

Adolescent Girls Programming and Capacity-Building Workshop

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Workshop Report

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The **Kenya Adolescent Girls Learning Network** (Brain Trust) is a network of urban-based adolescent girls programs who meet regularly to share learning, create community, and strengthen the base of girls programs in Kenya.

The main objective of the **International Centre for Reproductive Health** (ICRH) is to improve sexual and reproductive health in its broadest sense. To this end, ICRH seeks to improve the acceptability, accessibility and quality of sexual and reproductive health services, and integrates a human rights based and gender sensitive approach in its analysis.

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ACRONYMS

AGLDF	Adolescent Girls Legal Defense Fund
AJWS	American Jewish World Service
CBOs	Community-based organizations
DHS	Demographic Health Survey
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GFC	Global Fund for Children
HIV/AIDS	Human immunodeficiency virus/ acquired immunodeficiency syndrome
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
NGOs	Non-governmental organizations
PC	Population Council
PEP	Post-exposure prophylaxis
SRH/RH	Sexual and reproductive health
SGBV	Sexual and gender-based violence
STI	Sexually transmitted infection
TOT	Training of trainers
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNF	United Nations Foundation
WHO	World Health Organization

EXECUTIVE SUMMARY

Around the world, adolescent girls are disadvantaged by age and gender. Many in this vital life phase (visible physical maturation) are denied the skills and resources to protect and advance themselves. Adolescent girls are even more vulnerable to exploitive work, abuse, and limiting life options if they are poor. Of the world's burgeoning youth population, an estimated 600 million girls between the ages of 10–24 live in developing countries. Adolescent girls are marginalized or entirely invisible in development policy, yet their role in communities and populations make them a critical asset to achieving the Millennium Development Goals (MDGs).

International donors and development partners have started to recognize the critical role that adolescent girls play in achievement of the MDGs. The World Bank and the United Nations have recently launched Adolescent Girls Initiatives in recognition that just and sustainable development requires special prioritization of girls' needs. Adolescent girls uniquely bear the brunt of female genital mutilation, forced pregnancy and unsupported maternity while children themselves, and are very disproportionately affected by forced child marriage, illiteracy, forced sex, and HIV—an epidemic which is increasingly selective of the young, poor, and female.

The purpose of the Adolescent Girls Programming and Capacity-building Workshop, held in Nairobi, November 10-14, 2008, was to build the capacity of a competitively selected group of NGOs to develop health, social, and economic asset-building programs for adolescent girls in sub-Saharan Africa. While investment in adolescent girls is increasing, the programmes and channels do not yet exist on the ground to make sure that girls get the resources they need. Organized by the Population Council, the five-day workshop brought together 14 organizations from seven African countries: Congo-Brazzaville, Ghana, Kenya, Malawi, Tanzania, Uganda, and Zambia to learn and share strategies for programming. It also included donors and partners specializing in adolescent girls programming including the American Jewish World Service, EMpower, Equality Now-Kenya, Global Fund for Children, and the Nike Foundation, among others.

The workshop was designed to offer skills, project development, discussion, and strategic planning on how international organizations, governments, and local communities can better structure programmes to reach this promising but neglected segment of society. It promoted principles for a “second generation” of youth and adolescent programmes, i.e. acknowledgement of the internal diversity of the young population, the importance of identifying key events across the life-cycle that bring promise but also may drive vulnerability, and a necessity at this point to promote and support evidence-based programming and intensive asset building for girls. While acknowledging that great strides have been made in the legal frameworks and entitlements theoretically extended to girls, there is an enormous gap in what is promised and what is achieved. The focus was on capacity-building for targeted programmes giving girls age- and gender-specific tools, supportive networks, and partnerships, and using data to make the case for girls.

Participants were asked to answer five questions, of which the first was likely the most important: What populations of girls are you going to work with and why? This decision, once made, provided basic guidance on the other steps. Current data sets, such as DHS, and mapping exercises help us locate concentrations of highly affected girls. Having established which girls, the next question is what aspects of their lives are of most concern and are the central focus of the program inputs. The emphasis of the workshop was to take an **age-segmented approach**, understanding that younger and older girls have different needs and that skills built earlier in life are harvested later in life—known as the **life-cycle approach**. Asset building was emphasized throughout, whether livelihoods—where the focus was on financial literacy and savings—or health and protection, including but not limited to sexual and reproductive health, the role of girl-only safe spaces in creating a social asset for girls and a platform from which to mount services, and other forms of social support which help girls mediate their environment. There were several modules on accessible and **common sense approaches to mounting an evaluation**. The final day of the workshop focused participants on how to do local networking and resource mobilization, including developing strategies for NGOs to collaborate at the country level.

The program starter kit includes six key questions that help participants focus their efforts, as well as other tools including:

- **Targeting:** country data provided to each organization (and now a supportive PowerPoint) which allows them to identify particularly vulnerable populations and understand how representative these populations are of the girls in most need
- **Technical inputs:** models of financial literacy, savings and credit products, life-skills and sexual and reproductive health curriculums, responses to gender-based violence
- **Mobilization:** lists of resources, partners, networks, advocacy tools

Challenges identified by participants. Over the course of workshop discussions, participants raised these issues as major challenges in delivering services to adolescent girls, including:

- Lack of access to rural and nomadic communities
- Lack of enforcement of legal norms, e.g. age of marriage
- The cumulative factors contributing to school dropout and illiteracy among girls
- Harmful traditional practices toward girls, many of them linked to their marriagability
- Rapid urbanization, the expansion of large, dislocated, peri-urban communities with little or no social infrastructure and protection

Policy suggestions. The following approaches might help design more effective programmes:

- More focus is needed on hidden sub-groups, such as the 10–14 age group, domestic workers, bar girls, young mothers; this includes “second chance” programmes for girls whose opportunities are already limited.
- Programmes have to choose key intervention points, e.g. checking in on girls at 12 years old, before the onset of school dropout and adult roles; working at bus stops in big cities where migrant girls arrive. This involves identifying transitions into vulnerability.
- Less is more if it means a greater concentration of resources: programmes may productively make the decision to deliver fewer identifiable, concrete outcomes for girls, rather than spreading themselves too thin. Results may go further and engender spillover effects if concentrated in a particular area.
- Providing information to girls in a framework of laws is clearly not enough; programmes have to build assets and help shift the balance of power to protect girls.
- Programmes can go further through national and regional networks, and by sharing tools and best practices. Adolescent girls networks could consider a national strategy for girls and a national budget for girls, highlighting key investments and where girls fit in achieving the MDGs.

Agenda/Discussion topics

The agenda was structured into five key discussion topics:

- Day 1: Which girls, how many, and why? How to select the girls that are the subject of your intervention.
- Day 2: Building girls’ social and economic assets to prepare them for decent livelihoods: Age-appropriate skills, assets, and social support.
- Day 3: Designing programs that build girls’ health and protective assets.
- Day 4: An introduction to mounting an evaluation and illustrative indicators.
- Day 5: What resources will you need—social support from others engaged in this work and in-country and external financial resources.

Methodology

The workshop was both a learning and a production process. The objectives of the workshop were to build targeted programming skills among interested NGOs, and share tools for adolescent girls programming, strategic networking, and information sharing. As a concrete outcome and practical application, each NGO was selected on the basis of their targeted programme proposal, which they progressively improved over the course of the workshop.

Workshop Methodology: Each day was led by a core thematic presentation, usually followed by country presentations and breakout group discussions. This model promoted greater learning and sharing of the best practices and challenges among countries.

Where appropriate, participants were grouped according to their countries (such as in discussion of resource mobilization). The country groupings allowed them to share their work and to formulate ideas and interventions to work with girls in context. Group presentations were followed by plenary discussions, allowing for more feedback.

“Clinics” were used, in which various mentors made themselves available for free-flowing consultation over the course of several hours. In addition, each organization was assigned a mentor, which remained constant across the days, to assist them in the development of the technical aspects of their project proposals. This process of engagement sought to increase the interest of the participating groups in identifying and reaching the most neglected groups of girls in ways consonant with their own wish to build their organizations skills and capacity for targeted programming.

Although formal recommendations were not issued, several themes emerged from the workshop. The views and recommendations for a way forward are integrated into this report. This report is thus a compilation of the workshop sessions on why and how to effectively invest in adolescent girls, and how best to implement girl-friendly programs. It includes strategies on how to engage other stakeholders, strategies for networking and for influencing policy around girls, and what resources are needed for the work.

DAY 1: WHICH GIRLS, HOW MANY, AND WHY?

November 10, 2008

Question of the Day: How to select the girls that are the subject of the intervention?

Summary

Day One covered the situation of adolescent girls in sub-Saharan Africa, the need for new programmes, and the goals for the workshop. **Judith Bruce** (Population Council) presented on **using policy research and evidence-based programs to “see” the girls left behind**. This was followed by presentations by NGOs on the situation of adolescent girls in participating countries. The afternoon consisted of smaller group work with mentors on designing targeted programmes that build concrete assets, according to the five-question framework participants had worked with in applying to the workshop.

Introduction

Karen Austrian (Population Council and Binti Pamoja Centre); Judith Bruce (Population Council); and Catherine Maternowska (International Centre for Reproductive Health-Kenya)

Karen Austrian (Population Council, Binti Pamoja) **Judith Bruce** (Population Council), and **Catherine Maternowska** (International Centre for Reproductive Health-Kenya) introduced the structure of the workshop and its goals. Ms. Bruce situated programmes for adolescent girls as an ambitious and essential step forward in the context of the women’s movement over the past 50 years. In an aside, she mentioned that incoming U.S. President Barack Obama’s mother was a significant contributor to early studies in household economics in the 1970s, as a programme officer with the Ford Foundation.

Day 1: Targeting adolescent girls: Targeting is something you can explain to policymakers. Demographic data and population profiles can be used to identify sizeable groups of vulnerable girls. This can help advocates put girls on the map and build confidence telling the story of girls in their country.

Day 2: Social and economic asset building for girls: Building permanent skills and resources that cannot be taken away; attempts to measure what they are currently getting from resources and where current programmes do not reach them.

Day 3: Building girls’ health and protective assets: Working on new tools to provide essential health and protective services for girls, such as programmes for safe motherhood, strategies for access to key HIV and sexual and reproductive health (SRH) technologies and services, and fighting and responding to gender-based violence (GBV).

Day 4: Measuring success: The aim is to demystify monitoring and evaluation; i.e. begin where you are based on what you think is important, choose the conditions you are trying to change, and measure five corresponding things.

Day 5: Resources: The aim is to build resources within countries and regionally for adolescent girls programmes. This means building technical tools and networks as well as financial resources. Organizations need to assess current resources and build strategies with donors and partners. Indexes of potential donors and partners interested in adolescent girls programmes are included in the workshop materials. Also consider skills to strengthen and address knowledge gaps. Clinics were held on Days 3 and 4 to work on individual proposals.

The Girls Left Behind: Using policy research and evidence-based programmes to “see” The Girls Left Behind

Judith Bruce (Population Council)

Judith Bruce (Population Council) opened the workshop with a presentation on The Girls Left Behind, explaining the need for a new generation of youth programmes that caters specifically to adolescent girls. The presentation showed how to use data (with a special focus on the countries present) to identify vulnerable sub-sets of girls, put forward some important dimensions of girls’ vulnerability (such as social isolation and living arrangements), and outlined the basic argument for creating girl-only platforms as common core.

Targeting

The data presented allow the internal diversity of girls to emerge. The identification of this diversity is key to targeting but also, **in a time of shrinking budgets, targeting can be presented as an effective strategy to tackle specific problems more effectively on limited budgets.** Some of these data confirmed the strong linkages between social and economic status and vulnerability. For example, the poorest 20% of girls ages 10–19 in many counties are those who are also most likely to be out of school, married, and/or forced into non-marital sexual relations. These girls are also the least likely to have effective access to existing programs and safety nets. These girls fall into multiple disadvantaged categories, as age, gender, ethnicity, and family factors combine. For example, girls who find themselves in domestic service may come from disadvantaged families in poor rural parts of the country.

This presentation also touched on the results to date—dealt with in more detail later—of “coverage” exercises, which indicate that youth and gender programs typically not only miss the most vulnerable girls, but concentrate their resources on those young people—older, male, urban based and born, school-going—who have other assets.

Data can be used to bring alive problems and give them weight. For example, **attitudes towards violence against women can actually be mapped down to the sub-national level**, revealing concentrations of women who believe that women may be justified in being beaten in all scenarios presented in a survey.

The DHS and other data can allow us to map important welfare indicators for women and youth. Some of the indicators used are:

- Proportion of girls ages 10–14 living away from parents (or proportion of girls ages 10–14 living away from parents and not in school)
- Age, gender, urban, rural, school dropout rates
- Proportion of girls who report their first sexual encounter was forced or tricked
- The relative female-to-male HIV infection rate in the 15–24-year-old age group
- Degree of acceptance of violence against girls and women

The data presented included findings from South Africa where, in KwaZulu-Natal, just over 30% of the non-poor rural girls reported their first sexual encounter was forced or tricked as compared to a very grim 55% of poor girls in urban areas. In Amhara, Ethiopia, 30% of women thought wife beating is acceptable under all scenarios presented in the study. In many African countries, girls begin school late and school leaving may dramatically increase during puberty, especially for those in rural areas.

Investing when it counts

The onset of girls' adolescence, when changes in the body begin to alter the ways in which families, communities, and social institutions treat girls, begins earlier for girls than for boys and has more severe consequences. Girls uniquely face the risks of childbirth and greatly outnumber males in the category of adolescents married as children (globally, a rate of about 10-to-1, female-to-male). Boys are roughly one-sixth as likely to experience forced sex, and dramatically less likely as children (under the age of 18) to have STDs, including HIV. Even controlling for educational levels, boys who are school-leavers have better income chances than girls who are school-leavers.

The current frameworks for action typically prioritize interventions at later ages (between 15 and 24), and underestimate the devastating impact to girls of school-leaving, forced or economically driven liaisons, and the intense loss of social capital that arises at puberty. Delayed intervention may miss the 'sensitive' moments at which disadvantage is consolidated for marginalized girls and from which there is no "catch-up."

Table 1.1: The Variable Costs of Rights Denied

Rights delayed	Savings accounts, citizenship documents; often legal or accessible only after age 18
Rights costly to recover	Schooling begun late or interrupted can be remediated through catch-up schooling, but at a high cost, and few girls succeed at getting fully back on track
Rights irremediably lost	FGM Experiencing forced sex Being HIV infected Child marriage Bearing a child before the end of childhood

Emergent issues by age 12 (major events in bold):

Studies in developmental adolescence in poor countries reveal the importance of early adolescence and the issues that emerge around age 12.

- Sexual maturation
- **Consolidation of gender norms**, including gender-based violence
- Changes in the family (e.g., parents' marital dissolution)
- Disproportionate care and domestic work burden for girls
- Withdrawal from and/or lack of safety in the 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 and assets
- **Pressure for marriage or liaisons** as livelihoods strategies for girls

Girl-only platforms

Programmes have to begin with the girls at the bottom. Most youth programmes are dominated by older males, those who are married, have resources and mobility, and are in the linguistic majority group. Rural, poor, and minority groups are significantly neglected or excluded. It may be necessary to negotiate through parents, bearing in mind that the girls are the client, not the parents. Girl-only platforms should provide safe spaces at least two hours a week for sports, health information, livelihoods programs, and social support. These spaces can give girls a chance to develop through female mentors, safety to play for the younger girls, and safety to learn for the older girls.

Girl-only platform uses

Girls across the age spectrum are more socially isolated than boys, have thinner and less reliable friendship networks and fewer places in which to meet friends, and they

express a strong desire for friendships with other girls. **Creating dedicated spaces for girls is a key strategy for the transformation of girls' self concepts, providing social support and functioning as a practical program platform for imparting new skills and the creation of new opportunity structures.** Programs for vulnerable girls and young women can provide a place to gather regularly (at least weekly) to meet peers, consult with mentors, acquire skills, and deal with crises (threats of marriage, school leaving, forced sex, unresponsive partners and parents, HIV in the family).

Girls' safe spaces can offer:

- A safe, reliably available space apart from home and formal schooling
- Friends: a dense network of non-family peers
- Mentors and role models to learn from, who can intercede
- The experience of being part of a team, cooperating and leading
- Literacy, health knowledge, social mobility: foundations of autonomy
- Financial literacy and savings
- Documentation for health, work, citizenship
- Self-protection and crisis management options
- Participation, activity, fun
- Referral and management of challenges and crises (pregnancy, rape, violence)

In HIV-prevalent settings, safe spaces can assist girls in:

- Accessing entitlements, including HIV-related
- Planning for seasonal stresses, like school fees and food shortages, which often increase pressure to exchange sex for gifts or money
- Dealing with prolonged illness, death, inheritance, succession planning
- Referral to or delivery of HIV-related prevention, testing, treatment, and care
- Accessing prevention technologies, such as female condoms and microbicides, when available

Safe spaces can be institutionalized at relatively low cost if they are established at publicly-provided venues like youth centers, community centers, and schools, or voluntary institutions like faith-based organizations, churches, mosques, and local NGOs. Given that these exist in almost every community and the investments have already been made, provision of age- and gender-specific sessions in existing institutional settings is a greatly needed and sustainable investment.

Girls' prospects for change are further limited when there are no role models or mentoring structures of older women to support them. **Even in the poorest communities there are some older girls (at least 10%) who are high school graduates and are not productively employed, constituting a hugely underutilized resource.** Experience shows that it is not difficult to recruit female mentors, typically ages 17–30, for a small stipend. These young women speak local minority languages, and are rooted in, and know the social codes of, the community.

Ms. Bruce concluded with this observation: Our closest allies in this effort are girls themselves and the women in their communities from whom we can recruit a needed cadre of mentors. Dedicated efforts to address the least-advantaged girls in the poorest communities is not a welfare measure, it is a strategic center to any serious effort to alleviate poverty, reduce high and unwanted fertility, make significant progress in improving maternal and child health, and prevent HIV.

For more discussion see:

Bruce, Judith, and Kelly Hallman. 2008. "Reaching the girls left behind," *Gender and Development* 16(2): 227–245.

Bruce, Judith, and Erica Chong. 2005. "The diverse universe of adolescents, and the girls and boys left behind: A note on research, program and policy priorities," background paper to the report *Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals*. New York: UN Millennium Project.

Clinic: NGO proposals and workshop objectives

Participants worked in three groups with mentors on the workshop's five-question framework for designing programmes. The object was for each NGO to identify two major learning objectives that would help it to implement better programmes for girls.

Table 1.3: The Five-Question Framework:

1)	What specific groups of girls (and how many) do you want to focus on and why?
2)	What specific conditions of these girls are of most concern and which of these conditions (given that you can't address all of them) would you like to improve?
3)	Which of these girls' assets, aspirations, capabilities are equally of interest and which of these you would like to, in the course of the program, seek to gauge and improve?
4)	What specific programmatic inputs you foresee with respect to these change objectives for girls (and the process by which you get there), aspects such as: a. identifying and recruiting the girls b. negotiating with gatekeepers c. specific new assets, skills, opportunities to be imparted d. the levels of participation that you believe will be sufficient to make a difference (is a one-time contact sufficient or will it be necessary to see a girl at least once a week for a year, for example?)
5)	At the end of the program, which conditions for these specific girls – and their communities – would you like to see changed; which of these do you believe are easily measured, which are less easily measured?

Feedback on group work highlighted the following points:

- Programmes would benefit from more **formative research**, i.e. identifying who has access to services and where disadvantaged groups really are. The most

vulnerable groups have to be intercepted because they do not have the resources or experience to advocate for themselves.

- Programs should be **demand driven** and not supply driven. It is good for organizations to build on what they do best, but programmes must reflect the needs of beneficiaries rather than service providers. Organisations have to plan how they are going to build capacity to match the demand for programmes.
- Programmes have to **narrow their focus** to have an effect; this means choosing one category (e.g., in school or out of school) and making sure that services are tailored to reach these girls and their specific needs. For example, girls in school and domestic workers have very different needs. It also means delivering specific outcomes, rather than trying to do everything. Geographic location is sometimes too wide. Concentrating activities in one location may be more effective and sustainable.

Amy Babcheck (Nike Foundation) gave a brief account of Nike’s campaigns and programmes for investment in adolescent girls. The three pillars of Nike’s campaigns are: 1) *working with heads*, bringing expertise and field experience, 2) *talking to hearts*, invoking emotional responses, and 3) *aiming for hands*, trying to motivate action. Nike’s short video “The Girl Effect” (www.girleffect.org) was shown, which was well received by participants, and urges a shift in focus “to see girls as assets and not liabilities.”

Participating NGOs were asked to consider two skills or knowledge gaps they would like to improve. A major theme was how to reach girls in rural and nomadic communities. Other skills frequently mentioned were: monitoring and evaluation and use of data; advocacy and resource mobilization; programmes to address livelihoods and GBV. Both the panel and participants stressed the need to pool resources and skills, share best practices nationally and regionally, and capitalize on the potential to build new networks and relationships. An example of this is the Kenya Adolescent Girls Learning Network. (See Appendix 3 for a table of NGO workshop objectives.)

DAY 2: PREPARING GIRLS FOR DECENT LIVELIHOODS: AGE-APPROPRIATE SKILLS, ASSETS, AND SOCIAL SUPPORT

November 11, 2008

Question of the Day: What specific programmatic inputs do you foresee to build girls' health, social, and economic assets?

Summary

The purpose of Day Two was to learn about programmes to build adolescent girls' social and economic assets. **Judith Bruce** (Population Council) presented a second module on **The Girls Left Behind, explaining why conventional youth-serving approaches don't reach girls**. To be effective and avoid excluding girls, youth programmes have to consider the social and economic constraints that affect girls' lives. The presentation was followed by a test run of a "coverage exercise," a survey tool used to identify programme beneficiaries. **Jennefer Sebstad** (Independent Consultant) presented on the **life-cycle approach to livelihoods programming**, showing how girls' needs and abilities are tied to age, family, and health status. **Karen Austrian** (Population Council and Binti Pamoja) talked about the Binti Pamoja Center, and its girl-focused work on financial education and services in Kenya. In the afternoon, participants worked in groups and in individual clinics to consider how their programmes can respond to the daily conditions of their intended beneficiaries.

The Girls Left Behind: Why conventional youth-serving approaches don't reach girls

Judith Bruce (Population Council)

This presentation emphasized that scarce youth programming and resources are often monopolized by those with the most assets. Data and programme experience were presented to show how conventional youth programmes tend to miss the most vulnerable subsets of youth, especially adolescent girls. The "coverage exercise" is a survey tool used to identify and profile whom services actually reach. Programme lessons from several such surveys in sub-Saharan Africa were discussed and recommendations from examples of girl-only programmes in Ethiopia and Burkina Faso were presented to show successful approaches to reaching girls.

Generally targeted youth programmes do not reach adolescent girls, especially those most in need

Studies show that when you "just open the door" to youth programmes, they tend to attract the asset-rich (including adults) rather than the asset-poor, and may not reach younger adolescents at all. Those in the community with more social and material assets are in a better position to find out about and take advantage of services, and thus

may contribute to the exclusion of younger, poorer, less-educated, and, particularly, female populations.

In most developing countries half of the population, on average, is under 25 years of age, and many of these countries have youth policies in place. Yet, many of these national policies are ambivalent and ineffectual. On the one hand, they see youth (particularly unemployed male youth in urban areas) as a potential source of trouble. On the other, youth are lauded as the “future” of the country, with significant promises to invest in youth, based on the Millennium Development Goals. Youth initiatives are often broadly “targeted,” for example seeking to reach those between the ages of 10 and 30. Some countries take huge loans to build these programmes. Yet there is rarely any research into either locating them geographically or creating outreach mechanisms to assure that the most vulnerable are served. Youth services may not be able to do everything, but they have to choose strategically what they will deliver and to whom.

Aligning investments with needs and promise

Coverage exercises have revealed that, on average, youth programme beneficiaries are majority male, and very few are in the 10–14 age range. If not specifically targeted, those with lesser risk and more assets will receive the majority of youth resources, e.g. educated boys versus out-of-school boys, unmarried older boys versus younger married girls, those in urban areas living with parents versus those in rural areas living alone. Large, consequential, and neglected sub-groups of young people must receive a much greater share of this investment: groups such as young migrants from rural areas, domestic workers, boys and girls ages 10–14 who are not in school and either living with one or no parent, married girls with or without children, young single mothers, and boys and girls in marginalized ethnic or linguistic communities.

A **coverage exercise** is a simple, low-cost, rapid programme assessment to ascertain which adolescents and youth are being reached. This tool can be used by many types of organizations to determine who they are serving. It can also be used in an administrative unit to identify different demographics and how to allocate resources, e.g. in peri-urban areas. Governments and donors can use coverage exercises to plan for investment. Results can be pooled, anonymously if necessary, to show hidden needs, e.g. no services reaching bar girls or domestic workers.

Data collection may be as simple as hand tabulation with the aid of colour-coded sheets, and does not necessarily require a high level of literacy. The following categories are useful indicators of assets and vulnerability: sex, school status, household composition, work status, marital status, parental status. There are six main steps in the coverage exercise model developed by the Population Council:

1. Selection of partner organizations
2. Sensitization and training of personnel
3. Collection of data
 - a. Interviews
 - b. Surveys

4. Data input and analysis
5. Dissemination of the data among partners and representatives from interested institutions
6. Re-evaluation and development of targeted programs to reach **early enough** those populations which bear the greatest risks of going off track permanently

Unless programs put girls at the center from the beginning they do not “get” to girls.

There is evidence that very few places intended by policy to be used by both sexes either begin that way or remain that way for long. One sex or the other usually takes over, more typically the males: Many programs seem to be dominated by males of 20 years and older. This demographic is in contrast to an increasingly young and female HIV epidemic; in some parts of sub-Saharan Africa infection rates for girls ages 15–24 are five times the rate of their male peers. Gender segregation is not a fashionable policy, however, work with men and boys also suggests that they need male-only platforms. Girls not only need female-only platforms, they may need a majority share of dedicated slots given their high risks, e.g. 50% of slots for females overall and 50% with an emphasis on building younger girls’ protective assets, based on the burden they carry of the HIV crisis and other challenges.

In **Guatemala**, research showed that only 2% of the participants in youth programming were indigenous rural girls. Indeed the only program that did reach rural indigenous girls was one that had specifically targeted them from the beginning. Similarly, in **Liberia**, many beneficiaries of youth programmes were found to be overage. The type of services used is significant as well. In Liberia, a pilot coverage exercise showed that females were more likely to go to receive treatment rather than prevention services, whereas boys were more likely to be attending literacy classes. The Biruh Tesfa project in **Ethiopia** for vulnerable migrant girls in Addis Ababa works by intercepting girls around the bus stations where they arrive in the city. A programme in **Burkina Faso** working in poor nomadic areas uses female health workers to initially reach married girls and form them into a local girls club. In clubs, the girls receive crucial health information, social support from their peers, and also literacy training, as they are virtually 100% illiterate.

Francesca Reinhardt (UNF) gave a brief synopsis of a pre-test coverage exercise conducted by UNFPA-Malawi, based on a spectrum of four youth-friendly centres. The data suggests that without specific programmes for 10–14 year olds, typically based around sport or recreation, 60% of youth centre users are male and in their late teens or early twenties. This is likely because this profile of user has more mobility, time, and resources. Two of the four centres ran extensive programmes for 10–14 year olds, however children in school and living with both parents were somewhat over-represented compared to national statistics. The data also suggested that children 15–19 might be underrepresented if they were not targeted with programmes. The implications of these findings are serious, given that girls ages 15–24 have the highest HIV infection rate in Malawi and five times the rate of boys in that age group.

Recommendations for targeted programmes:

1. Use available data to identify large concentrations of vulnerable youth segregated by age, gender, marital, and schooling status.
2. Age- and gender-specific spaces: create safe spaces for girls where information, skills, and other assets are offered in the context of a social environment where girls are safe and comfortable.
3. Reorient and locate adolescent initiatives in or close to the places where the vulnerable youth tend to congregate in order to include girls and boys who are not in school.
4. Promote education among girls, mindful of the threats to school going that arise around puberty; make the schools safer in order to attract girls who are at high risk of early marriage, and to protect poor girls who are at risk of exchanging sex for gifts, favors, or money.
5. Intervene early to create a civic identity for both boys and girls, promoting the processes of citizenship and civic participation in late childhood/early adolescence, including the provision of personal documentation.
6. Develop livelihood programs that are sensitive to the differences among youth, according to age, sex, socio-economic status, ethnicity, etc.

Life-cycle approach to livelihoods for adolescent girls

Jennefer Sebstad (Independent Consultant)

Jennefer Sebstad (Independent Consultant) presented an overview of programming principles to improve adolescent girls' economic options and assets. Drawing on the capability approach to poverty, she discussed the concepts of building social and economic assets to reduce vulnerability. She also stressed the importance of age-appropriate and staged livelihood programmes, responding to the girls' needs and abilities.

How can girls be better prepared to assume economic roles as they move towards adulthood? Suitable programmes depend on the evolving capacity of adolescent girls. Strategies such as microfinance, vocational training, and improved technology are usually tailored to adults. While poverty reduction strategies aim at growth and opportunities for the poor, it is important to bring young women into the process and prepare them for safe and productive livelihoods.

Livelihoods are ways of making a living and earning an income; as such, they are the basis of a household's survival. Livelihoods do not necessarily involve a cash economy and financial transactions, but usually do. Even in subsistence agricultural communities, most households need some form of cash income. The "livelihoods approach" to development emerged in the 1990s as a way of thinking about not just what people do to make a living, but the different kinds of resources they need to make

a living. Livelihoods have been defined as “the capabilities, assets, and material and social resources and activities required for the means of living”¹.

Capabilities may be defined as the abilities and choices people have in their environment. For example, are you physically able to clear land and do you know how? Are you allowed to clear land? Can you protect the land you clear? Can you keep the income and is it worth it to you? Amartya Sen’s “capability approach” to poverty thinks about how broader rights and freedoms effect development and economic activity, such as safety, health, independence, and long-term security². Capabilities are built through a combination of knowledge and experience for the individual, and creating opportunities and support in the surrounding environment. For example, financial education on savings, combined with the opportunity to practice savings, builds financial capabilities. Rights awareness, along with the enforcement of the rule of law, contributes to freedom from violence.

Assets are a store of value, which means that value can be accessed now or in the future. Assets can be used for production, to make a living, for consumption, to respond to emergencies. Assets are traditionally defined in terms of financial and physical property; however this definition has been broadened to include human and social resources as well. **Economic activities** are based on production, consumption, and investment.

- Social assets: social networks, group membership, relationships of trust, access to wider institutions of society
- Human assets: skills and knowledge, good health, ability to work, self esteem, bargaining power, autonomy, control over decisions
- Physical assets: personal assets, clothing, jewelry, household items, housing, transport, tools, equipment and other productive assets
- Financial assets: cash, savings, entitlements: e.g. orphans’ welfare payment, social security
- Adolescent girl assets: reduce vulnerability, increase opportunities. Programme strategies which build capabilities and assets: group formation, safe spaces and social support, life skills training, rights awareness, financial literacy, savings opportunities, mentoring, vocational/business training, planning, internships, food security, savings, credit, financial services, productive tools and equipment

A **staged approach** to adolescent programmes takes into account their evolving capacities, such as social and economic independence, responsibility, and role in society. There are debates about how to progress between stages and age groups and the important thing is to respond to the needs of the girls in question.

¹ Carney, D., ed. 1998. *Sustainable rural livelihoods: What contribution can we make?* London, Department for International Development, p.4.

² Sen, A. 1999. *Development as Freedom*. Oxford: Oxford University Press.

1. Start with: group formation, venues for safe spaces to meet, social support, mentoring, life skills training
2. Follow with: financial education, opportunities to practice saving through informal savings mechanisms, introduction to different ways to earn money, legal rights awareness, enterprise clubs
3. Move on to: opening bank accounts, vocational and or business training, internships, business development

Livelihoods programmes for vulnerable girls should have three major aims. First, they should aim to meet daily needs and deal with life-cycle events, such as births and marriage. Second, they should aim at coping with emergencies, crises, and unexpected events, providing risk management, and responding to shocks and emergencies. Third, they should help girls take advantage of opportunities when they arise.

Financial literacy is a basic life skill. It is the ability to engage in economic transactions. **Financial education** is means to financial literacy. It focuses on concepts of money and how to manage it well, knowledge, skills, and attitudes. It helps with decisions about earning, saving, spending, and borrowing money, and the use of financial services. Financial education is also a good entry point for working with girls. It is not patronizing or related to stigmatized social issues, and both adolescents and parents like it. It can support and reinforce other livelihood interventions and, combined with opportunities, can help change behaviours.

Case study: Building girls' assets at Binti Pamoja

Karen Austrian (Population Council-Kenya, Binti Pamoja)

Karen Austrian (Population Council-Kenya, Binti Pamoja) shared programme experience from the centre she founded in 2002, Binti Pamoja, in Kibera, one of Africa's largest slums, outside Nairobi. She described the evolution of the centre to meet the needs of the girls who both run and benefit from the programmes. Binti Pamoja, meaning "daughters united" in Swahili, started off as a women's rights and reproductive health centre for 11–18 year olds, focusing on health, education, and community outreach. Experience has shown that information is not enough, and that girls need help building their social and human assets in order to protect themselves. The centre has expanded to provide leadership and economic opportunities for members through **safe spaces** and **financial literacy** programmes.

The vulnerability of girls without assets was illustrated by an incident involving one of the centre's peer educators. The day after leading a workshop on sexual and reproductive health, the girl was in need of emergency contraception. The reason was that, faced with an economic emergency at home, she was obliged to have unprotected sex in exchange for money to pay her family's rent.

Safe spaces

The safe spaces programme features a community mapping exercise, interviewing girls to find out where in the community girls feel safe, and what kind of access girls have to spaces and programming. There is no lack of youth programming, with many NGOs operating in Kibera. However safe spaces are limited and only a third of clients of youth programs are girls. Safe spaces include churches, mosques, community spaces. Binti Pamoja rents spaces and recruits girls in specific villages to run them. The centre's alumni get a stipend because they are doing a serious job, and are accountable for budgets through submitting receipts, etc. These spaces become a platform for further programmes and recruitment.

Financial education

Binti Pamoja has partnered with the **Global Financial Education Program** on developing a **financial literacy** curriculum, and the Population Council is now working with **MicroSave** and two Kenyan financial institutions on developing financial products suitable for Binti Pamoja members. Market research involved focus groups with parents and financial stakeholders. Do girls have money? Girls are constantly transacting small amounts of money but not always regularly or in the healthiest ways. Key skills include savings goals, budgeting, banking services, and earning money. Many girls have never been to a bank before, making a “field trip” to the bank a worthwhile exercise. Girls are happy to have training and services unrelated to SRH and HIV.

A major problem for girls is saving without a formal place to put their money, as bank accounts are restricted until age 18; storing money is often unsafe and can make them more vulnerable to theft and assault. One solution for younger girls in the Kenyan context is a group saving model. Saving is currently a higher priority than credit for Binti Pamoja's members. The ability to save and having assets has been linked to higher self esteem, less exposure to violence, and less recourse to transactional sex and other forms of exploitation.

DAY 3: BUILDING GIRLS' HEALTH AND PROTECTIVE ASSETS

November 12, 2008

Question of the Day: What specific programmatic inputs do you foresee to build girls' health and protective assets?

Summary

The purpose of Day Three was to learn about programmes to build adolescent girls' health and protection assets. **Martha Brady** (Population Council) presented a framework for **girls' protection strategies**, looking at the conditions that effect girls' health and safety in their daily lives and over the different phases of their lives. This included social networks, mobility, and safe-spaces, as well as access to basic health services, particularly sexual and reproductive health. **Jill Keesbury** (Population Council) presented on gender-based violence programmes, outlining the types and incidence of **violence against girls** and the types of legal, medical, and social measures that programmes could take. The afternoon consisted of group work on the health and safety challenges to the girls in the particular communities in which the participating NGOs work.

Girls' protection strategies: Social and clinical aspects

Martha Brady (Population Council)

This module gave an overview of the social and clinical aspects of girls' protection strategies, considering the aspects of health technology, social power, and educational and economic opportunities. The presentation first set out the myriad of "risks" adolescent girls are exposed to, which often compound each other to create further vulnerability. Risks include: **poverty** and economic insecurity; **illiteracy** and educational disadvantage; early, unsafe, and **forced marriage**; **harmful traditional practices** such as female genital cutting (**FGC**); unintended and/or non-consensual sex and gender-based violence (**GBV**); lack of knowledge about and access to health technologies and services; and **conflict** and insecurity.

Steps for developing a protection strategy:

1. Diagnose and define problem
2. Ask questions, identify existing practices
3. Build on what exists
4. Determine what your programme can reasonably do

There are some **questions to consider** when assessing the girls' vulnerabilities. For example, do they feel safe in the community? Can they move about, by foot or public transport, safely? Are they exposed to fighting or violence in schools? Do they have solid and reliable social networks? Do they have access to community resources?

Common **strategies that girls report using** to protect themselves include identifying unsafe places in the community and avoiding danger zones. To enhance the safety of their mobility, girls may rely on safety in numbers, such as moving in groups or establishing a buddy system. Finally, having trusted adults or peers that girls can confide in and speak to about problems is essential.

Key health “programme buckets”: Life cycle and timing for girls

Girls’ health care needs are directly related to the stage and phase of the life cycle, with most attention concentrated in early childhood development and then ten years later with the onset of sexual, reproductive, and maternal health needs. From ages 0–5, children (both girls and boys) are fairly-well covered for the basic childhood illnesses through national child immunization programmes (typically referred to as EPI—expanded program of immunization). After that, there are few if any health programs for girls (after the basic round of child immunizations completed by age five). What health care girls receive at this time tends to be curative care (rather than prevention) for illness or injury. In short, there is often a “hiatus” in programs that tend to girls’ health after immunization.

Puberty starts roughly two years earlier for girls than for boys, and from around age 12 girls need information about basic health, hygiene, and body changes. This may be limited by social stigma and the breakdown of traditional ways of learning. Once sexually active, voluntarily or otherwise, girls need information on SRH and access to reproductive health technologies and services, including HIV-related services (in high-prevalence settings), as well as contraceptive supplies.

Throughout their childbearing years, girls and women need pregnancy related services, pre-natal, maternity, and post-partum. Sexual activity and having a sexual identity means that girls also need services for STIs and HIV/AIDS, including prevention, treatment, and care. They also need services for SGBV. Services should take into account that first-time motherhood, HIV infection, and GBV are all prevalent, and even dominant, among adolescent girls. Nutrition and immunity are important across a person’s life-span, but are especially important for pregnant women and breastfeeding mothers. While often health services are fragmented, it is important that we look at girls’ and women’s needs across their lifespan.

Table 3.1: Overview of Key Reproductive Health Technology and Degree of Conference of Protection over which Problems

Type of Protection Offered:	Technology
Protection against STIs and pregnancy	male and female condoms
Protection against pregnancy but not STIs	oral contraceptive pills; injectables; IUDs; implants; emergency contraception (EC)
Partial protection against STIs and HIV but not pregnancy	PEP (post-exposure prophylaxis); PREP (pre-exposure prophylaxis, possibly available in 2010); male circumcision (60% immunity, but no direct benefit for women apart from “herd immunity,” i.e. lower incidence in the population). It has been suggested that reliance on male circumcision might cause “behavioural disinhibition,” i.e. lead to a drop in condom use, so more research for its impact on women and girls is needed.
Protection against HPV and cervical cancer	HPV vaccine

Adolescent girls programs should aim to:

1. Know what key health problems the girls in their programs are facing
2. Train and educate staff in the pertinent issues
3. Know what health structures and resources exist in their community (this can be done through mapping health structures in catchment areas)
4. Develop linking strategies and connections with key services for referrals and emergency treatment
5. Escort girls to health services, facilitate their access to services
6. Provide accurate information, support, and referral

Sexual and gender-based violence programmes

Jill Keesbury (Population Council-Kenya)

This presentation outlined the scale of SGBV, the effects on women and girls, and best practice responses for service providers. It emphasised that SGBV is a major factor in the lives of adolescent girls in sub-Saharan Africa, and that all youth programmes should be prepared to respond to girls’ experiences of violence as much as possible. Linking effectively with health and legal services is a big step forward.

Sexual and gender-based violence covers physical and sexual assault of women and girls because of their gender, including domestic violence. It may also include psychological violence such as insults, threats, isolation, and domination of an individual. Sexual violence is any kind of non-consensual or forced sexual contact, such as rape, even within marriage. In sub-Saharan Africa, this is often classified as “defilement” for minors under the age of consent (16-18). Sexual and gender-based violence specific to adolescent girls includes FGC and child abuse. Programmes usually prefer talking about sexual violence because it has clear medical and legal implications and is easier to prove, although it does not mean other types of GBV are

not important. Proposals have to be clear about what kind of SGBV they are responding to and specific about which groups of girls their programs will target and why.

There are many difficulties with collecting data on SGBV, although showing the numbers of girls affected can help frame the discussion. DHS data shows that in sub-Saharan Africa, as many as a quarter to a half of adolescent girls are affected by sexual assault. There are major problems both with reporting sexual assaults, due to social stigma and the logistics of accessing services and authorities, and with raising awareness among girls and women that they are not alone and there are services to help them. Reporting is more common in cases of defilement, because it does not raise the question of consent that is raised with older women. Common perceptions of assault assume that attackers are strangers and victims are adults, whereas in reality, victims are often children and adolescents who are attacked in familiar settings by people they know. Campaigns need to teach both girls and the community that assaults are systematic and widespread, that victims have the right to seek support and services, and that perpetrators should not have impunity.

There is sometimes a debate as to whether victims should go to the hospital first or to the police first. It is essential that victims go to the hospital first for their health and safety, but make sure to save any forensic evidence that will be necessary to press charges. An HIV test is critical. Service providers must verify what the national laws are regarding medical reports and police reports, both for pressing charges and for receiving free medical care. Ironically, it is often the case that the most compelling evidence in rape cases is simply the testimony of a doctor, as a respected figure of authority.

Table 3.2: Facts about SGBV

Possible outcomes of assault:	Essential health responses:
<ul style="list-style-type: none"> • Physical injuries and chronic conditions • Sexual and reproductive sequelae • Psychological and behavioural outcomes • Fatal outcomes • More damage to younger girls; higher risk behaviour later • Immediate aftermath: significant side effects such as nausea, sleeplessness, anxiety 	<ul style="list-style-type: none"> • Treatment of injuries and clinical evaluation • Prophylaxis for pregnancy, emergency contraception within 120 hrs • Treatment for HIV: post-exposure prophylaxis (PEP): tricky, needed within 72 hours, 28 days • Treatment for STIs • Forensic examination, evidence collection and documentation • Trauma counselling, referrals for ongoing support • Family, community, buddy support for aftermath

Comprehensive care for girls who experience SGBV comprises medical services, the justice system, and the community. Survivors need psychosocial and rehabilitative care. However, there are barriers to services, including transport costs and fees. Where possible, advocates should make clear that ensuring that girl victims get the attention

they need is the responsibility of the state. For example, that the police should take survivors to the hospital and help ensure they have the evidence and documentation to report the attack, including pressing charges and going to court.

In some places regular police officers who are not trained in dealing with SGBV victims are not always helpful and could be part of the problem. In Zambia, training for officers and for staff of women and child protection units has proven successful. Yet, the social and cultural barriers to reporting SGBV are enormous, with survivors facing social stigma and abandonment. Other efforts to address these problems include a South African programme that assigns buddies to accompany survivors through the medical and legal processes, and a Kenyan programme that works with community-based advocates in villages. Providing information on rights, available services, and fees in health centres can help, as can mapping exercises among girls to locate danger zones, safe spaces, police stations, and health centres.

DAY 4: CHARTING SUCCESS

November 12, 2008

Question of the Day: What conditions for these specific girls, their mentors, and communities would you like to see changed?

Summary

Day Four focused on practical approaches to monitoring and evaluation (M&E), as well as diagnostic research on the intended beneficiaries of programs. Many participants identified M&E as an area they found intimidating and wanted to work on, and found these modules useful. **Judith Bruce** (Population Council) presented a module on **measuring girls' social capital, rights, and access to resources**, using the example of the Berhane Hewan project in Ethiopia to examine which conditions affect girls' well-being and simple indicators that reflect them. **Eva Roca** (Independent Consultant,) and **Jennefer Sebstad** (Independent Consultant) led a module on **common sense research**, looking at basic questions and targets that can track what is happening to girls. In the afternoon, **Richard Mabala** (Tamasha) led an interactive module on **participatory research**, using storytelling and puzzles to show how different kinds of research can be revealing or misleading. He emphasised the value of qualitative research and the possibilities of open discussion. This was followed by small group work on the M&E aspects of participants' proposals.

Measuring girls' social capital, an ability to exercise their rights and access resources
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Judith Bruce (Population Council)

This module used a case study from Ethiopia³ to demonstrate “second generation” programming, based on early intervention, clear targets and outcomes, and integrated services. In addition to concrete outcomes, the programmes used quantitative data, case histories of girls contextualized by the data, and well-evaluated pilot initiatives to attract donors, national policy makers, and broader constituencies. Programmes can increase their return on investment by mapping and targeting the most excluded, at-risk groups, which has a significant effect on national MDGs. The Berhane Hewan project, located in Ethiopia's rural Amhara province, addresses the conditions of girls and their communities, and uses simple indicators that reflect the outcomes at the level of the girl.

Targeted investments to girls to make development investment more effective

National policy, unintentionally but unfortunately, is typically unfocused. Rhetoric about the HIV epidemic may be translated functionally into investing in youth anti-

³ Erulkar, Annabel S., and Eunice Muthengi. 2007. "Evaluation of Berhane Hewan: A pilot program to promote education and delay marriage in rural Ethiopia," report. Addis Ababa: Population Council.

AIDS clubs, which have very low female participation, and to the extent that there is female participation those most likely to be HIV infected (younger, out of school, poorer, migrant, in domestic service) are not included.

In sub-Saharan African countries there are many groups at risk but two groups may bear special attention: girls living in high child marriage zones, and 10-14 year old girls in urban areas who are out of school, often in exploitative domestic service and at high risk of sexual exploitation. In Ethiopia, two successful pilot projects catering to these groups, Berhane Hewan and Biruh Tesfa, have been adopted by the national government and expanded to reach thousands of girls. Berhane Hewan was piloted in Amhara, where almost half of girls are married before age 15 and 23% of infants are born infected with HIV. There, maps indicating regions where child marriage is prevalent show that the areas are congruent with where HIV infection is high.

Strategies

In Amhara, early marriage is a product of both economic constraints and perceptions of the status and rights of girls. The project used economic incentives to effect family decisions and the status of girls, as well as community engagement to change local perceptions. Girls' experiences of early marriage, often expressing fear and neglect, including forced sexual relations and longing for friendship and attachment, were shared with the community for the first time, refuting the common platitude that they were "protected" as children within marriage. Hearing the girls' own words, through the way in which the research was presented (with the voice of a girl speaking in Amharic), made a strong impression on policy makers.

The project focused on building girls' social support and health assets as well as engaging local gatekeepers. The project staff (a partnership among the Population Council, UNFPA, and the government of Ethiopia/regional Amhara Ministry of Youth Office) selected a high-risk region for mapping the population, and mentors worked through kebele/woreda officials to identify mentors, recruit girls and engage families. In the rural program three levels of participation were offered: 1) to the younger unmarried girls (usually under age 13) support to remain in or return to school; 2) participation of older unmarried girls (ages 13–15) in groups led by female mentors; 3) participation of married girls (ages 11–22) in married girls groups led by mentors. Families were offered a goat (worth US\$25) as an incentive to participate in at least 80% of the program activities, whether that involved regular school going, regular attendance at the girls' club, or both over a 20-month-period.

Outcomes

The main objectives and indicators were to provide safe spaces, access to SRH information, social support, and increased education and assets, and to delay marriage. Social support, for example, can be measured by asking participants if they have friends in the community outside of their family; how often they socialise; if they have places outside the home where they feel comfortable; and if they know a place where they can

go in an emergency. The project produced moderate to significant improvements in all its main target outcomes. The outcomes are particularly important in the context of very high risks to individuals and society (e.g. HIV infection, maternal deaths), and the total absence of other interventions.

The project registered increases in social networks and participation for girls, increases in educational participation, delays in marriage from early to later adolescence, increases in reproductive health knowledge and communication, and increases in use of family planning. It appears to have stopped marriages under 15 in the experimental communities; and 74% of the married girls reported using family planning.

Common sense research: Questions we can ask that need answering

Eva Roca (Independent Consultant), Jennefer Sebstad (Independent Consultant)

The aim of this module was to provide a simple and practical approach to choosing objectives and measuring outcomes. Above all it aimed to demystify the monitoring and evaluation (M&E) process and to show how it can contribute to broader goals. Programmes for adolescent girls should be designed to build specific assets. Ideally, programmes should start with a diagnostic baseline survey to profile the target population of beneficiaries and measure the assets they have before any intervention takes place. The needs of beneficiaries should be the basis for choosing the assets to build and outcomes to deliver. The M&E process should ask a subset of questions periodically and at the end of the project to measure changes in assets for girls. Typically, such questionnaires include questions on knowledge, attitudes, practices, and tangible (e.g., savings, ID cards, etc.) and non-tangible (friends, social support, self-esteem) assets, and should be designed with the target population in mind. Along with some planning advice, the module described ways of measuring the main types of assets (**social, human, financial, physical**) with simple questions.

Profiling at-risk groups and measuring changes in their assets is an integral part of the five-question framework that was used to guide participants in developing proposals. Measuring the size of the population and the severity of their conditions can help win financial and political support, as well as inform the scale of the project's inputs and objectives. If the project is effective, it should deliver some kind of change in conditions, though programs should not be discouraged if they are only able to measure certain steps in a process toward longer-term change. Not every kind of change can be measured in the life of the program (e.g., long-term impact) but protective assets and intermediate results can be (for example, a program may not be able to measure reductions in HIV incidence in two years, but could measure changes in knowledge and use of contraception or self-confidence to negotiate sex or condom use).

Programs were encouraged to consider the following questions when beginning their M&E process:

1. What groups do you want to focus on and why?

2. What conditions of these girls are of most concern and which are you setting out to improve?
3. Which assets, capabilities, and aspirations are of interest and which would you like to seek to gauge and improve?
4. Which program inputs do you foresee and what are the processes to get there?
5. At the end of the program which specific conditions for these specific girls (and their communities) would you like to see changed

Table 4.1: Planning Tips

Designing M&E Questions	Designing the M&E Process
Keep it simple Develop standard questions relevant for your context But make sure you record the critical information Measure what you are trying to change Think about intermediate steps Timing: Before, during, and after But only collect data as often as you are willing to do something about it	Make a timeline, just like for your program Be realistic about how long it will take Keep it simple and short Make time for piloting and revisions Think about intermediate results Think about areas where you would expect to see progressive improvement

Tips on creating indicators:

Indicators should be...

- ✓ **Valid**: Indicators should measure the aspects of the program that they are intended to measure.
- ✓ **Specific**: Indicators should only measure the aspect of the program that they are intended to measure.
- ✓ **Reliable**: Indicators should minimize measurement error and should produce the same results consistently over time, regardless of the observer or respondent.
- ✓ **Comparable**: Indicators should use comparable units and denominators that will enable an increased understanding of impact or **effectiveness** across different population groups or program approaches.
- ✓ **Non-directional**: Indicators should be developed to **allow change** in any direction, and not specify a direction in their wording (for example: an indicator should be worded as “the level of awareness” instead of “an increased awareness”).
- ✓ **Precise**: Indicators should have clear, well-specified definitions.
- ✓ **Feasible**: It must be possible to measure an indicator using available tools and methods.

- ✓ **Programmatically relevant:** Indicators should be specifically linked to a programmatic input, output, or outcome.

Tips on asking questions

Whenever possible, a combination of quantitative (survey questions) and qualitative (focus groups, in-depth individual interviews) should be used. Privacy of interviewees must be respected at all times and confidentiality of answers maintained. To the extent possible, interviewers and interviewees should be of the same sex, particularly when sensitive questions are being asked.

Communication: Questions must be clear, specific, and appropriate for the people being surveyed, including being asked in their own language. Simpler questions are more effective since there is less possibility of misunderstanding. Apart from language, many concepts may need to be clarified, e.g. menstruation, assault, approximate age, formal or informal work. It is advisable to test different versions of surveys or questions in advance and modify them based on problems encountered during testing.

Focus groups: Focus groups offer a different perspective than individual surveys. They are usually faster and more dynamic, and give an impression of group norms. However they are more likely to reflect social conventions than the reality of the conditions of people's lives. They may also not reveal sensitive information, and are subject to power dynamics within the group.

Interview techniques: All social research involves relationships and perceptions of relationships. Different interviewers may get different answers based on their gender, age, or status. Sometimes multiple interviews are necessary, where resources permit. Interviewers who are similar to the interviewee may get better answers. On the other hand, an outsider may get information by being seen as more neutral. In one case, interviewers from one village were used in another village to maintain privacy. Where it is difficult to get access to the subject (e.g. young girls) it may be worth having additional interviewers to occupy other family members while the interview takes place. ACASI technology (audio computer-assisted self-interview, an electronic survey device) is one way of gathering information anonymously.

Sensitive topics: Sensitive topics—such as sexuality, violence, income, family status—must be handled appropriately for the age, culture, and vulnerabilities of the interviewees. Where abortion is taboo or illegal, surveys might take the form of discussions over tea (with the full knowledge and consent of the interviewee) where the interviewer simply has to remember the questions and answers and record them after the fact. Surveys may start with non-threatening questions and build up to more sensitive ones. Interviewees should always be able to opt out of answering any questions at any time.

Ethics: Information must never be forced, and privacy and the right to personal information must be respected at all times. Interview subjects must be informed of the

purpose of any survey and asked for their consent. Collecting information should in no way compromise the people being surveyed. Research methods and tools should be cleared by an Institutional Review Board before any research begins.

Sample questions listed in Table 4.3 should be modified to be relevant to a particular context. These should be taken as illustrative only and not every programme would want to gather information on all of these areas. These questions were taken from surveys that have been tested and used by the Population Council in a variety of settings, including South Africa, Kenya, India, and Ethiopia.

Table 4.2: Domains

Type	Example	Use
Basic information	age, gender, health, schooling, ethnicity, religion, social status and identity, household and living conditions	These domains contribute to the diagnostics.
Critical life events	puberty, initiations, sexual debut, marriage, birth, assault, migration	
Social assets	social networks, group membership, relations of trust	These domains measure the assets girls have at the beginning and end of the project.
Human assets	health, self esteem, bargaining power, work, decisionmaking	
Financial assets	cash, savings, loans and gifts, accounts, regular remittances or entitlements	
Physical assets	land, housing, jewelry, shoes, tools, productive assets	

Table 4.3: Sample Questions: Basic Information

Personal status	What is your age and gender?
Household status	Who do you live with? (options given, with multiple responses possible—e.g., mother, father, grandmother, husband, brothers, sisters, children, alone, etc.) Is your birth/natural father/mother alive? (If yes, does he/she live with you; if no, what age were you when he/she passed away?)
Ethnic status	What is your ethnicity/religion/first language? If you migrated from another area, what is your region of origin?
Education status	What is the highest grade you have completed?
Marital status	What is your marital status? (single/in a relationship/engaged/married/divorced)

Table 4.4: Sample Questions: Critical Life Events

Schooling	At what age did you start grade 1 for the first time?
Puberty	Have you ever experienced menstruation?
Initiations	Have you ever experienced (a traditional initiation or ceremony, like FGM)?
Sexuality	Have you ever had sexual intercourse when somebody was physically forcing you, hurting you, or threatening you?
Marriage	If you are married, how old were you when you were married? How old was your partner at the time?
Migration	When did you arrive here? (at what age, or how long ago)

Table 4.5: Sample Questions: Social Assets

Time use	How many hours in the past 7 days did you spend..... Doing unpaid chores or work around the house? (such as cooking, cleaning, fetching water, child care, yard work, and home maintenance)
Participation	In the last week did you..... Socialize with non-family friends? How many times? Socialize outside the home? Play football, netball, or another sport?
Access to safe spaces	Do you have a safe place outside of home/school to meet non-family friends? Do you meet at least weekly?
Social networks and safety nets	Do you belong to any of the following organizations..... (savings group, sports group, study group, dancing/singing/music/choir group, church group, etc.)? How often do you meet? How many non-family friends do you have? How often do you see them? Do you have someone to turn to in difficulty? Do you have someone to borrow money from in an emergency?
Safety and social cohesion	<i>Strongly agree/Agree/Disagree/Strongly disagree</i> with the following statements: <ul style="list-style-type: none"> • I feel safe walking around in my neighbourhood/community during the day. • The adults in my neighbourhood/community will help me if I am in trouble.
Experience of violence	Has anyone ever (and when was the first/last time this happened?): <ul style="list-style-type: none"> • Hit you with a fist or something else that could hurt? • Threatened you with a gun or knife?

Table 4.6: Sample Questions: Human Assets

Confidence	<p>Please say whether you agree or disagree with each statement, as it applies to you:</p> <ul style="list-style-type: none"> • I feel I am as important as other members of my family. • I feel as capable of doing many things as other people.
Decisionmaking	<p>Please say whether you agree or disagree with each statement, as it applies to you.</p> <ul style="list-style-type: none"> • I need someone’s permission before I leave the house. • I need someone’s permission before I visit a friend. <p>Are you able to decide on your own whether to keep all your earnings? Who decides how you will use your money?</p>
Work seeking: skills and knowledge	<p>Please name three income-generating/business opportunities that exist your community.</p> <p>Have you ever tried to start an income-generating activity? Have you ever received any vocational training (yes/no)?</p>
Health: skills and knowledge (HIV)	<p>How can people protect themselves from getting infected with HIV/AIDS? <i>(check all the ways mentioned)</i></p> <p>Know a healthy-looking person can be HIV+. Know that most people don’t get HIV from sharp objects. Know that there is no cure for HIV/AIDS.</p>
Health: skills and knowledge (RH)	<p>What are the early signs of pregnancy? Have you heard of STIs other than HIV?</p>
Access to services: knowledge	<p>Do you know a place to get (list of FP methods available in area)? Do you know where to go if you wanted to get tested for HIV? Have you ever had a health check up?</p>

Table 4.7: Sample Questions: Financial Assets

Employment and earning	<p>Have you ever spent time actively looking for work? Last 12 months? Last month?</p> <p>Have you ever undertaken any kind of work, whether for yourself or for other people, for which you have earned money? In the last 12 months? Last month?</p>
Savings	<p>I have some money I keep in case of an emergency (yes/no)</p> <p>Have you ever tried to open a bank account? (if yes, were you successful?)</p> <p>Have you ever borrowed money? (yes/no)</p>

Table 4.8: Sample Questions: Physical Assets

Household level	Does your household own any of the following assets? For example: radio/stereo, DVD player, television, landline telephone, mobile phone, refrigerator/freezer, stove, microwave, washing machine, any furniture, bicycle, motorcycle, automobile, computer, house, property, small/large agricultural equipment, small/medium/large livestock, savings, investments
Personal level: material	Do you personally own any of the following.....? For example, South Africa included: perfume, designer shoes, designer clothing, make-up (such as lipstick, cutex), jewelry such as bracelets/necklace, HiFi/stereo, MP3 player, computer, cell phone, cell phone airtime, designer sunglasses)
Personal level: legal (citizenship and identity)	Do you have any of the following identification documents: birth certificate, ID card? Do you have a CV/resume for applying to jobs?

Participatory social research

Richard Mabala (Tamasha)

Richard Mabala (Tamasha) presented a module on qualitative social research and interactive research methods. Having worked for UNICEF and written on development issues, he started the Tamasha youth centre in Dar es Salaam, Tanzania, as a youth participatory development institute. The centre puts particular emphasis on training and engaging young women, who are otherwise neglected by youth programmes. Mr. Mabala used allegories and interactive games to demonstrate different ways of getting at information.

Useful case studies and exercises:

- *Using theatre to provoke discussion and reveal new information.* In Tanzania, youth theatre groups revealed sexual and contraceptive practices that had not appeared in any formal studies, including a concurrent UNICEF study of attitudes and behaviour. Direct questions may be simple, but may also be limiting; the answers will only be as good as the questions.
- *Training adolescent girls to do research with their peers.* The girls were pleased to be trained and respected, although at first they were afraid of not being taken seriously. Many girls had internalised the patriarchal culture they live in and were judgmental of girls who had been assaulted. The researchers mapped out their neighbourhoods, practiced the surveys, tested them on each other, and revised them.

- *Mapping neighbourhood space and time.* The mapping exercise with girls revealed unsafe spots like unofficial brothels and unfinished houses. They also made a time matrix to map how and when spaces were used.
- *Ranking exercises.* Having focus groups rank and compare things provokes discussion and analysis. For example: ranking from most to least dangerous: hospital versus church, school versus saloon; which males make you feel unsafe, e.g. shopkeeper, employer. These exercises can help build survey tools.
- *Open-ended discussions:* A similar exercise can be used with household structures: who does the work: cultivating, cattle herding, domestic work? Who owns what and gets to use it? Who makes decisions? In one case, focus groups led themselves to the conclusion that daughters did more work than brothers and fathers, but got fewer goods, and fathers made most of the decisions.

DAY 5: RESOURCES

November 24, 2008

Question of the Day: What resources will you need?

Summary

The thematic focus of Day Five was **resource mobilization** for adolescent girls programmes, as well as planning strategies at the country level and for individual NGO programmes. As the last day of the workshop, it was also necessary to conclude and briefly evaluate the workshop. Participants endeavoured to get final input for their proposals and bring them as close to completion as possible. Representatives of the donor community led a discussion on **what donors look for**, and how donors and small organizations can work together better. After final consultations on proposals, country teams presented their **strategies for working together at the national level** to raise resources and share tools and information. The final evaluation and feedback on the workshop was generally positive, with participants appreciating the interactive process, and the modules on M&E and advocacy skills. It was also suggested that more modules on practical programme management and models would be valuable, and as well as more structured clinics with mentors.

Donor panel

Amy Babchek (Nike Foundation), Virginia Dooley (EMpower Foundation), Sandhya Gupta (American Jewish World Service), Solome Lemma (Global Fund for Children), Faiza Mohamed (Equality Now, Adolescent Girls Legal Defense Fund)

The donor representatives participating in the workshop took the opportunity to present their organizations and explain what they are looking for from partners. They also discussed more broadly what donors look for and the challenges of making the proposal process more transparent and efficient for NGOs. **Amy Babchek** (Nike Foundation) gave an overview of strategies and information for matching projects with donors. Though not directly related to resource mobilization, a representative of Equality Now took the opportunity to talk about the Adolescent Girls Legal Defense Fund.

Donor trends

Judith Bruce (Population Council) pointed out that many of the interested donors, including Nike and EMpower, are only a few years old, and that new sources of funding arise as agendas shift. The business is always to look ahead at trends in funding. Donors are often looking for ideas and new focuses and can be influenced by NGOs. Recognising the difficulty of the proposal and reporting process, **Virginia Dooley** said that some New York donors are working on greater harmonization. This process may not result in one single form, but the goal is to make proposal formats as

similar as possible. EMpower works with Grantmakers Without Borders, which is working on an annual report template.

Useful links:

www.foundationcenter.org

www.africangrantmakers.org

www.internationaldonors.org

Nike Foundation – Amy Babchek

<http://www.nikefoundation.org/>

Focused on adolescent girls, the Nike Foundation is using its resources to drive attention to an undervalued issue. This generates big returns on investment, different points of view, and equity of distribution. Nike wants DHS data on adolescent girls to be publicized, and for institutions to not be afraid to talk about sexuality, the cost effectiveness of investing in girls, and girls as economic agents. Above all, the organization wants to make sure that resources get to girls. Proposals should aim at a theory of change, support through transitions, and building assets so that the girl takes away something for herself. Some of these major assets are education, livelihoods, social, human, and financial capital. Nike is not funding any new programmes at the moment.

Nike’s Grassroots Girls Initiative, along with other donors, funds the “foot soldier”—NGOs at the country level. The organization makes grants of \$5k-20k to nationally registered NGOs with budgets of \$50k. As the Initiative has grown to \$9m, it will distribute through regrants, as it is too big to manage. The ultimate goal is \$100m, which could build intermediaries in different countries to manage flows. The Initiative has invested in 140 countries and may have reached as many as 33,000 girls.

When looking for donors, it is important to see of “the shoe fits.” No two donors are the same, and it is necessary to find out what they are looking for. Recommendations included to use networks: reputations often secure resources, trust, and interest. Also, it was suggested to ask for feedback; in the event of a refusal, take the initiative, say you appreciate the decision, and ask what would make the proposal stronger next time. Everyone needs to improve and Nike’s priority is learning.

American Jewish World Service (AJWS) – Sandhya Gupta

<http://www.ajws.org/>

AJWS is has 16 programmes in Africa, supported mainly with small grants. Grantees are viewed as partners. The organization looks for programs that are making a concerted effort to target the most marginalised populations; proposals tell a lot about the organization’s commitment. AJWS looks for specificity and suggests that projects narrow their focus: who is being targeted, what is the plan, how will it be carried out and measured? AJWS makes commitments for 3-5 years, with cycles starting in December and June. NGOs are often ambitious to do everything, but in reality more

specific targeting is preferable. Above all, the organization looks for honesty in proposals.

EMpower – Virginia Dooley

<http://www.empowerweb.org/>

EMpower was founded in 2000 by professionals from the financial sector in emerging markets. Focused on emerging market countries, it does grant making and programme work in NY and has a UK office. For 2008-9 its grantmaking budget was \$1.8m. Average grant size is \$30,000; the organization provides grants to organizations with budgets between \$100k and \$1.5m. Multi-year grants are made to partners with whom EMpower has established a funding relationship. The organization currently funds local organizations in 13 countries. It does not yet fund in East Africa (currently in Egypt, Nigeria, and South Africa), but this may change.

EMpower looks for projects working directly with at-risk youth ages 10–24, and where the majority of beneficiaries are adolescent girls. Its thematic portfolios include **health: SRH** (not treatment); **education: supplementary, integrated; leadership and livelihoods development: entrepreneurship, linking interested parties, job skills.** EMpower has several advantages for grantees: it emphasises donor education; it is based in the financial sector; and it wants to use its influence to encourage in-country philanthropy and build networks in the recipient country's private sector.

Global Fund for Children (GFC) – Solome Lemma

<http://www.globalfundforchildren.org/>

GFC is a small public foundation based in Washington, DC, which funds grassroots organizations to work with youth. Its focus is on ages 0–24, with a heavy emphasis on ages 0–18. The organization has 70 partners in 22 countries, funding projects ranging from education to health to enterprise. Projects include: providing access to livelihoods opportunities, building healthy minds and bodies, promoting HIV education, working in post-conflict areas, and fighting human trafficking. GFC's theory of change is that community-based organizations (CBOs) know the challenges and can find appropriate solutions. Small grants go a long way in CBOs with budgets under \$100k; other grants are provided to CBOs with budgets of \$150k or \$200k; yet, some grants are as small as \$7k. GFC is itself just emerging and grows every 5 to 6 years. The organization's philosophy is that smaller is better and its focus is on finding effective, creative solutions.

GFC makes regular grants and has a CBO development programme that provides locally based capacity building to grantees for one year. GFC understands that they are working with small CBOs and that the proposal process is challenging. Programme officers can advocate for a CBO applicant and try and coach them with their proposal; however CBOs should submit the best proposals they can. GFC is interested in proposal harmonization processes and information sharing to make things easier for small CBOs.

Equality Now-Nairobi, Adolescent Girls' Legal Defense Fund (AGLDF) – Faiza Mohamed

<http://www.equalitynow.org/>,

http://www.equalitynow.org/english/pressroom/press_releases/agldf_20071207a_en.html

The AGLDF is an initiative of the international women's rights group Equality Now. It aims to promote safe spaces for girls at home and at school by supporting legal action for girls who want to take up cases and seek justice for sexual assaults and GBV. Its strategy is to set precedents in national law which can be replicated domestically by survivors in court, and challenge the culture of impunity outside of court. AGLDF currently has two high-profile cases, an Ethiopian case before the African Human and Peoples' Rights Commission, and a Zambian case that successfully went through the High Court.

Both cases address endemic violations against girls, i.e. child rape and marriage in one case, and abuse of power by teachers in schools in the other. The Ethiopian case concerns a 13-year-old girl who was abducted for the purpose of marriage. The Zambian case resulted in the conviction of a teacher for sexually assaulting a student, a common risk for girls who remain in school. The anonymity of the girls is fully protected, and the AGLDF can commit the resources to take cases to the highest level. It does, however, need help finding good cases, and **welcomes any referrals from NGOs working with girls**. Suitable cases involve violations of safety and trust at home, at school, and in the community, and include harmful practices such as child marriage, forced marriage, and female genital mutilation. It also requires emotional stamina on the part of the girl seeking justice to take the case to the highest levels. The African Union Women's Protocol, which has been signed by 26 continental countries, is a new tool offering human rights protections for girls and women, thereby obligating countries to implement international standards in domestic law.

Going forward: NGO country strategies and feedback

The ultimate goal of the workshop was to launch more programmes for girls in the short term and to build strategies for the long term. The major output was preparing NGOs to design and obtain funding for targeted programmes. Participants worked extensively on their proposals over the course of the workshop, and got individual attention from specialists in clinics. Another feature was the opportunity to network with NGOs from the same country and learn about programmes run by colleagues in other countries. NGOs recognized the potential for future collaboration, although implementation after the workshop depends on many factors. Workshop feedback was not elaborate, but generally positive. Participants found most aspects of the workshop a good learning experience, even if there are many areas they wish to learn more about.

In addition to refining their own proposals, NGOs were asked to prepare a **country strategy for adolescent girls programmes** with their national colleagues. Since there is currently little coordination between NGOs at this level or on these issues, the

potential for growth is infinite. Cooperation strategies included **practical, policy, and advocacy and fundraising support**. Practical support includes sharing information, best practices, and tools such as curricula and M&E systems. Policy support includes sharing national policy documents, getting curricula and programmes approved, and presenting a united front on certain issues. Advocacy and fundraising support includes sharing presentations and data on girls, approaching bilateral donors together, and building coalitions of interested donors and interest groups. Practical implementation steps include setting up loose or more organized national networks; creating online forums to discuss and store information; and planning joint meetings in the near future. (See Appendix 3 for a table of NGO country strategies and feedback.)

In terms of strategies and **feedback**, the area that causes the most anxiety, particularly for small NGOs, is fundraising and relations with donors. While the workshop provided information and contacts, participants were keen to get as much support as they could, and were not always confident about the future. The proposal writing process helped them to design and present good programmes, but meeting the requirements of different donors for proposals, reporting, accounting, and evaluation are always a challenge. Participants were also keen to get more access to best practices and tools to implement programmes. Even with internet access and communication technologies, many organizations feel isolated and are always in need of more information and interaction with colleagues. This is especially true for NGOs outside of cities. Participants felt that they learned from the sessions, but could benefit from working more on practical skills and programme tools in many areas. (See Appendix 3 for a table of NGO country strategies and feedback.)

TABLE 5.1: Workshop Evaluation

Love it	Like it
<ul style="list-style-type: none"> • Participatory research module • “Elevator talk” advocacy exercise • Using maps and demographic data • Nike “Girl Effect” video • Monitoring and evaluation module • Working with other participants 	<ul style="list-style-type: none"> • Clinics
Less of it	Lose it
<ul style="list-style-type: none"> • Conference room was not very participatory; the room not well designed for interaction. • Lack of language interpretation: more interpretation was needed to integrate Francophone participants. • Some participants found the emphasis on data overwhelming; they are more likely to use data prepared by experts like DHS or Population Council than to prepare figures themselves. 	

Suggestions for future training:

- Best practices on life skills training; sharing curriculums
- More participatory research; linked with survey exercises
- Budgeting: designing proposals
- More M&E: designing M&E tools, qualitative data collection tools
- More structured clinics with mentors
- Exposure to mentors was not very even/equal

APPENDIX 1: WORKSHOP AGENDA

Adolescent Girls Programming and Capacity-Building Workshop

November 10th-14th, 2008

*Fairview Hotel
Bishops Road, Nairobi, Kenya*

Day 1: Monday, November 10th

Which Girls, How Many, and Why?

Question of the Day: How to select the girls that are the subject of your intervention.

Tools: Set of questions to be answered by the host organization and what we want the participants to have at the end of the day.

Core Learning Objectives for the Day:

1. Where to look for relevant data.
2. Identify meaningful internal diversity of girls in their country, with respect to serious conditions affecting girls: e.g. child marriage, school leaving, negative norms that deprive girls of their rights, unwanted/unprotected sexual relations, unintended pregnancies, unattended deliveries, violence, vulnerable living arrangements, burden of disease (especially HIV), harmful traditional practices such as FGM.
3. Identify when in the life-cycle at least 10% of the girls go off track and their vulnerability in one or more areas is consolidated (special emphasis on schooling experience during adolescence).
4. Develop skills to effectively target, including:
 - projecting proportions of eligible girls needing to be reached to make a difference in girls' experience in disadvantaged communities: e.g. management literature on women suggests that decisionmaking doesn't change unless a third of the participants are female—what standards might apply for adolescent girls?
 - considering how early you have to intervene to make a difference.

8:30 – 9:30 am **Introduction and goals**
Judith Bruce, Karen Austrian, Catherine Maternowska

9:30 – 10:15 am **The Girls Left Behind: Using policy research and evidence-based programs to “SEE” the girls left behind**
Judith Bruce
Presentation will discuss the rationale for the learning objectives.

10:15 – 10:30 am	<i>Coffee/tea break</i>
10:30 – 11:30 am	<p>Country presentations on the situation of girls in their country (country/regional differences and considerations in targeting)</p> <p>The goal of this exercise is for country teams to learn how to advocate for adolescent girls using data, maps, and other graphics that clearly illustrate the general conditions of girls and the areas of large neglect (country/regional differences and considerations in targeting). This presentation can be used as an advocacy tool, and should show linkages to the MDGs. Two people can present, and no more than 10 slides can be used.</p>
10:30 – 10:45 am	<i>Malawi</i>
10:45 – 11:00 am	<i>Tanzania</i>
11:00 – 11:15 am	<i>Uganda</i>
11:15 – 11:30 am	<i>Kenya</i>
11:30 – 12:45 pm	<p>Discussion</p> <p>Representatives from Ghana, Zambia, and Congo will start by giving their input and briefly commenting on the situation of girls in their country.</p>
1:00 – 2:00 pm	<i>Lunch</i>
2:00 – 3:30 pm	<p>Breakout groups to address learning objectives [three groups, with mentors]</p> <p>Overview of each country’s girls that includes which populations they want to cover and presents information on the five questions asked:</p> <ol style="list-style-type: none"> 1) What specific groups of girls (and how many) do you want to focus on and why? 2) What specific conditions of these girls are of most concern and which of these conditions (given that you can’t address all of them) would you like to improve? 3) Which of these girls’ assets, aspirations, and capabilities are equally of interest and which of these you would like to, in the course of the program, seek to gauge and improve? 4) What specific programmatic inputs you foresee with respect to these change objectives for girls (and the process by which you get there)? 5) At the end of the program, which conditions for these specific girls – and their communities – would you like to see changed? <p>Presentations can be accompanied by handouts. 10 minutes each. Everyone will be split into three breakout groups. Groups A, B, C are sorted not strictly by size but by focus. All participants must participate in a group. Discussion guide: each group to discuss, in light of the learning objectives, what their group will do. Role of discussion leader is to promote the strongest possible learning across the main competence areas.</p>
3:30 – 3:45 pm	<i>Coffee/tea break</i>
3:45 – 5:00 pm	Discussion

One person from each group will report back from each breakout group, followed by general discussion and planning for Day Two.

5:00 pm **Adjourn**

6:00 – 9:00 pm ***Welcome dinner at the Fairview Hotel***

Faculty responsible for management of the day: Judith Bruce

Rapporteurs: Francesca Reinhardt and Dennitah Ghati

Day 2: Tuesday, November 11th

Preparing Girls for Decent Livelihoods: Age-appropriate Skills, Assets, and Social Support

Question of the Day: What specific programmatic inputs do you foresee to build girls' health, social, and economic assets?

Core Learning Objectives for the Day:

1. Identify tools by which to assess whether girls are reached by current efforts.
 2. Review: (a) concepts and definitions of livelihoods (LH) and (b) different types of livelihood interventions for adolescents.
 3. Appreciate importance of staged (by age and life cycle) and targeted (by core needs and context) approach.
 4. Learn to develop programs on livelihoods to build economic and closely related assets of girls.
-

8:30 – 9:00 am

Check in and review. Looking ahead.

Judith Bruce

9:00 – 9:30 am

The Girls Left Behind: Why conventional youth-serving approaches don't reach girls & why the work we're undertaking makes such a difference

Presentation exploring whether conventional youth-serving activities reach girls proportionate to their needs, and rationale for a staged (by age and life cycle) and targeted (by core needs and context) girl-focused approach that addresses social isolation and economic vulnerability. To be able to answer the question "Isn't what we're already doing reaching girls sufficiently?"

Judith Bruce

9:30 – 10:15 am

Discussion and interactive activity introduced on how to do a coverage exercise

- Comments on the presentation
- Clarification of outstanding questions
- Participate in mock coverage exercise

10:15 – 10:30 am

Coffee/tea break

10:30 – 11:00 am

Presentation of life cycle approach to livelihood programs for adolescents

- Review:
 - concepts and definitions of livelihoods
 - different types of livelihood interventions for adolescents
 - the importance of a staged (by age and life cycle) and targeted (by core needs and context) approach
 - what we hope to achieve through these interventions (capabilities)
- Learn to develop programs on livelihoods to build economic and closely related assets for girls

Jennefer Sebstad

11:00 – 11:30 am	<p>Presentation of Binti Pamoja’s program as an example of this approach</p> <p>Review:</p> <ol style="list-style-type: none"> (1) BP target group, setting, basic program (2) results of BP mapping exercise (3) financial education work (4) savings work (5) lessons/outcomes <p><i>Karen Austrian</i></p>
11:30 – 12:15 pm	<p>Small group work</p> <ol style="list-style-type: none"> (1) Discuss LH interventions appropriate to girls in different age groups (2) Discuss LH interventions appropriate to girls in different settings (3) Discuss key design issues related to LH interventions for adolescent girls and young women (e.g., financial education content/delivery; savings product design; vocational/business training)
12:15 – 1:00 pm	<p>Groups report back</p> <p>Discuss and debate LH interventions that are appropriate for the age group and the setting; identify other important target group characteristics and program design issues to consider.</p>
1:00 – 2:00 pm	<p><i>Lunch</i></p>
2:00 – 3:00 pm	<p>Four participant discussion groups: which beneficiary groups they selected and why; what dimensions of girls’ situation their programs will seek to change</p> <p>Participants will share information on:</p> <ol style="list-style-type: none"> (1) characteristics of the target groups they have chosen for their programs (2) why they chose this beneficiary group (3) what specific changes their programs will seek to bring about for these girls <p><i>Karen Austrian and Jennefer Sebstad</i> facilitate</p>
3:00 – 3:15 pm	<p><i>Coffee/tea break</i></p>
3:15 – 5:00 pm	<p>Clinics</p> <p>Participants will have more in-depth opportunity to further explore areas in which they would like additional support and information, using Clinic Approach: mini-consultations with “experts.”</p>
5:00 pm	<p>Adjourn</p>

Faculty responsible for management of the day: Jennefer Sebstad and Karen Austrian

Rapporteurs: Francesca Reinhardt and Dennitah Ghati

Day 3: Wednesday, November 12th

Building Girls' Health and Protection Assets

Question of the Day: What specific programmatic inputs do you foresee to build girls' health and protection assets?

Core Learning Objectives for the Day:

1. Learn about the aspects of reproductive health technologies and services as well as gender-based violence programs most relevant for adolescent girls.
 2. Discuss examples of programs that have effectively linked their services to health and protection strategies.
 3. Develop a list of questions to identify community health and protection resources.
-

8:30 – 9:00 am **Check in and review of what we have learned**

Karen Austrian

9:00 – 9:30 am **A framework for girls' protection strategies: Social to clinical**

Martha Brady

9:30 – 10:00 am **Gender-based violence programs**

Jill Keesbury

10:00 – 10:15 am **Coffee/tea break**

10:15 – 1:00 am **All-group brainstorm:**

Discussion questions (Martha and Jill to facilitate)

- What are the health issues that girls in your programs bring up to you?
- Which of these issues can you address within your own programs, which of these issues do you need to make linkages for, and why?

Small group exercise:

Groups will come up with a list of questions that they would need answered from the different linkage sites.

Program teams will think about which specific sites in their communities they want to make linkages with and a plan for how they will make linkages and get necessary information.

Come back to the main group – Martha will share her 'gold standard' list of questions, group feedback, questions, discussion of issues that arise.

1:00 – 2:00 pm **Lunch**

2:00 – 3:00 pm **Clinics**

Participants will have more in-depth opportunity to further explore areas in which they would like additional support and information, using Clinic Approach: mini-consultations with "experts."

3:00 pm **Adjourn**

Faculty responsible for management of the day: Martha Brady and Jill Keesbury

Rapporteurs: Francesca Reinhardt and Dennitah Ghati

Some of the subjects discussed today include:

- Awareness and mapping of danger zones
- Social support, e.g. buddy systems
- Location and timing of services
- Safe transportation
- Role of IDs, club affiliation (lessons from the Kenya case study)
- Advocacy with the community; community-level action that make the community safe for girls
- Role of positive male leadership
- Mapping safe access to service and clinical services

Day 4: Thursday, November 13th

Charting Success

Question of the Day: What conditions for these specific girls, their mentors, and communities would you like to see changed?

Core Learning Objectives for the Day:

1. Review how to describe girls' situations and measure their assets across a number of domains (e.g. living conditions, information and skills, social support including safety nets, civic participation, financial literacy, health, and agency)
2. Each participating organization will have to identify at least five key areas in which they want to increase girls' assets and improve their situation (e.g. information, skills, behavior, access, opportunity) and at least five areas (e.g. knowledge, management, work organization, training, and leadership) for mentors and program deliverers.

8:30 – 9:00 am **Check in and review**

9:00 – 9:30 am **Measuring girls' social capital, ability to exercise their rights, and access to resources**, utilizing excerpt from Berhane Hewan as a tool. Core strategies for invisible girls: Girl-only program platform.

Judith Bruce

9:30 – 11:00 am **Common sense research: Questions we can ask that need answering**

- Explore the kinds of information that are essential to be collected to:
 - select a target group
 - describe girls' situations sufficient to plan a responsive program
 - define asset areas measurable at the level of the girl
 - define asset areas measurable at the level of key program deliverers and mentors
- Discuss why these domains are useful to measure:
 - Basic/life events
 - Social capital
 - Safety nets
 - Confidence/aspirations
 - Civic participation/personal documentation/knowledge of rights
 - Agency/self efficacy: life decisionmaking
 - Financial literacy and assets for decent work
 - Savings/financial decisionmaking
 - Knowledge, skills, and capabilities
 - Health

Note: discussion leader will consider to whom the questions are directed, at what point, and what a reasonable length of time is to expect results

Eva Roca and Jennefer Sebstad

11:00 – 11:15 am **Coffee/tea break**

- 11:15 – 12:15 pm **Small groups to discuss specific research needs for programs**
Mentored by *Catherine Maternomska, Jennefer Sebstad, Eva Roca*
- 12:15 – 1:15 pm **Participatory research session**
Richard Mabala
- 1:15 – 2:15 pm **Lunch**
- 2:15 – 4:00 pm **Developing a plan to develop the assets of program deliverers and girls (program design, monitoring and evaluation clinic)**

Participants will be divided into three smaller groups (grouped together by similarity of beneficiary group, to facilitate working on specific indicators), working with two mentors per group; creating an 18-month timeline, how often contact has to take place to achieve these ends, what needs to be done to build up the group’s capacity to deliver this.

Each participant organization will come up with five questions each at two tiers (for girls and for program deliverers) that they want to ask at baseline and endline, and a strategy for how they’re going to do it (i.e., one-on-one or in a focus group)—stratified by beneficiary group, with an emphasis on baseline, M&E, and learning from success and failure.
- 3:30 – 3:45 pm **Coffee/tea break**
- 5:00 pm **Adjourn**

Faculty responsible for management of the day: Eva Roca, Judith Bruce, Jennefer Sebstad
Rapporteurs: Francesca Reinhardt and Dennitah Ghati

Day 5: November 14th

Resources

Question of the Day: What resources will you need?

Core Learning Objectives for the Day:

1. Identify resources (material, social, informational, and financial) needed to move individual and country-level efforts forward.
 2. Hear from each participating organization the essence of their revised proposals.
-

8:30 – 9:00 am **Check in and review**

9:00 – 10:15 am **Donor panel**

Comments and observations from observers on what they've heard here that they think is important and why.

10:15 am ***Coffee/tea break***

10:30 am **Organizations' Presentations**

Participating organizations present their program in five slides, we hope in PowerPoint, addressing the five questions and capturing the main points of their plan, based on what they have heard during the workshop.

12:45 – 1:30 pm ***Lunch***

1:30 pm Organization presentations continue

2:45 – 3:00 pm ***Coffee/tea break***

3:00 – 4:30 pm **Follow-up: Networking at the country level, online resources, data resources, technical resources, lists of interested funders**

Discussion and comments on the policy environment and resources, by country, inviting panelists to chime in regarding resources for the key countries (Kenya, Uganda, Tanzania, Malawi) and comments from Zambia, Ghana, and Congo representatives.

4:30 pm **Closing remarks**

Faculty responsible for management of the day: Judith Bruce

Rapporteurs: Francesca Reinhardt and Dennitah Ghati

APPENDIX 2: INDEX OF PARTICIPANTS, MENTORS, FACULTY, AND OBSERVERS

Table 6.1: List of Participants, and Mentors, Faculty, Observers

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APPENDIX 3: NGO PROJECT DEVELOPMENT

Table 7.1: Overview of NGO project proposals prior to workshop

ADOLESCENT GIRLS PROGRAMMING AND CAPACITY-BUILDING WORKSHOP											
November 10-14, 2008 (Nairobi, Kenya)											
Distribution of organizations by focus of their proposals (as of November 5)											
Group	Size	Target group(s)									
	Approximate # staff/volunteers; approximate annual budget (USD)	In school (at risk of dropout)	Out of school (return to school, education or skills training)	Married girls; young mothers	At risk of early marriage	At risk of HIV (or HIV+)	At risk of coerced sex, pregnancy (lack SRH info)	At risk or victim of GBV, FGM, trafficking	Working (or child labor)	Indigenous	Other
1	SMALL: 6 staff; 10 volunteers; \$200,000	X	X					X		X	
2	SMALL: 30 staff; 2 volunteers; \$450,000	X	X	X					X		
3	MEDIUM: 8 (FT), 3 (PT) staff; \$281,000	X					X				urban slum
4	LARGE: 296 staff; \$25,000,000	X			X			X			
5	LARGE: 12 staff; 140 volunteers; \$500,000		X	X		X	X				urban slum
6	MEDIUM: 10-15 staff		X	X							
7	LARGE	X	X		X						
8	MEDIUM: appx 5000 members	X	X				X		X		orphans
9	MEDIUM: 5 staff; 40 volunteers; \$500,000					X			X		
10	SMALL: 18 staff; 157 volunteers; \$362,000	X	X					X			
11	???	X							X		boys?
12	MEDIUM: 6 (FT), 8 (PT) staff; 37-57 volunteers; \$243,750		X		X			X			
13	LARGE: 117 staff; 21 volunteers; \$3,000,000	X			X						post-conflict zone
14	SMALL: 3 staff; 13 volunteers; \$25,000-35,000		X								rural

Table 7.2: NGO learning objectives for the workshop (Day 1 a.m.)

Organisation	Skills or knowledge gaps to work on
a) AMREF (KEN)	<ul style="list-style-type: none"> ➔ Strategy for policy change for institutions to support the girl child ➔ Sustainable skills in rural communities working with girls; how to measure success
2) Azur Developpment (COG)	<ul style="list-style-type: none"> • Young organization working with vulnerable populations, mostly indigenous girls ➔ How to grow as an organization ➔ How to reach indigenous girls
3) Kivulini (TZA)	<ul style="list-style-type: none"> ➔ How practically to address girls' vulnerability, design appropriate interventions, M&E ➔ Presentation skills for advocacy work, facts on the ground for policy makers
4) KMET (KEN)	<ul style="list-style-type: none"> • Located in western Kenya, which has the worst indicators for girls ➔ Learn the best way of mobilizing resources towards management of girls programmes ➔ Appropriate data collection tools, documenting results, seeing growth of programmes
5) MAGGA (MWI)	<ul style="list-style-type: none"> ➔ Learn more about the kinds of programmes other partners are running; want to try new, innovative programmes ➔ Learn more about measuring successes or achievements; measuring is a challenge
6) Professional Women's Association of Uganda (UGA)	<ul style="list-style-type: none"> ➔ Integrated programmes in response to GBV ➔ Economic activities for survivors of SRH
7) Sahiba Sisters (TZA)	<ul style="list-style-type: none"> ➔ Prepare programmes for young women ➔ Address mental health issues
8) Straight Talk Foundation (UGA)	<ul style="list-style-type: none"> ➔ Programmes to address SRH and school dropout: appropriate number of girls to be reaching, setting targets ➔ Mentorship: new strategies because teachers are overloaded
9) Tamasha (TZA)	<ul style="list-style-type: none"> ➔ How to involve girls in mentorship ➔ How to make girls assertive in discussing issues concerning them, especially those working in hazardous areas
10) WISE (GHA)	<ul style="list-style-type: none"> ➔ Working with survivors of SGBV, domestic violence: learn how to tell stories well ➔ Reaching out-of-school girls
11) YONECO (MWI)	<ul style="list-style-type: none"> ➔ How to best implement programmes for adolescent girls, e.g. skills development, livelihoods, economic skills ➔ How to empower community structures to best support programmes for adolescent girls
12) YWCA (ZMB)	<ul style="list-style-type: none"> • Girls in villages don't benefit from policies ➔ How to develop indicators for measuring success ➔ Instruments for policy change: national or local level
13) YWLI (KEN)	<ul style="list-style-type: none"> ➔ Working on mentorship: building skills not just material gain; improving SRH ➔ Strategies: getting stakeholders involved especially parents, creating a more receptive environment

Table 7.3: NGO country strategies and workshop feedback

Overview of Country Strategies on Resources			
Country	Expectations from Population Council (PC)	Expectations from Donors	Immediate Organizational Action Plans
UGANDA	<p>PC seen as:</p> <ul style="list-style-type: none"> ✓ Potential mobilizer for funding ✓ Recommendations to other funders ✓ Help with baseline surveys ✓ Material support for projects ✓ Provision of progress and proposal format templates ✓ Identifying donor interests ✓ For referrals ✓ Support/exchange visits ✓ Global awareness and interactions ✓ Capacity building initiatives 		<ul style="list-style-type: none"> ✓ Finalize proposal in two weeks time and forward to PC.
<p>Feedback & Recommendations:</p> <ul style="list-style-type: none"> ▪ Uganda to have frequent online communication to share and learn with other partners ▪ Each to utilize their proposals and time here to approach other donors. ▪ Identify a forum for discussion on adolescent girls programming. ▪ It would be interesting to have a regular forum – one-on-one – to share any materials etc., to have a forum for adolescent girls’ providers, to increase chances of the resources. ▪ Finalize proposal and send back to PC. 			
KENYA	<ul style="list-style-type: none"> ✓ Technical support on research, M&E, sharing best practices, network meetings and recommendations. 	<ul style="list-style-type: none"> ✓ A fundraising workshop ✓ Support for proposal development – training ✓ Forum to share concepts, liaise with potential donors ✓ Update on changes, e.g. when to submit proposals ✓ Organizational development 	<ul style="list-style-type: none"> ✓ The Nairobi Brain Trust and Kisumu Brain Trust to meet biannually. ✓ AMREF & YWLI to join the Nairobi Brain Trust ✓ E-mail list for all organizations ✓ Develop their activity/work plans and begin to implement activities.
<p>Feedback & Recommendations:</p> <ul style="list-style-type: none"> ▪ Need to mobilize donor organizations in Kenya to support girls programming. There are resources in Kenya. ▪ All organizations have a lot of materials/capacities — need to support each other. ▪ Need for information sharing and best practices sharing among organizations. ▪ Population Council to distribute a CD of all presentation materials from this meeting to other organizations to increase partners. ▪ Utilize the Internet for important training materials including curricula, manuals, etc. 			

Overview of Country Strategies on Resources			
Country	Expectations from Population Council (PC)	Expectations from Donors	Immediate Organizational Action Plans
MALAWI	<ul style="list-style-type: none"> ✓ To continue to support them in terms of referrals to donors, etc. 		<ul style="list-style-type: none"> ✓ Perfect the proposal already presented ✓ Arrange meeting on 1st week of December with UNFPA and later meet with UNICEF to look at proposals and discuss their interests. ✓ Research to understand donor operations and requirements/strategies ✓ Tapping resources amongst themselves – resources, e.g. curriculum, best practices ✓ Need support in terms of TOT trainings. Will approach those organizations that have undergone the TOT training on financial education for adults. ✓ Conduct TOT training for youth in Malawi
Feedback & Recommendations: <ul style="list-style-type: none"> ▪ Microfinance Opportunities will conduct a TOT training on financial education in January 2009 in Nairobi. Organizations urged to apply and attend. ▪ There's a lot of interest in financial literacy training and organizations should seek the opportunities. ▪ Research bilaterals' interest in their programs and approach embassies to fund girls' financial literacy programs. ▪ UNFPA can be approached to discuss funding for financial literacy — they do support. ▪ Find organizations interested in financial literacy and together mobilize support from donors – the Guatemala experience. ▪ Visit UNFPA and UNICEF and inform them/request on this. 			
TANZANIA	<ul style="list-style-type: none"> ✓ PC to identify and involve local experts through exchange programs 		<ul style="list-style-type: none"> ✓ Will form a network for information sharing ✓ Will share resources amongst themselves ✓ Utilize the national adolescent girls forum with support from WAMA
Feedback & Recommendations: <ul style="list-style-type: none"> ▪ A boot camp may be held in March 2009 and all organizations urged to attend. ▪ There are small amounts of money for follow-up activities. Thus, organizations urged to make requests. 			
ZAMBIA	<ul style="list-style-type: none"> ✓ Continuation of technical support – from PC ✓ Training manuals – e.g. livelihoods intervention, M&E, mentoring and other IEC 		<ul style="list-style-type: none"> ✓ Report to national office- Lusaka ✓ Hold a round table meeting to present the findings from

Overview of Country Strategies on Resources			
Country	Expectations from Population Council (PC)	Expectations from Donors	Immediate Organizational Action Plans
	<p>materials can be shared.</p> <ul style="list-style-type: none"> ✓ Linking them up with resource providers and donors through referrals/recommendations ✓ A similar workshop to be held for them in future 		<p>the workshop</p> <ul style="list-style-type: none"> ✓ Report back to their own organizations and to partners ✓ Create awareness on need to invest in girls and how to reach girls ✓ Work on completing proposal ✓ Assessment of organizations that locally provide services to girls and boys to identify gaps in service provision – which girls are left behind. ✓ Create links and referrals ✓ Visit UNICEF, UNFPA, OXFAM, German embassy ✓ Visit gender division at the national level to get resources ✓ Visit the NGO Council to explore the government's basket funding and how to access it with their proposal ✓ Strengthen consortium of organizations working on SBGV.
CONGO	<ul style="list-style-type: none"> ✓ Materials support ✓ Capacity building ✓ Mentorship ✓ PC could help them get funding for their proposal 		<ul style="list-style-type: none"> ✓ Will report back and share with other organizations about what they've learnt ✓ Finalize their proposal ✓ Present to all local donors in Congo – to brief them on the situation of girls and the need to invest in them.
GHANA			<ul style="list-style-type: none"> ✓ Complete and submit proposal ✓ Undertake a quick assessment with other organizations focusing on adolescent girls to identify allies to work with.

APPENDIX 4: SIX KEY PROGRAM DESIGN QUESTIONS

Six Key Program Design Questions
1) We know that there are many different kinds of adolescent girls – for example: in school and out of school, married and unmarried, working or not – and each specific group of girls has different needs and different program considerations. Which specific kinds of girls does your program want to focus on? Why? How many of these girls do you think you can reach?
2) There is a wide range of problems and issues that the girls you want to work with face. <ol style="list-style-type: none"> a. What are the different issues and problems that they face? Please list. b. Knowing that one program cannot address them all, which specific problems/issues are alterable and which ones is your program going to try to address and why?
3) Girls also bring to the program a set of assets, skills, and goals of what they want to get out of the program. What skills do your girls bring to the program? What are their aspirations and what would they like to get out of the program? (If you don't know what their goals are, how will you find that out?)
4) What specific programmatic activities do you think will be necessary to achieve the objectives you have outlined so far in terms of the following areas: <ol style="list-style-type: none"> a. Identifying and recruiting the girls. b. Negotiating with gatekeepers (i.e. parents/guardians, community leaders, other stakeholders). c. Identifying and training the mentors/deliverers of the program. d. Specific activities to be held with the girls and other participants. e. Specific new assets, skills, and opportunities the girls will develop. f. The levels of participation that you believe will be sufficient to make a difference. (e.g. Is a one-time contact sufficient or will it be necessary to see a girl at least once a week for a year?) g. The percentage of eligible girls in your catchment area you believe must be reached to make an effective difference. The percentage you can reach in the first round of the program.
5) At the end of the program, what specific changes would you like to see in the girls? Which of these do you believe are easily measured and which are less easily measured? How do you plan to measure these changes? What are some examples of questions you will ask? Identify at least 5 key areas in which you want to increase girls' assets and improve their situation (e.g. information, skills, behavior, access, opportunity) and at least 5 areas (e.g. knowledge, management, work organization, training, and leadership) for mentors and program deliverers.
6) What resources (material, social, informational, and financial) will you need to carry out your program?

APPENDIX 5: LINKS AND RESOURCES

USEFUL RESOURCES ON ADOLESCENT GIRLS: Websites, Data sources, Publications	
<i>Binti Pamoja</i> (Daughters United), Kibera, Kenya	http://cfk.unc.edu/binti-pamoja.php
International Center for Research on Women (ICRW): youth work	http://www.icrw.org/html/issues/adolescence.htm http://www.icrw.org/docs/tooyoungtowed_1003.pdf
FHI: YouthNet <i>Qualitative Methods in Public Health: A Field Guide for Applied Research</i>	http://www.fhi.org/en/Youth/YouthNet/index.htm http://www.fhi.org/en/RH/Pubs/booksReports/Qual_Methods.htm
Demographic and Health Surveys: youth section and StatCompiler	http://www.measuredhs.com/topics/Youth/start.cfm http://www.statcompiler.com/
<i>State of the World's Children</i>	http://www.unicef.org/sowc/
World Development Report and Indicators (2007 report on youth)	http://go.worldbank.org/N17EUZ4T31 http://go.worldbank.org/U0FSM7AQ40
Population Council: Poverty, Gender and Youth Program	http://www.popcouncil.org/pgy/index.html
Center for Global Development Publications: <i>Girls Count: A Global Investment & Action Agenda</i> <i>Exclusion, Gender and Education: Case Studies from the Developing World</i> <i>Inexcusable Absence: Why 60 Million Girls Still Aren't In School and What to do About It</i>	http://www.cgdev.org/content/publications/detail/15154 http://www.cgdev.org/content/publications/detail/14466/ http://www.cgdev.org/content/publications/detail/11898
The Girl Effect project	http://www.girleffect.org/#/home/
Council on Foreign Relations. <i>What Works in Girls' Education Evidence and Policies from the Developing World</i>	http://www.cfr.org/publication.html?id=6947
<i>The Uncharted Passage: Girls' Adolescence in the Developing World.</i>	http://www.popcouncil.org/pdfs/passage/passage.pdf
<i>Growing Up Global: The Changing Transitions to Adulthood in Developing Countries. Executive Summary</i>	http://www.popcouncil.org/pdfs/ExecutiveSummary.pdf
Guttmacher Institute research and briefs on adolescence	http://www.guttmacher.org/sections/adolescents.php
Evidence-based programs from the ETR Centre for Adolescent Pregnancy Prevention	http://www.etr.org/recapp/programs/index.htm
REC: accessible guides to project management, monitoring and evaluation, proposal writing	http://www.rec.org/REC/Programs/Training.html
Nike Foundation: work in support of girls	http://www.nikefoundation.org/why_girls.html
Population Council: <i>Letting Girls Play. The Mathare Youth Sports Association's Football Program For Girls</i>	http://www.popcouncil.org/pdfs/girlsplay.pdf
Population Council: <i>How to Conduct a Coverage Exercise: A Rapid Assessment Tool for Programs and Services</i>	http://www.popcouncil.org/pdfs/CoverageExerciseGuide.pdf
Save the Children: <i>State of the World's Mothers 2005. The Power and Promise of Girls' Education</i>	http://www.savethechildren.org/publications/mothers/2005/SOWM_2005.pdf
Plan: <i>Because I am a Girl. The State of the World's Girls 2007</i>	http://www.plan-uk.org/becauseiamagirl/theissues/