender Equitable Index

The gender equitable index measures perceptions of gender among peer adolescent boys about:

- care-giving and domestic roles
- education
- work and leadership
- leisure and social networking
- emotions and help-seeking behaviours
- prevention and reproductive health decision-making
- boy-girl dating relationships
- violence

Findings from India baseline

Statement	In-school	Out-of-school
Caring for her children, husband and doing the household chores and cooking are the most important role in a woman's life.	78.3%	85.7%
Boys are more intelligent than girls.	54.7%	85.7%
If I see a man beating his wife, I should try to stop him.	99.1%	100%
I think it is acceptable that a husband beats his wife if she disobeyed him.	58.5%	71.4%

The numbers show % of boys who agree with the statement.

PTLA – Challenges and Lessons Learned

- How do you implement a global program and ensure contextualization?
- How do you measure “empowerment”?
- How do we work with staff to address their own social and gender norms and attitudes?

House-girls Health and Life Skills Project (HELP) in Nairobi

Beatrice Ochieng

Family Health International

Interagency Youth Working Group, 3rd June 2010



Background

- Characteristics associated with FDWs vulnerability include:
 - Low socioeconomic status
 - Little to no time off (7% didn't get time off while 73% off part Sunday)
 - Poor to fair knowledge of issues concerning RH and STI/HIV
 - Knowledge on a woman's fertile period was under 15%
 - About half knew that a girl can get pregnant if has sex standing
 - Sexually active
 - > 45% had ever had sex, 12% had sex in exchange for money and 7% had been coerced to have sex
 - Very poor knowledge of STI symptoms



The Intervention

- An intervention designed to reach FDWs
 - Congregation sensitization
 - Training of house-girls – 2.5 hours every Sunday for 15 Sundays
 - Media campaign
- Intervention aimed at:
 - Increasing knowledge and utilization of STI/ HIV and unintended pregnancy prevention services
 - Creating awareness amongst community on the vulnerability of FDWs



Program features – target population



Female Domestic Workers (FDW)/ house-girls 16 – 24 years in Nairobi. Living in employers household

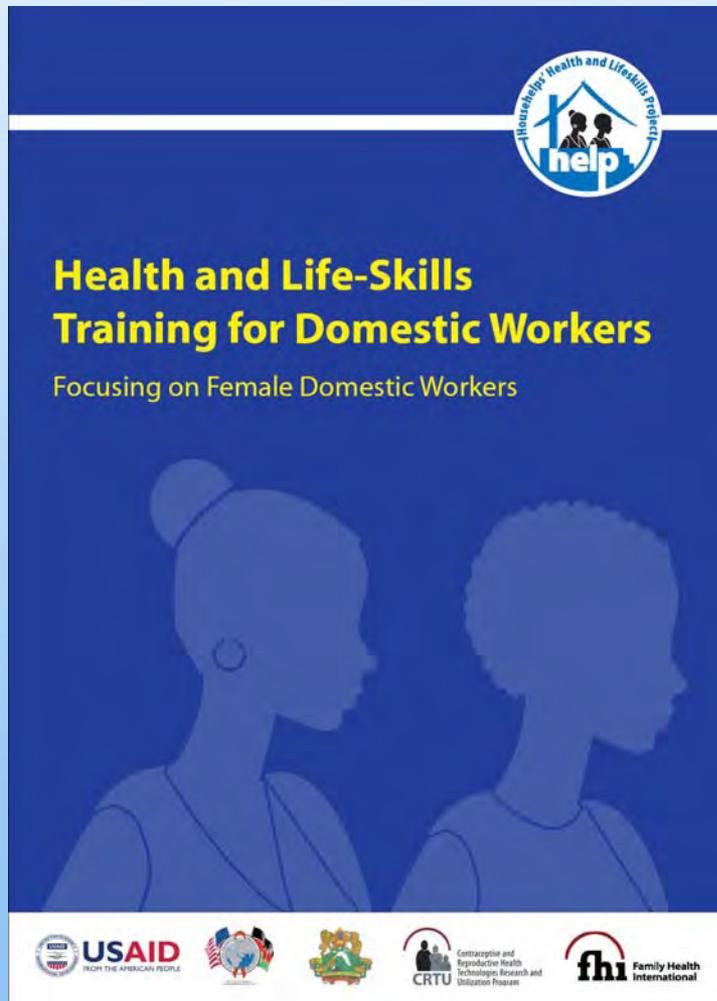


Purpose of intervention

- Project partnered with PCEA Bahati
- Piloted Dec. 2007 – Aug. 2008
- Expanded to 7 other churches in 2009
- Two approaches used in expansion
 - Training of house-girls (Replication & Technical assistance)
 - Peer education



Program pathways



- Community sensitization
- Training of house-girls
 - Self esteem & communication skills
 - Sexual and reproductive health
 - STI/ HIV prevention and protection
 - Sexual Coercion, alcohol and drug abuse
 - Personal savings & financial management
 - **Basic household security**
 - **Basic first aid**
- Media campaign



Program Reach

- 56 volunteers trained to offer HELP training
- 24 volunteers trained as counselors
- 277 house girls completed training
- 22 house girls trained as peer educators
- 910 house-girls reached through peer education
- An estimated 27,830 house-girls reached through media



Training outcomes

Knowledge indicators	% correct		P-value*
	Pre (n=210)	Post (n=153)	
Definition of puberty	55	84	<0.001
Definition of menstruation	75	84	0.04
Definition of abstinence	24	69	<0.001
Correctly identifies time during monthly cycle when a woman has greatest chance of becoming pregnant (mid-cycle)	10	20	0.01
Correctly identifies that a girl can get pregnant if she has sex standing up	65	82	<0.001
Correctly identifies that it is possible to get pregnant if the boy withdraws before ejaculation (Yes)	15	39	<0.001

*alpha=0.05



Training outcomes – STI/ HIV

Indicators	%		P-value*
	Pre (n=246)	Post (n=150)	
Correctly defines:			
STI	54.9	81.3	<0.001
HIV	36.2	60.7	<0.001
AIDS	24.8	56	<0.001
Reports the following protective behaviors:			
Abstinence	69.1	87.3	<0.001
Being faithful	28.9	41.3	0.01
Condom use	71.5	92	<0.001

*alpha=0.05?



Challenges

- Employers do not see direct benefit of program
- Some of the girls have been victims of sexual coercion
- Project ownership – church vs. FHI/ KU
- Keeping the girls in the project
 - Mobility across employers
 - Long holiday breaks (December holidays)
- Meeting the demand
 - Currently working with 8 churches
 - Scaling up project beyond the Christian religion
 - Engaging non FBOs and house-girls bureau



Lessons learnt

- Church a critical partner
- Congregation members as lead trainers
- Support counselors an important component
- Mode of engagement with churches should foster ownership
- Employer buy-in is critical and leads to greater outcomes
- Differentiating the project from a house-help bureau



Programmatic implications & recommendations

- Leverage other HIV programs that reach youths
- Create linkages with SRH services
 - STI/ HIV prevention and protection services
 - Pregnancy prevention services
- Economic empowerment activities for the girls
 - Small business to supplement salary
- Identify role models and champions among house-girls
- Bigger question after girls have attended the training is what next?
 - Where are the girls trained transitioning to?
- What of the employers?



Acknowledgement

- Presbyterian Church of East Africa (PCEA) Bahati Martyrs Church
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- PCEA Langata
- PCEA Kariobangi South
- Kingdom Life Center
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- Adventist Center for Care and Support (ACCS) Milimani
- Nairobi East Seventh Day Adventist Church (NESDAC)
- USAID
- OGAC/ PEPFAR



Thank You



Emerging Insights on Economic Empowerment in Reducing HIV among Girls and Young Women

Kim Ashburn, ICRW

“Protecting and Empowering Adolescent Girls: Evidence
for the Global Health Initiative”

June 3, 2010

What is empowerment?

- A **process**; a transition from limited life options to more life options
- The **freedom** to choose among them
- Multi-dimensional: economic, social, political
- Involves two key components:
 - **Resources** (assets, capabilities, opportunities, social networks, etc)
 - **Agency**, or the ability to act in one's own interest

What Do We Need to Consider in Empowerment for Girls?

- Setting girls up for future opportunities
- Question of “freedom” and “choice” given social and legal constraints
- “Aspirations” as a critical first ingredient for “agency” – how can we consider, expand, and fulfill girls’ dreams for themselves?

What is the foundation of economic empowerment programs?

Economic empowerment programs provide access to financial products and resources:

- Livelihoods
- Micro-credit
- Savings
- Asset transfers

Theoretical outcomes of program components

- Asset building
 - Strengthens economic security, self-esteem, long term planning
 - Influences attitudes about sexual risk taking and risk behavior
- Skills building
 - Improves negotiation, communication skills, and financial literacy
- Group-based component
 - Expands social and economic networks

Choosing among approaches

- Start with what we know works.
- Add innovative approaches that can be safely tested (“do no harm” imperative)
- Strengthen social capital
- Encourage school attendance
- Address different forms of violence
- Engage men and boys

Policy implications

- Integrate girls and young women more fully in development planning across sectors
- Increase donor investments in innovative and rigorous evaluations and funding cycles with longer term time horizons
- Improve coordination among donors and implementers for multi-sectoral approaches

Evaluation questions

- What is the relative effectiveness of targeting girls alone, mothers alone, or both?
- What are synergistic effects of educational and economic approaches?
- What are the long term impacts on economic empowerment and HIV risk behavior?
- What are incremental effects of:
 - social and mentoring components?
 - violence prevention, HIV prevention and sexual and RH components?

**Unlikely Settings, Remarkable
Accomplishments:**

**Insights and Evidence from Girls & Sports
Programs in the Developing World**

**Martha Brady, Senior Associate
Population Council**

June 3rd, 2010

**Interagency Youth Working Group
Washington, DC**



Rural Upper Egypt

Girls at their first –ever table tennis lesson.

Guatemala Highlands



Physical Fitness Classes in Public Space Bangkok, Thailand



Netball (- the net) in Malawi



Football (Soccer) in Hanoi, Vietnam



Games, Dance, Fun for Girls in India



An Opportune Moment: Convergence of Important Trends

- International policy *frameworks support* women's and girls' participation in sports
- National *laws requiring* equal access and opportunities
- Emergence of *scientific evidence* establishing health (and social) benefits of sport and physical activity
- *Engagement of a range of actors* (NGOs, sport federations, Athletes, Corporations, governments)

Supportive International Conventions and Frameworks

- UN Convention on the Rights of the Child (CRC)
- UN Convention to End All Forms of Discrimination Against Women (CEDAW)
- Millennium Development Goals (MDGs)
- Brighton, Namibia, Kumamoto, Sydney –(World Congress on Women and Sport)
- UNESCO Charter
- WHO Move for Health
- UN Sport for Development and Peace
- UN Agencies - many use sport in their development activities

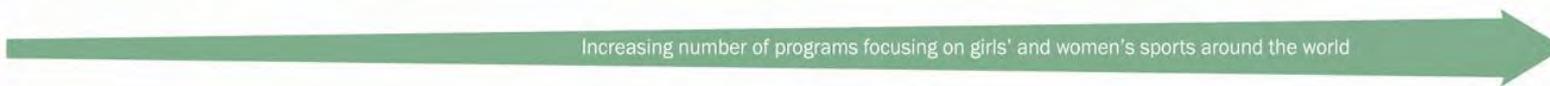
Girls and Sports Timeline and Key Milestones

<p>1972</p> <p>Title IX enacted in the US</p>	<p>1974</p> <p>Billie Jean King founds Women's Sports Foundation</p>	<p>1978</p> <p>UNESCO adopts International Charter of PE and Sport</p>	<p>1994</p> <p>Brighton Declaration on Women and Sports</p> <p>IWG established</p> <p>Right to Play established</p> <p>1st World Congress of Women and Sport in Brighton, England</p>	<p>1996</p> <p>Population Council convenes first-ever consultation bringing together women's sports community and women's development community in New York</p>	<p>1997</p> <p>Population Council begins work with Mathare Youth Sports Association (MSYA) in Kenya —to bolster girls program</p>	<p>1998</p> <p>Brady commentary appears in <i>Studies in Family Planning</i></p> <p>2nd World Congress of Women and Sport in Windhoek, Namibia</p>	<p>2001</p> <p>Ishraq program launched in Egypt</p> <p>MTG established in Kenya</p> <p>UN Sec Gen Kofi Annan appoints first special advisor on sport for development and peace</p>
<p>2002</p> <p>Publication of <i>Letting Girls Play: The Mathare Youth Sports Association's Football Program for Girls in Kenya</i></p> <p>GSR established</p> <p>3rd World Congress of Women and Sport in Montreal, Canada</p>	<p>2003</p> <p>First international conference on sport and development</p>	<p>2005</p> <p>International Year for Sport and PE</p>	<p>2006</p> <p>Ishraq program wins Milan Film Festival Award</p> <p>4th World Congress of Women and Sport in Kumamoto, Japan</p>	<p>2007</p> <p>Population Council and Right to Play co-convene meeting in New York on research findings/ strategies for girls and women's sports in developing countries</p> <p>WomenWin established</p>	<p>2008</p> <p>IOC and UN agree on expanded framework of action</p> <p>Standard Charter Bank GOAL Program initiated</p>	<p>2010</p> <p>Football for Hope Festival in South Africa</p> <p>5th World Congress of Women and Sport in Sydney, Australia</p>	<p>And Beyond</p> <p>MUCH MORE TO COME FOR GIRLS AND WOMEN IN SPORTS!</p>

Select Key Players in the Field

- Edusport
- Grassroot Soccer (GSR)*
- International Working Group on Women and Sport (IWG)
- International Platform for Sport for Development
- Mathare Youth Sports Association in Kenya (MSYA)
- Moving the Goal Post (MTG)
- Nike Inc.
- Population Council
- Right to Play, Inc*
- Sport for Peace and Development
- WomenWin*
- Women Sport International
- Women's Sports Foundation*
- United Nations Agencies

*Population Council Technical Advisor/Consultant role



Structure of Sport in Developing World

- Ministry of Youth and Sports
- Ministry of Education - School-based sport and PE
- Sport Federations
- Sport Clubs
- National Olympic Committee (NOC) – (elite athletes)
- Social security organizations (leisure and recreation)
- NGOs – burgeoning interest; many new players
- Corporations

Why Sports?

Broad-Ranging Rationale

- Health promotion and disease prevention
 - Enhanced physical and mental health and well-being
- Individual development (skills, capacities, knowledge)
 - “self-esteem” (prefer self-confidence, agency)
- Promotion of gender equity – Rights rationale
- Social integration and development of social capital
- Peace building and conflict prevention and/or resolution
- Post-disaster/trauma relief and normalization of life
- Communication tool and social mobilization strategy

Evidence from our work suggests that well conceived sport programs can

- Provide safe space in which to learn new skills and build assets
- Challenge traditional scripts for girls, breakdown gender stereotypes
- Increase girls' **visible, active presence** in the public sphere
- Transform the ways *girls think about themselves*, and the way families and communities perceive them
- Improve girls' knowledge about *their rights, their bodies, and their health*
- **Build leadership skills**; offer opportunities to **practice leadership**
- Expand girls' social support networks and access to community resources
- Provide girls with female mentors and role models

Ishraq Program in Upper Egypt



- Literacy
- Health & rights education
- Sport, games, fun
- Financial education/skills

- Girls only
- Plus sports approach
- Holistic integrated package
- NGO with govt. collaboration

Key Insights from Council's Initiatives: When designing sport programs for girls, must

- **Ensure girls' safety (physical, emotional, sexual)**
- **Protect girls' reputations, dignity, honor, marriagability**
- **Engage girls' gatekeepers early on in program**
- **Set terms of participation based on local context**
- **Offer girls trusted female mentors and role models**
- **Document processes and outcomes**
- **Keep it Fun!**

Data on Girls and Sports in Developing World Emerging

- Few national data sets include questions on sport
- *Some* adolescent surveys have included questions
- Program-level data increasing via M & E
- Impact data sparse, but evolving
- Considerable qualitative data and case studies
- Few peer-reviewed articles

- **Girls and Sports - an evolving field, more to come!**

Research and Action Agenda

- Experiment with new *models, venues, and implementers* of girls' sports programs
- Develop and test social and health outcomes
- Design programs with eye towards sustainability and the prospect of scaling up
- Embed sport-related questions into adolescent surveys and/or other data sets



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- *Women, Gender Equity and Sport* (2007), C. Oglesby, Women 2000 and Beyond report, United Nations
- *Her Life Depends On It: Sport, Physical Activity and the Health and Well-Being of American Girls* (2004)
- The President's Council on *Physical Fitness & Sports report, Physical Activity and Sport in the Lives of Girls* (1997)
- Go to www.GoGirlGo.com for curriculum

Improving Young Women's Reproductive Health through Sports and Health Education



Callie Kaplan, Judy Lewis, Bette Gebrian
Haitian Health Foundation, University of Connecticut

Haiti Health Statistics

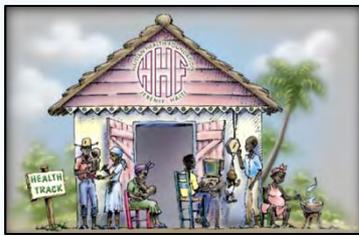


- Population 10 million
- Life expectancy 59 male/62 female (2009 est. CIA)
- Under 5 death rate 117/1000
 - Neonatal 36/1000; pneumonia, diarrhea
- Maternal mortality 680/100,000
- Girls 15-19
 - 11.7% of total population
 - 14% Birth Rate
 - 0.9% HIV Rate (DHS, 2005)
- Average age at first birth 21.4 (DHS, 2005)



Haitian Health Foundation

Jérémie, Haiti



- Established 1987, 104 villages, 200,000 population
- Community Health Workers reside in villages
- High level community ownership
- Minimum package of services for women and children, tracked by a computerized HIS
- Documented
 - reductions in ARI mortality
 - increased immunizations
 - high EBF rates
 - decreased STIs in pregnant women



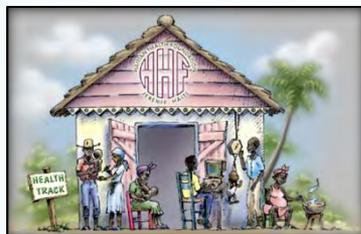
Madame An Sante yo pou Demen *Next Generation of Healthy Women*



- Pilot program 2005-2006 boys and girls
- Program focused only on women beginning in 2006
- 4 components
 - Education
 - Health Screenings
 - Soccer League
 - AIDS Day/Youth Groups
- Over 5000 young women educated
- Over 1000 young women received both education and participated in soccer



Responsible Sexuality Education



- All girls part of family registration by community health workers
- Eligible ages 12-19
- Course taught in Haitian Kreyol by a nurse educator
- Pretest/Post-test
- Curriculum based on
 - adolescent sexual health manuals
 - experiences of staff
 - conversations with adolescent girls





Girls' Health Day Screenings

- Johns Hopkins nursing students assist health screening girls 13-20
 - Malnutrition: Heights and weights
 - Anemia: hemoglobin readings
 - Blood Pressure
 - All girls receive multi-vitamins; those with anemia receive iron
- Nursing students perform educational skits, songs and games to promote team building and basic health knowledge
- Girls Passport to Health Card



Soccer/Football



- 20 teams in 3 areas participated 30 games in 2009
- Coaches training
- All games attended by HHF community health workers
- Hundreds of spectators
- All teams received a set of uniforms, shoes, soccer balls, and shorts, socks and sports bras
- Adopt-a-team program

Youth Groups



World AIDS Day

- Youth groups perform songs, skits, dances, jokes, and question and answer sessions
- Radio Broadcasts
- Two teams are chosen to play in an “All-Star” soccer match



- Health education sustained through youth groups
- Continued soccer activities
- Small business ventures
 - Peanut butter
 - Jelly
 - Hosting movie and theater nights

Methods



Quantitative Methods

Comparison of Three Groups (15-19)

- Program Participants (HHF zones), N= 1787
- Non-Program Participants (HHF zone), N = 17339
- Non-Program Participants outside of HHF zone (DHS 2005), N = 979,729

Qualitative Methods

- 10 interviews with young women participants
- Translated transcripts into English
- Analyzed interviews for common themes



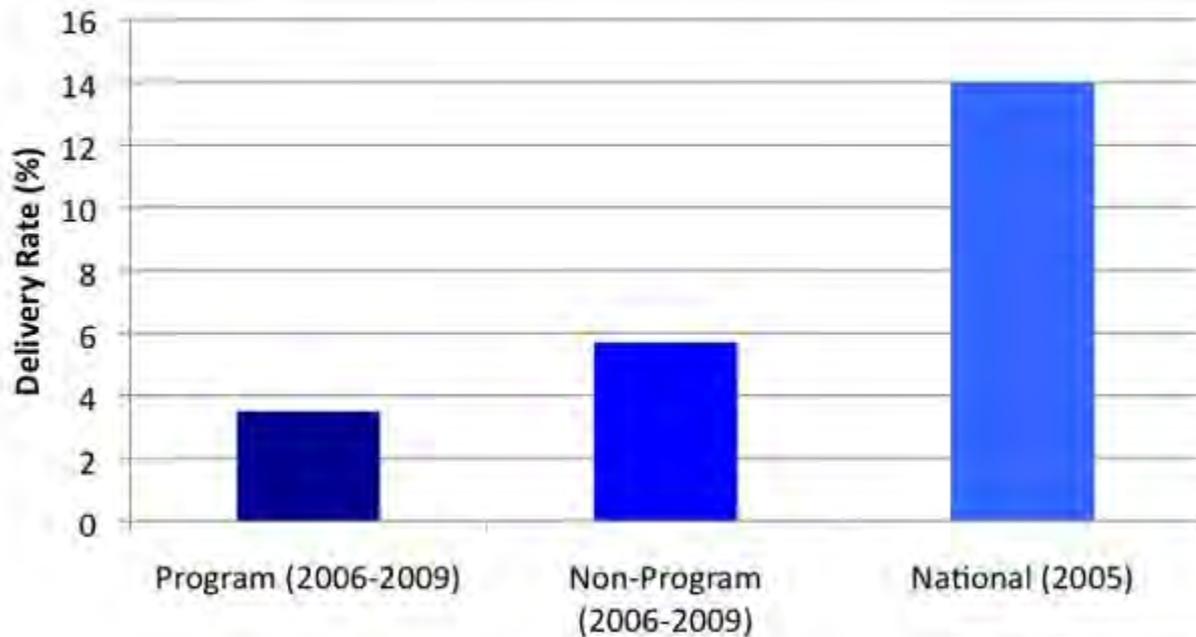
Results

- 28 different villages spanning 4 communes
- Program Participants (N= 1787)
 - Mean Age: 15.9
 - Pre-Test/Post-Test Difference Range (-9 to 19)
 - Mean Difference: 5.94 points, 29.7% improvement
 - 99 program pregnancies

Reduced Delivery Rates in Program Participants



Delivery Rates Girls 15-19 in Haiti



$\chi^2 = 20.89$

$P = > .001$

Qualitative Analysis



THEMES

- Strong community of young women
- Pride in capabilities
- Increased self-confidence
- Healthy competition
- Increased muscle size and strength
- Improved Health Literacy



Discussion

- Combining positive activity (sports) with sexuality education
- Community concerns and opposition
- Too much competition—soccer can become more important than education
- Expand curriculum and resource materials
- Improve participation of females at higher program levels to break down gender hierarchies and stereotypes
 - Promoting new generation of female educators, coaches, referees, and trainers from young women who have completed the program



Discussion



- Better integration of education with soccer; sustaining involvement in youth groups after the summer
- Funding and partnerships for broader activities and program independence
 - Staff specific to program
 - Partnering with microfinance NGOs
 - Incorporation of skill-teaching
 - Increasing participation of both boys and girls
- Program Research
 - Tracking school level
 - Longitudinal STI study
 - Assessment of self-esteem
 - Long-term assessment using zones who have not previously participated
 - Teen abortion

Acknowledgements



I would like to acknowledge the Haitian Health Foundation, the staff for their help and support, and the girls who are inspiring everyday and made the research possible.

For questions or comments please email:

- Callie Kaplan: kckaplan@gmail.com
- Judy Lewis: lewisj@nso.uchc.edu

Moving the Goalposts <http://www.mtgk.org>



MOVING THE GOALPOSTS

Girls football, leadership and sexual and reproductive health and rights programme in Kilifi, coast province, Kenya

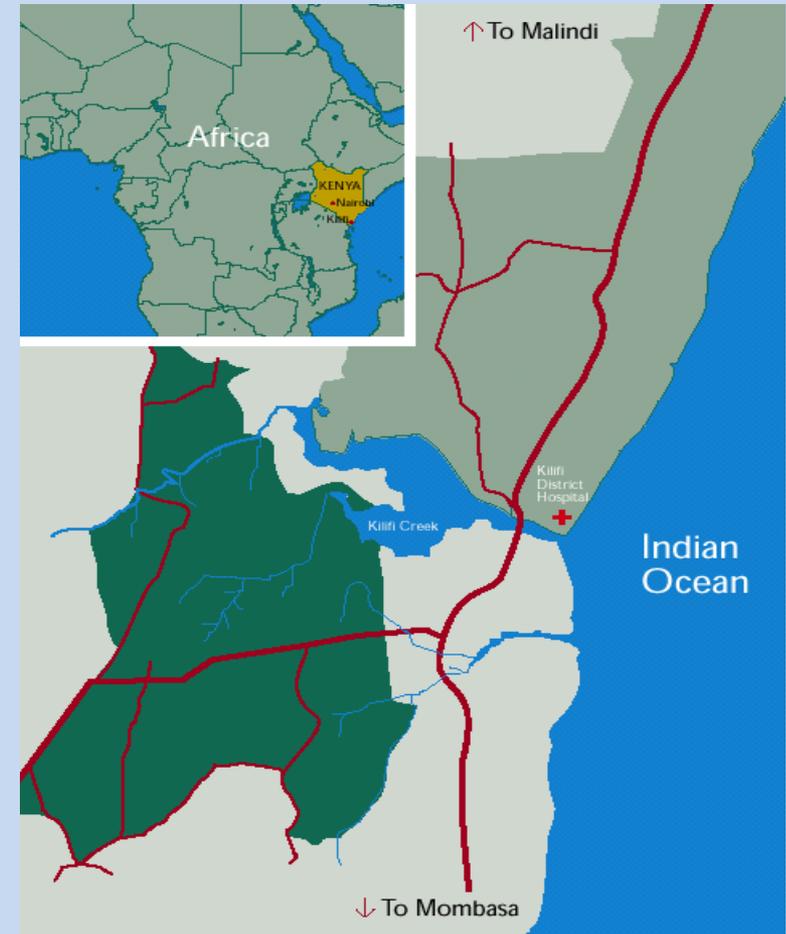
Sarah Forde, Executive Director, MTG
Po Box 605 Kilifi 80108 Kenya
T: + 254 722 823834, E: sforde@mtgk.org



FOOTBALL (soccer) to
address gender issues

MTG's MISSION:

To contribute to the
improvement of the
socio-economic and
health status of girls in
Kilifi district, Kenya



Target population

Vulnerable girls aged 10 – 24 in a rural district of Kenya

- Poverty (Kilifi ranks in bottom 10 of 70 Kenyan districts on key internationally recognised indicators for human development (HDI))
- low transition to secondary school (20% of girls who finish primary school)
- general sexual and reproductive health issues – unprotected sex, teenage pregnancies, motherhood, unsafe abortion, vulnerability to HIV infection

Purpose of intervention

To provide opportunities for girls to fulfill their potential



Moving the Goalposts <http://www.mtgk.org>



MTG Principles

Core value: GIRLS' PARTICIPATION

Slogan: TUNAWEZA! (Kiswahili: WE CAN!)



Programme features and pathways



- Football and leadership
- Sexual and reproductive health and rights
- ‘Tumanyane’ – ‘let’s know each other’ - community liaison
- Education and economic empowerment support
- Social enterprise

Measuring success

Number of girls participating and trained in 2009

- 3000 registered players (in leagues and tournaments in 2009)
- 27 league fields with 106 trained referees, 82 coaches, 89 first aiders, 32 peer educators, 18 peer counselors
- Under 13 teams: 87, open age teams: 84
- Under 13 matches: 540, open age matches 418
- Tournaments: primary schools 99 teams, secondary schools 19 teams



Measuring success

- What is success? What does it look like? Shifts, empowerment
- Impact at community and individual level – need for both

- Evaluation by International Centre for Reproductive Health, 2008
 - '[MTG] should also sensitize parents about the importance of supporting their girls in the activities they chose to do' (FGD community member)
 - 'MTG activities are useful in the community because it maintains cohesiveness, friendship and togetherness among the girls' (FGD community member)

Evaluation by MTG using Laureus M&E tool kit, 2009, with Alison Woodcock and Orla Cronin from Royal Holloway, University of London

- 333 questionnaires completed by MTG girls
- Questions asked for perceptions of impact of MTG on their lives
 - Level of agreement 1 - 5
- Compared girls at fields that had been in MTG longer with girls at newer fields
 - More positive views of themselves held by girls at fields that had been in MTG for longer
- Considered length of time in MTG
 - The longer a girl had been in MTG the more likely she agreed
 - she could make important decisions
 - she had access to SRH information
 - she could follow her education as far as any boy

Identifying factors contributing to vulnerability



Listen to girls' stories and experiences

**Playing by Their Rules: coastal teenage girls in
Kenya on life, love and football**

<http://www.createspace.com/33761210>

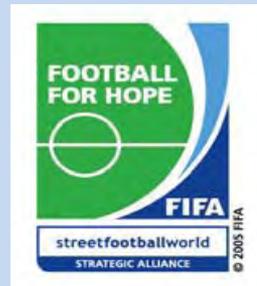
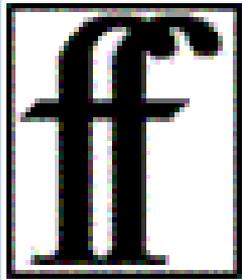
Programmatic implications and recommendations

- Sport for girls for building transformative leadership for Africa
- Sport for health including reproductive health and rights
- Sport for girls for gender equity

Moving the Goalposts <http://www.mtgk.org>



MTG would wish to thank all its supporters



Alistair Berkley Trust,
MTG UK, Wanawa,



parents and community members in Kilifi

Moving the Goalposts <http://www.mtgk.org>



**Playing by Their Rules: coastal teenage girls in
Kenya on life, love and football**
<http://www.createspace.com/33761210>

Program M and Program H: Engaging young women and young men in the promotion of health and gender equality

IYWG 2010 Meeting: Protecting and Empowering Adolescent Girls
June 3rd, 2010
Washington, DC



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Promundo, Brazil
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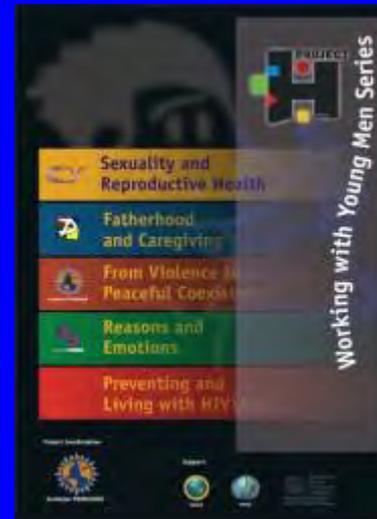
Program M & Program H: An overview

- Complementary interventions:
 - M for young women (mulheres and mujeres)
 - H for young men (homens and hombres)
- Originally developed & validated in Latin America and the Caribbean
- Group workshops + Campaigns



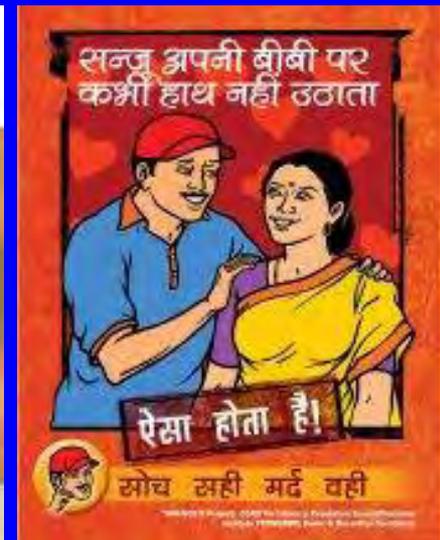
Program M & Program H: Group workshops

- Participatory activities based on manuals + cartoon videos
- Critical reflections about gender, health and relationships
- Skills-building to act in more empowered and equitable ways



Program M & Program H: Campaigns

- Youth-led development and implementation
- Social marketing / positive messaging



Program M & Program H: Adaptations

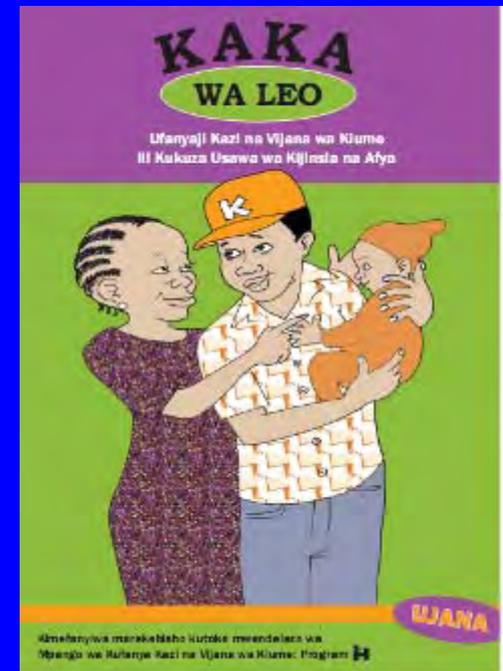
- Consultations with local partners & youth
- Prioritization & addition of specific themes based on formative research



Vietnam



The Balkans



Tanzania

Evaluation tools: Gender-Equitable Men (GEM) Scale

- Developed & validated in Rio de Janeiro, Brazil; adapted for use in diverse settings and with women
- Themes: domestic roles and care-giving, roles in sexual relationships, reproductive health decision-making, acceptance of violence
- Example items:
 - Women who carry condoms on them are “easy”.
 - A woman should tolerate violence to keep her family together.
 - A man should have the final word about decisions in his home.

Evaluation tools:

Self-Efficacy Index (SEI)

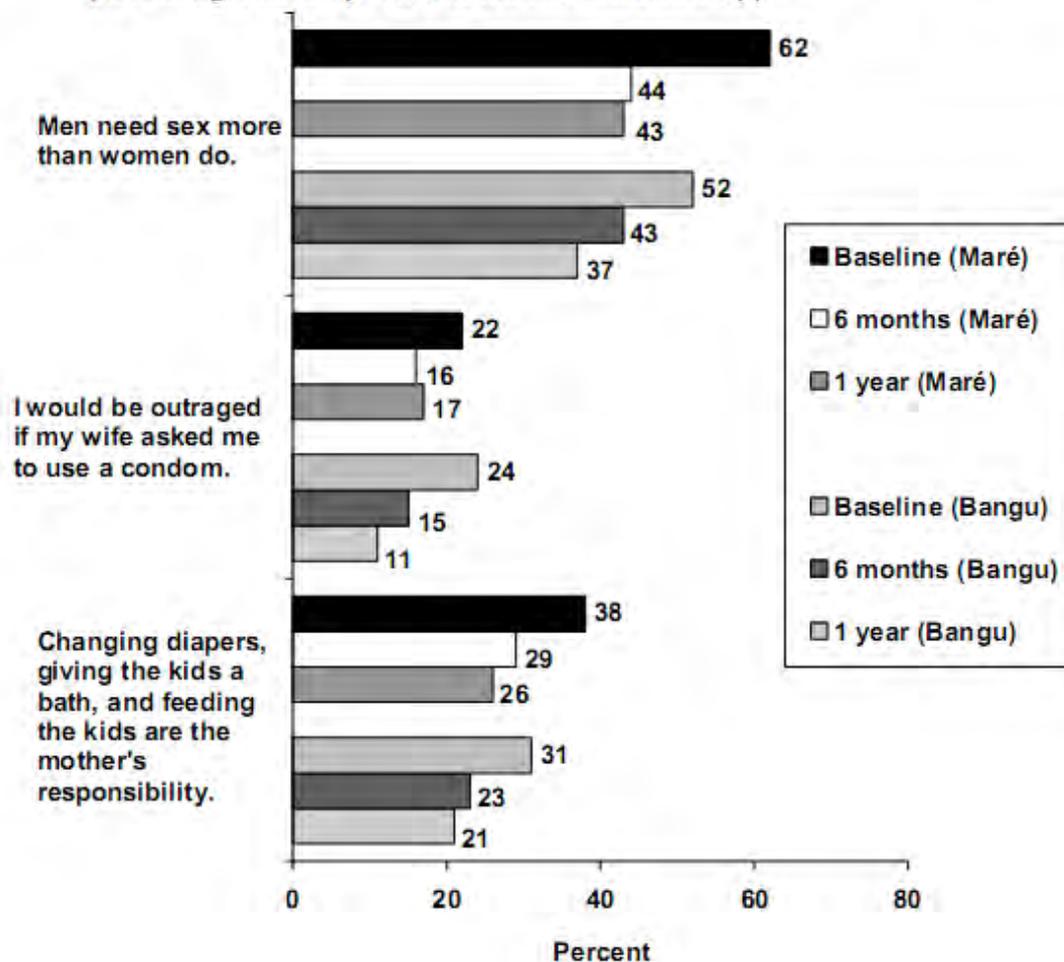
- Developed & validated with women ages 15-39 in Rio de Janeiro, Brazil
- Themes: violence prevention and response, condom use, peer pressure, and enlisting social/community resources
- Example items:
 - I feel capable of expressing my opinions even when I know that other people disagree with them.
 - I do not feel capable of comfortably discussing the use of condoms with my partner.
 - If my friend is beaten by her husband, I would not be able to help her find help.

Program M & Program H: Impact Evaluation Results

- Quasi-experimental studies in Brazil and India
- Pre and Post-test with over 1,000 youth/country
- Among young men: increase in gender equitable attitudes, increase in condom use, decrease in violence against women
- Among young women: increase in gender equitable attitudes, increase in self-efficacy, increase in communication with partners, decrease in drug & alcohol use

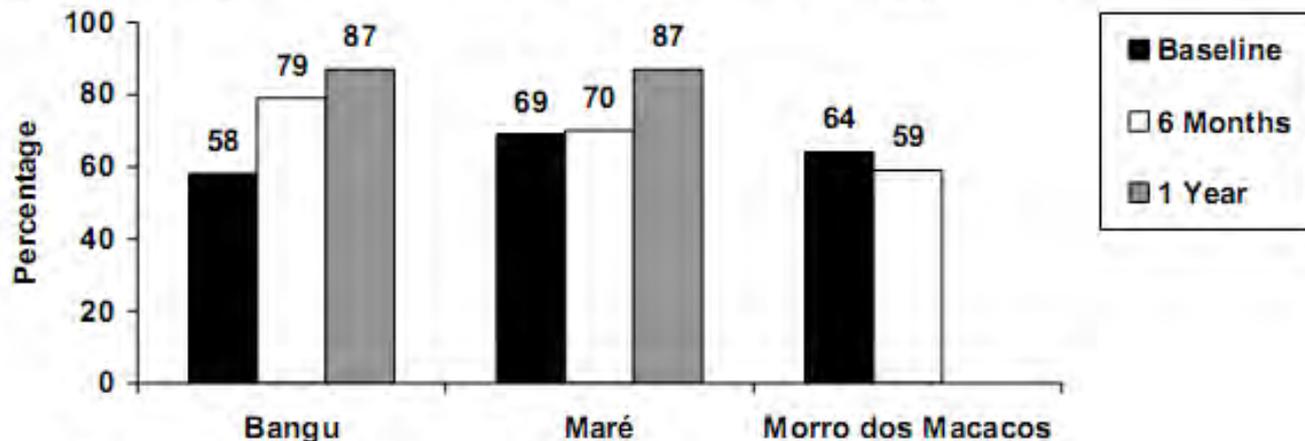
Program H in Brazil: Increase in gender-equitable attitudes

Figure 2 Examples of significant positive change in support for equitable gender norms (% that agreed; all $p < .05$ at six-month follow-up)



Program H in Brazil: Increase in condom use

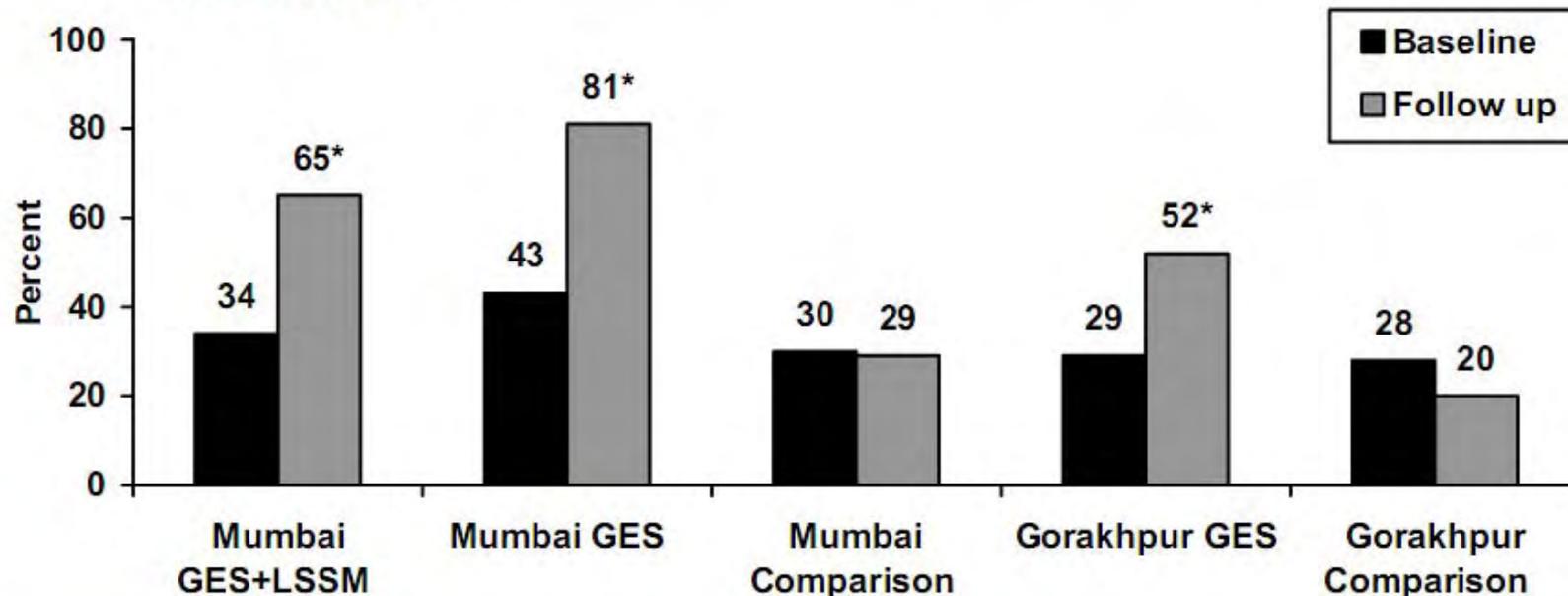
Figure 5 Change in condom use at last sex with a primary partner (%)



*p < .05, Chi-square test

Program H in India (Yaari Dosti): Increase in Condom Use

Figure 4 Changes in condom use at last sex in the last 3 months with all partners by city and study arm

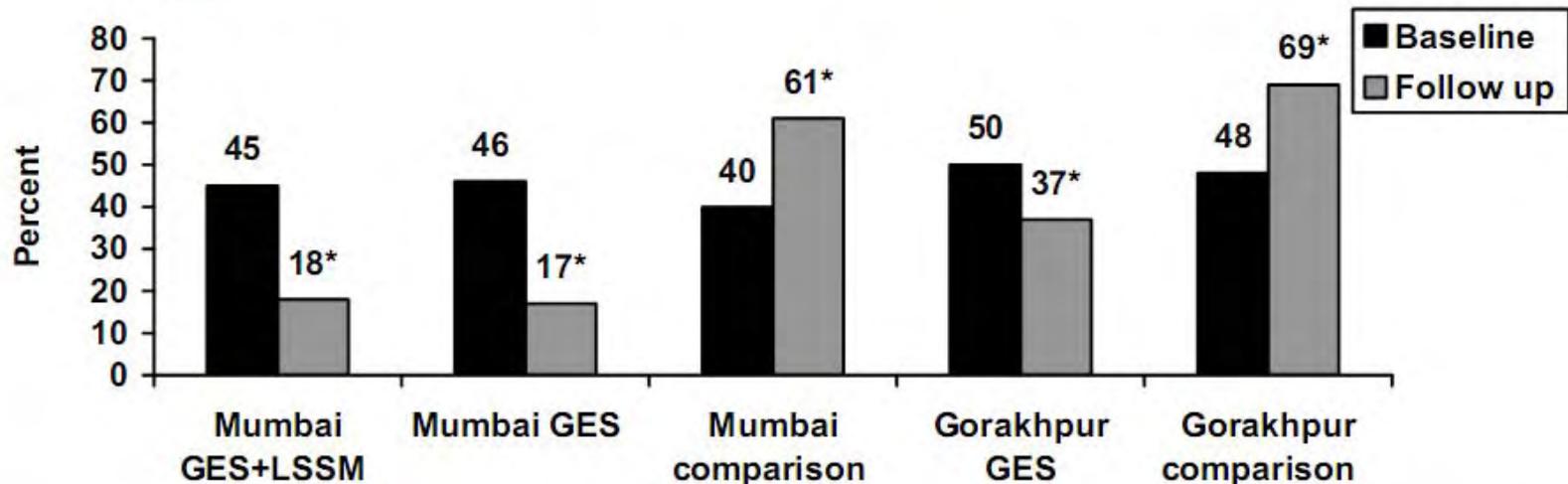


Note: Mumbai GES+LSSM: Baseline n = 73, Follow up n = 68; Mumbai GES: Baseline n = 49, Follow up n = 42; Mumbai Comparison: Baseline n = 43, Follow up n = 69; Gorakhpur GES: Baseline n = 126, Follow up n = 120; Gorakhpur Comparison: Baseline n = 86, Follow up n = 96

*p < 0.05

Program H in India (Yaari Dosti): Decrease in violence against women

Figure 5 Changes in self-reported partner violence in last 3 months by city and study arm



Mumbai GES+LSSM: Baseline n = 129, Follow up n = 100; Mumbai GES: Baseline n = 109, Follow up n = 81; Mumbai comparison: Baseline n = 71, Follow up n = 103; Gorakhpur GES: Baseline n = 211, Follow up n = 203; Gorakhpur comparison: Baseline n = 203, Follow up n = 173

*p < 0.05

Program M in Brazil: Changes in gender-attitudes

- Increase from 92% to 99% agreed that men should be involved in prenatal care
- Increase from 82% to 98% agreed that a father should be present in children's lives, even if he is no longer with the mother
- Decrease from 88% to 67% agreed that a real man only has sex with women

Program M (Sakhi Saheli) in India: Changes in gender attitudes

- Increase from 61% to 83% and 54% to 87% agreed that men should be involved in prenatal care
- Decrease from 52% to 25% and 54% to 21% agreed that it is a man who should decide whether to use condoms
- Decrease from 86% to 56% and 83% to 40% agreed that women should have more responsibilities than man in caring for children

Program M & Sakhi Saheli: Knowledge & Behavioral Changes

Brazil

- Increase from 75% to 88% of young women who knew about the female condom
- Increase from 18% to 32% of young women who had spoken to partner about sexual health

India

- Increase from 7% to 70% of young women who were aware of fertility cycle
- Increase from 18% to 54% in young women who used condom with husband during last sex

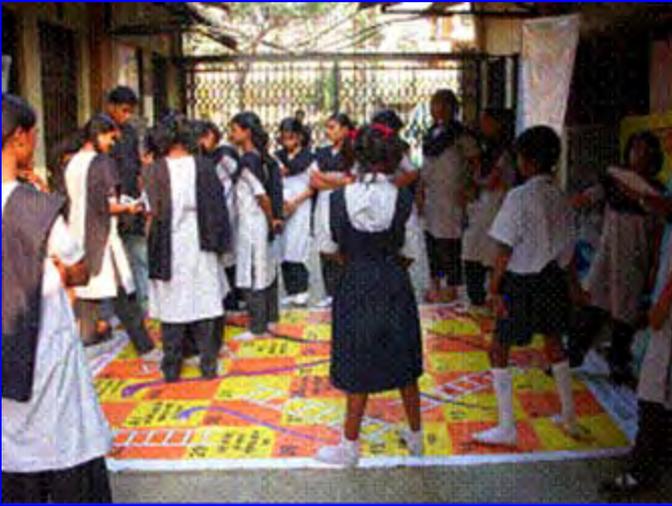
Program M & Program H: Challenges & Lessons Learned

- Identifying, training, and supporting facilitators for group workshops
- Motivating young women and young men to participate e.g. sports and vocational training
- Assessing “dosages” for workshops & campaign activities



Program Implications / Moving forward

- Pursuing sustainability and scale-up via schools (currently >10,000 students in Brazil & India)
- Investment in longer-term follow-up/evaluation of program impact
- Reaching younger age groups and parents/guardians



Thank you / Obrigada

For more information visit:

www.promundo.org.br

or contact:

Christine Ricardo

c.ricardo@promundo.org.br



Reproductive Health for Married Adolescent Couples Mobilizing for Change in Nepal

Interagency Youth Working Group (IYWG) Meeting 2010
June 3, 2010

Jane Wickstrom, MA and Laura Subramanian, MS



Managing Partner: EngenderHealth; Associated Partners: Cicatelli Associates Inc.; Family Health International; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



Purpose of intervention:

- Increase married adolescents' knowledge about RH
- Promote supportive health services for married adolescents
- Encourage families and communities to support RH for married adolescents

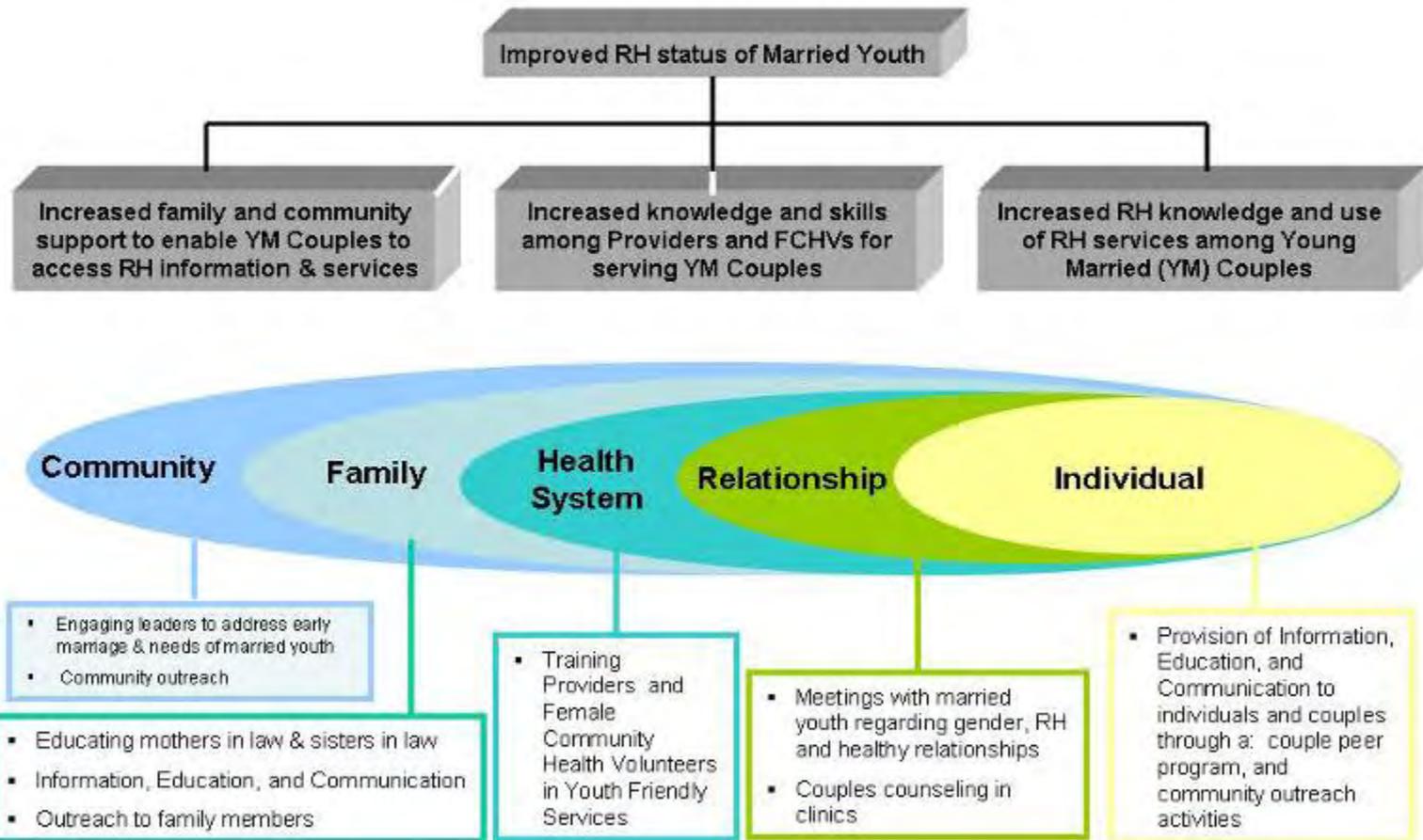
Target population: 69 VDCs in Parsa and Dhanusha districts

Married women (<20 yrs) and their partners

Youth (<25 yrs), family and community, service providers



RHMACP Ecological Model



- Peer educator mobilization for RH
 - 1,242 PEs trained in FP/RH, communication & facilitation skills
 - 69 PEs trained in leadership skills
 - 25 PEs trained in street theatre

- Youth Friendly Services at 69 gov't health facilities
 - 385 providers trained in YF services and couple counseling

- Community engagement for SRH
 - Health volunteer orientation
 - Mothers-in-law sensitization
 - Community leaders workshop
 - IEC materials disseminated



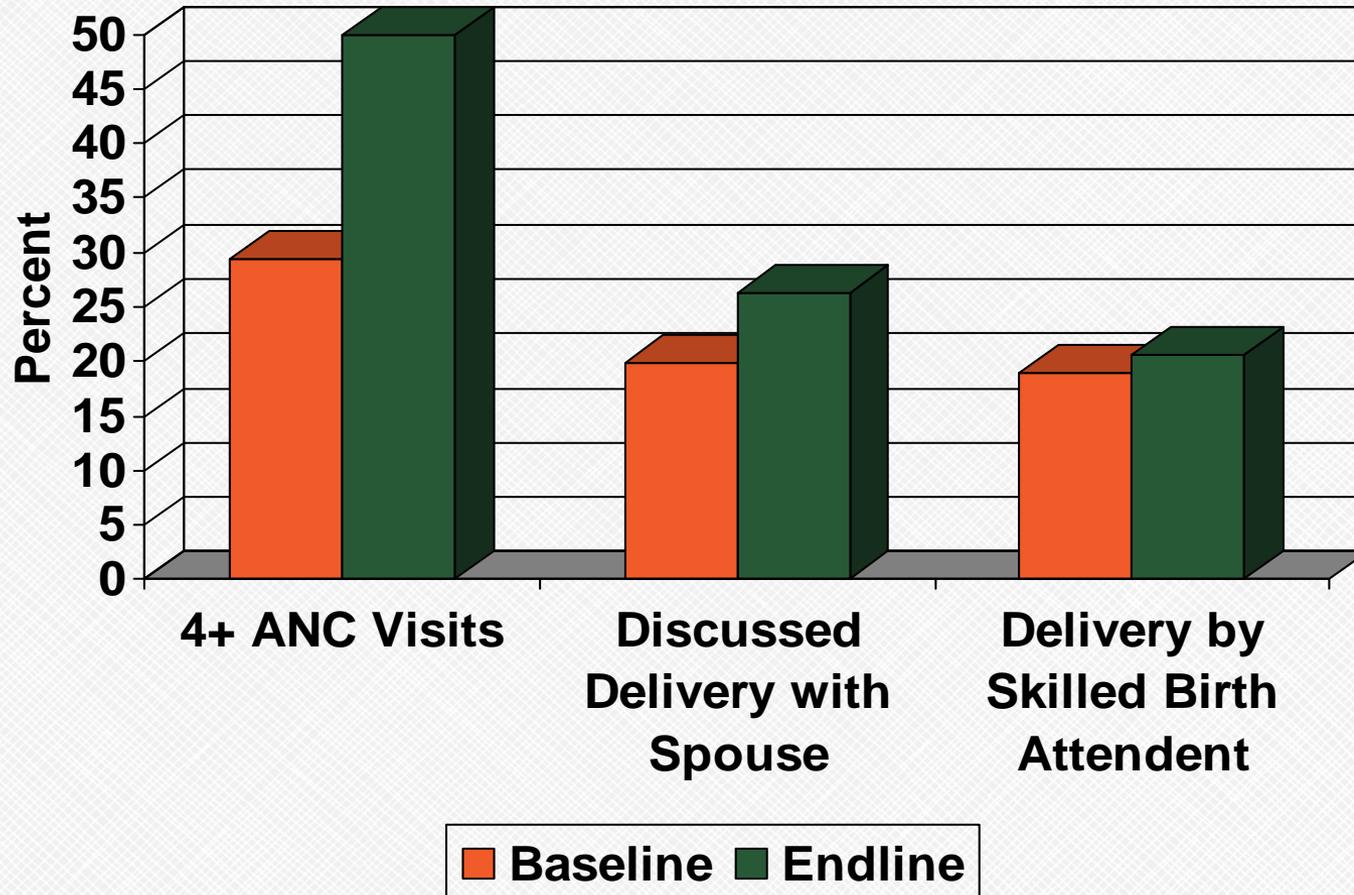
- Pre/post design using multiple methods

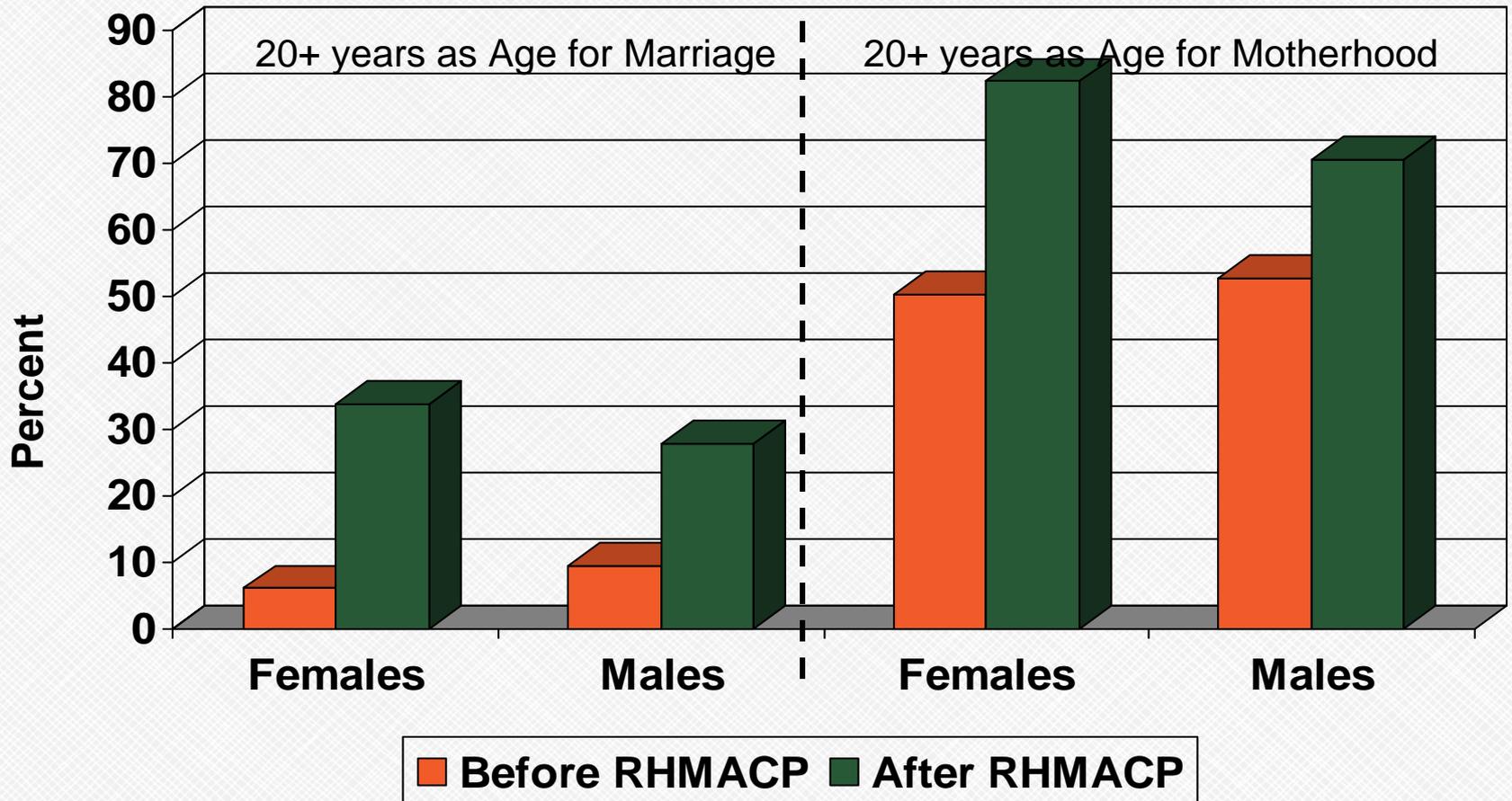
- Baseline (Sept. 2005) and Endline (Sept. 2007)
 - Surveys with married adolescents (n = 480 boys and n = 480 girls)
 - Group discussions with husbands and mothers-in-laws

- Endline also included:
 - Surveys with peer educators (n=120)
 - Group discussions and interviews with health providers and program implementers



- Increased:
 - Median age at marriage
 - 4+ ANC visits
 - Awareness of family planning, maternal health and HIV
- Improved:
 - Perceptions of women's SRH decision-making
 - Couple communication
 - Provider sensitivity to married adolescent RH







- 36 Anti Child Marriage and Dowry Committees formed
- Street theater groups conducted 130 events
- PEs accessed resources for health infrastructure
- Community-district dialogue and collaboration
- Attitude changes among families and communities



Mothers in law as agents of change



■ Challenges

- Short implementation period
- Fragile security situation
- Cultural practices and gender attitudes/norms

■ Lessons Learned

- Peer educators can influence behavior and social change for RH
- Leadership training is key for developing peer educator champions
- Need to engage decision-makers in families and communities
- Decentralization can facilitate community mobilization for RH

- Address adolescent SRH through a holistic approach
- Use peer education approach to effect positive change in gender attitudes and RH
- Support peer educators as champions and advocates for effective use of available resources
- Promote enabling environment at family and community levels
- Strengthen capacity of health systems to provide youth-friendly services



Managing Partner: EngenderHealth; Associated Partners: Cicatelli Associates Inc.; Family Health International; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



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EngenderHealth
for a better life



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What does the Youth Coalition do?

- Youth-led organization that works to promote the sexual and reproductive rights of young people
- Young people aged 18-29 years old from different countries and backgrounds in the world
- 4 strategic areas to build the capacity of young people within the context of sexual and reproductive rights (SRR)

Strategic areas:

- A. Advocacy at international meetings
- B. Youth trainings
- C. Information-sharing, knowledge generation,
and awareness-raising
- D. Organizational development

Involving young men in the empowerment of girls

- All young men are involved in the promotion of young women's rights, specially related to SRR.
- Discussion and capacity building opportunities promote the knowledge of our members through a partnership between young men and women.
- External trainings involve men and women to empower young women worldwide and strengthen SRHR.

Empowering girls by involving young men: Goals of the Youth Coalition

Involving men is the best way to fully achieve balanced gender relations and facilitate the empowerment of young women to take over the control of their lives and bodies.

We strive for the full empowerment and fulfillment of the rights of **all young people**, men and women, equally regardless of gender, age, sexual orientation, gender identity, or ethnicity.

What activities are young men involved in to empower girls?

- Young Women's Health and Rights Task Force
- Human Rights Council Task Force
- Sexual Orientation and Gender Identity Task Force
- Issues related to abortion

Challenges and lessons learned

Challenges

- Generalization of “young men” and “young women”
- Dichotomous view that pits women against men instead of creating an environment that promotes partnership and balance
- Overlooking young peoples’ diversities

Lessons Learned

- Working together with young women to advocate for women's rights
- Strengthening the participation of young men and supporting the empowerment of young women

Measuring Success

- (1) Participation of Youth Coalition members and staff in international and regional decision making processes and civil society conferences.
- (2) Advocate with decision makers and other relevant stakeholders via media, lobbying, distributing resources, speaking in meetings, giving presentations.
- (3) Build capacity of young people to advocate for their SRR.
- (4) Influence relevant parties to include young people in decision making positions that already exist or that need to be created for youth involvement.
- (5) Generate knowledge, produce and distribute resources on issues related to young people's SRR, and make them publicly available.
- (6) Bring together young activists to develop advocacy strategies and activities, including through caucuses, meetings and forums.

Challenges

Advocacy involves a package of partnership, campaign and political climate and other factors.

One of the biggest challenges is to measure the impact of advocacy activities, as they are political and this process can be very slow and much more complex than one single activity.

Recommendations

Invest in gender-transformative work that pushes beyond a dichotomous view of women and men.

Support peer-to-peer activities among men to advance gender-sensitive and rights-based understandings and manifestations of masculinity.

Support young men in working closely with young women to push for progressive governmental agendas that address SHRH-related needs of young women.

Push for programs that address the diversities of young people in terms of geography, location, age, gender identity, and sexual orientation.



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Thank you!

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