A UNFPA Framework for Adolescent Girls' Programming in the Arab States

BY GIRLS, FOR GIRLS

2023-2025
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UNFPA is grateful to all who contributed to this report, particularly the adolescent girls who generously shared their perspectives and ideas for the benefit of all girls in their communities, and who have trusted UNFPA to drive change with — and for — them.
INTRODUCTION

The double disadvantage for adolescent girls

Adolescent girls — defined by the United Nations as girls aged 10-19 — are often overlooked in both development and humanitarian contexts due to the intersectionality of age and gender. They face the “double disadvantage of being discriminated against because of being female and young” and “are pushed to the fringes of society as they transition into adulthood.” In addition to being “rarely consulted in programme design,” they face elevated risks of multiple forms of gender-based violence (GBV), including harmful practices, such as child marriage and female genital mutilation. These risks are exacerbated in humanitarian contexts.

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1 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria
2 UNFPA (2014). UNFPA’s Action for Adolescent Girls: Building the health, social and economic assets of adolescent girls, especially those at risk of child marriage
3 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria
4 Throughout the Framework the term GBV is used as “an umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private spaces. Common forms of GBV include sexual violence (rape, attempted rape, unwanted touching, sexual exploitation and sexual harassment), intimate partner violence (also called domestic violence, including physical, emotional, sexual and economic abuse), child, early and forced marriage and female genital mutilation.” This is in line with the IASC Guidelines for Integrating GBV Intervention in Humanitarian Action. http://gbvguidelines.org
5 UNOCHA (2017). Syria Humanitarian Needs Overview (HNO)
However, despite facing discrimination, exclusion and elevated risks, there is growing evidence that “most programming is blind to the needs of adolescent girls”.6 This oversight happens in part because “there is no clear division of labour between the GBV and child protection sectors, adolescent girls are often neglected by both groups, and violence against this subpopulation goes unaddressed”.7

Evidence demonstrates that “a more explicit focus on adolescent girls is needed when designing and evaluating interventions to ensure global efforts to end GBV are inclusive of this population”.8 An explicit focus is required not only in relation to GBV but in ensuring adolescent girls are empowered and equipped with the “material, social and human resources to make strategic choices, and the ability to exercise agency, participation, voice and negotiation in decision-making, in order to gain achievements or meaningful improvements in life and well-being”.9

UNFPA’s commitment to adolescent girls

This requirement for a dedicated focus on adolescent girls is increasingly recognised by UNFPA: “UNFPA’s focus on adolescents and youth is based on the recognition that young people, particularly adolescent girls living in poverty, are often overlooked by policies and programmes”.10 The development of UNFPA’s “Action for Adolescent Girls” is founded on years of experience which has demonstrated that “reaching marginalised girls requires a dedicated effort, and one that shifts away from only reacting to bad outcomes to preventing exploitation and violence in the first place”.11

This focus is further reinforced in multiple documents, including the UNFPA Strategic Plan 2022-2025 which includes the commitment to strengthen “skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital”.12

UNFPA’s attention is also translating into an increased programmatic focus on adolescent girls. The Girls Assets Framework (GAF), the Global Programme to End Child Marriage and the Global Programme on Female Genital Mutilation are all implemented in Arab States, with an explicit commitment to empowering adolescent girls.

Rationale for the Regional Adolescent Girls Framework

UNFPA Arab States Regional Office is committed to ensuring that adolescent girls in the region are provided with dedicated and needs-based services, including GBV and Sexual and Reproductive Health (SRH), and are empowered to stand for their rights, to think big, to express themselves freely and to fully participate in the decisions around their bodies, lives, and communities.

This Regional Adolescent Girls Framework (the Framework) for 2023-2025,12 set out below, intends to strengthen, better coordinate, and expand adolescent girl-centred initiatives and programmes in the Arab region to support the implementation of the new UNFPA 2022-2025 Strategic Plan in line with the ‘My Body, My Life, My World” Global Strategy and the Gender Strategy (forthcoming).

The Framework is based on the findings of:

• consultations with adolescent girls themselves;
• a review of literature on adolescent girls; and
• consultations with UNFPA and partner staff working across departments (Sexual and Reproductive Health and Rights (SRHR), Gender, Human Rights and Culture, Population Development, Adolescents and Youth, GBV, Communications and Humanitarian).

This Framework presents both a summary of existing initiatives (in Annex 1) and outlines a practical, actionable way forward to drive meaningful, sustainable change in the lives of adolescent girls and their wider communities.

“MOST PROGRAMMING IS BLIND TO THE NEEDS OF ADOLESCENT GIRLS.”

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6 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria
8 Ibid
9 UNFPA and UNICEF (2020). Technical note on adolescent girls’ empowerment through life skills in the global programme to end child marriage
10 UNFPA (2014). UNFPA’s Action for Adolescent Girls: Building the health, social and economic assets of adolescent girls, especially those at risk of child marriage
11 UNFPA (2014). UNFPA’s Action for Adolescent Girls: Building the health, social and economic assets of adolescent girls, especially those at risk of child marriage
12 The strategic timeframe was originally aligned with UNFPA’s Strategic Plan of 2022 - 2025 but since the launch of the Framework is in January 2023, the timeframe has been extended until 2025.
“UNFPA’S FOCUS ON ADOLESCENTS AND YOUTH IS BASED ON THE RECOGNITION THAT YOUNG PEOPLE, PARTICULARLY ADOLESCENT GIRLS LIVING IN POVERTY, ARE OFTEN OVERLOOKED BY POLICIES AND PROGRAMMES”.

By Girls, For Girls
A UNFPA Framework for Adolescent Girls’ Programming in the Arab States
METHODOLOGY

Literature review

This Framework is underpinned by a literature review related to the needs, interests, vulnerabilities and capacities of adolescent girls across the Arab states, including UNFPA’s tools, programmatic approaches and interventions for adolescent girls. Close to 60 documents related to adolescent girls in development and humanitarian contexts were examined.

UNFPA and partner staff consultations

In addition, a total of 50 semi-structured, in-depth qualitative interviews were conducted across eleven Arab states, covering Djibouti, Egypt, Iraq, Jordan, Lebanon, Libya, Palestine, Somalia, Sudan, Syria and Yemen. Interviewees included both UNFPA and Implementing Partner (IP) staff. In total, nine IPs were consulted from across Djibouti, Egypt, Iraq, Libya, Somalia, and Syria.

A dedicated Adolescent Girl Task Team was established and led by the Regional Humanitarian Hub for Syria and the Arab States to oversee and support the development of the Framework. It was comprised of representatives from different departments — Humanitarian, GBV, Communications, Youth, SRHR, Gender, Human Rights and Culture, Population Development — and the Deputy Regional Director. Through regular meetings, the task team was involved in developing the consultation tools, sharing documents for the literature review, and developing the list of target respondents.
Consultations with adolescent girls

One of the guiding principles of working with adolescents is that adolescents themselves participate in decisions that affect their lives, especially as adolescents’ right to participation, agency and a voice is enshrined in the United Nations Convention on the Rights of the Child (UNCRC).  

This Framework captures and amplifies the perspectives of approximately 200 adolescent girls who participated in focus group discussions (FGDs) facilitated by women staff from UNFPA and IPs across Egypt, Iraq, Libya, Syria, Palestine, Tunisia and Jordan.

Participants included:

- girls from rural settings and others from urban settings;
- girls in school and others who are not;
- girls aged between 10 – 15 and girls aged between 16 – 19.

The key findings and recommendations were first presented to the task team to develop and refine the draft Framework objectives and actions.

The refined objectives and actions were then reviewed by adolescent girls themselves. This was made possible thanks to the support of focal points across Egypt, Iraq, Libya, Syria, Palestine, Tunisia and Jordan, who organised consultations with adolescent girls. During consultations, representatives were identified and then invited to a validation workshop in November 2022, in which girls from Syria, Jordan, Palestine, Iraq and Libya participated.

“This Framework captures and amplifies the perspectives of approximately 200 adolescent girls who participated in focus group discussions (FGDs) across Egypt, Iraq, Libya, Syria, Palestine, Tunisia and Jordan.”

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13 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria
WHY FOCUS ON ADOLESCENT GIRLS?

The year 2022 marks the tenth anniversary of the creation of International Day of the Girl. On the 11th of October every year, girls’ achievements are celebrated, and attention is brought to the challenges they face. However, “despite promises by world leaders, girls stand at the frontline of the world’s most pressing issues”.

Adolescent girls face profound limitations in exercising their agency and their autonomy, including their bodily autonomy. They are subject to multiple forms of GBV, harmful practices, and discrimination, and are perceived as being at “higher risk of sexual violence, child marriage, and sexual exploitation”. These risks are exacerbated by global challenges. For example, the impact of the COVID-19 pandemic is expected to result in an additional 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030. That number could be even higher as the ongoing impacts of COVID-19 combine with the climate emergency, increasing conflict and the rising cost of living.

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15 UNFPA (2014). UNFPA’s Action for Adolescent Girls: Building the health, social and economic assets of adolescent girls, especially those at risk of child marriage
16 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria
17 UNFPA (2020). Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage
At the same time, adolescent girls also face “systematic disadvantages, according to a wide range of indicators, including health, education, nutrition, labour force participation, and the burden of household tasks”.  

Girls continue to lack the same opportunities as boys, especially in education, economic and social empowerment, and training. Research has shown that males are much more likely to benefit from programming geared towards youth, nutrition, and education. In Yemen, for example, girls are three times more likely to be deprived of education than boys, and 39.4% of girls aged 15-24 years are illiterate compared to 7.15% of boys.  

Despite their unique needs and the heightened risks, they face, “less than two cents of every international development dollar is spent on an adolescent girl”. Furthermore, “funding targets are rarely met and requests for funding are often too low in the first place because women and girls are seldom included in discussions about what they really need or asked in a way they feel comfortable participating”.  

Humanitarian contexts pose particular and exacerbated risks for adolescent girls. Adolescent girls “are already at a comparative disadvantage before humanitarian crises and during and after the crises, but they are too often overlooked in humanitarian response. The risks they face — including rape, abuse, early marriage, and abduction — are greater for adolescent girls compared to any other population groups. The biological and physiological differences between women and men do not explain the large-scale differences in reports of violence against girls, in access to aid and in mortality rates”.  

The data related to adolescent girls is staggering:  

- 89.2 million adolescent girls currently live in conflict zones (almost 1 in 5 adolescent girls). These girls face heightened risks to their rights and physical and mental health that come with conflict.  
- Girls affected by conflict are more than 20% more likely to marry as children than those living outside conflict zones.  
- More than 16 million adolescent girls around the world become mothers annually. In the poorest regions of the world, this translates to roughly one in three girls bearing children by the age of 18.  
- An estimate of 70,000 adolescents (aged 15 - 19) die each year because of pregnancy or childbirth.  
- An estimated three million unsafe abortions occur every year among girls aged 15 - 19.  

Despite these enormous challenges, adolescence is “a time of great opportunity, a highly adaptive stage in human development ... By ensuring that adolescent girls are equipped with the agency, knowledge, and skills they will need, girl-centred programmes can contribute to young people’s and governments’ efforts to break inter-generational poverty, illiteracy, ill health, and gender inequality”.  

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22 Guttmacher Institute (2017). The Sexual and Reproductive Health Needs of Very Young Adolescents Aged 10–14 in Developing Countries: What Does the Evidence Show?  
23 UNFPA (2019). Adolescents and Youth Health Situation Analysis.  
24 UNFPA (2014). UNFPA’s Action for Adolescent Girls: Building the health, social and economic assets of adolescent girls, especially those at risk of child marriage.  
26 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria.  
29 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria.  
30 UNFPA (2014). UNFPA’s Action for Adolescent Girls: Building the health, social and economic assets of adolescent girls, especially those at risk of child marriage.
PROMISING PRACTICES

Across the Arab States, there are multiple examples of activities and initiatives for protecting and empowering adolescent girls. This Framework provides a comprehensive overview of such initiatives in Annex 1, informed by a desk review of documents covering the timeframe 2018-2020 and complemented by consultations and a review process conducted in 2022.

These initiatives have not been evaluated to determine their impact; however, they have been recognised as promising due to their focus on adolescent girls and elements of innovation in identifying and addressing the unique needs of adolescent girls.

These practices serve to demonstrate a commitment to standalone, targeted interventions with and for adolescent girls, and provide a body of diverse interventions which, if evaluated, have the potential to be scaled.

In particular, a few key areas are worth highlighting:

- **Cash for MHM in Lebanon**
  As part of their Menstrual Hygiene Management activities, UNFPA is providing girls with cash to buy their own sanitary products, based on their own preferences and needs. This pilot is intended to determine whether adolescent girls prioritise sanitary products when they receive unconditional cash.

- **Girl-led Girls Centre in Jordan**
  In the Adolescent Girls Empowerment-Led (AGEL) Centre in Zaatari camp, girls themselves manage and run the centre, including the budget, the opening and closing of the centre and the types of activities. There is a core team of girls who train others (six mentors who are young women and 24 mentees who are adolescent girls). The girls are encouraged to develop
and implement girl-led initiatives, for which they receive support from UNFPA: “the passion you see is beautiful, the energy there and the initiatives are so beautiful”.31

• Comprehensive Sexuality Education inside schools in Palestine

UNFPA engaged the Ministry of Health in the development of a “National Strategy for Adolescent and Youth Health” and engaged the Ministry of Social Development to develop a comprehensive sexuality education curriculum – including a pilot to train educational professionals on the curriculum.

• Girls Assets Framework

As part of the GAF programme in Egypt and Jordan, girls are involved in data collection on what services are available and how safe and accessible they are. This involves girls completing surveys on service providers, based on interviews with the providers. The information is then shared with other girls, so that other girls know which places are recommended in case they want to seek services. In addition, service providers come together to discuss findings from the girls themselves to improve services.

• Behaviour Change Communication Strategy in Iraq

UNFPA developed a country-wide “Action Strategies for Prevention and Change Behaviour for Actors involved in Child Marriage”, which includes a set of standardised key messages for social and behaviour change communication. This was informed by a study on driving factors for child marriage.

• Human-centred design looking at business ideas, with financial literacy, mentorship, and grants in Somalia

The Dalbile Youth Initiative uses human-centred design which takes girls through seven days of boot camp, including looking at gaps in the market and business ideas, whilst providing financial literacy training, mentorship, and grants.

• Adolescent Mothers Against All Odds (AMAL) Initiative designed to meet the needs of pregnant adolescents girls

Focusing on areas affected by crisis, AMAL is the first initiative to target married girls. In addition to addressing communities’ understandings of gender, power, and social norms, it includes the formation of girls’ committees; sessions for improving girls’ knowledge of SRH and life skills; and training for health service providers to transform their attitudes and biases toward providing SRH services, including family planning, to adolescents.

• Voices from Syria – collecting and amplifying voices of women and girls in Whole of Syria (WoS)

The Voices from Syria reports are primarily based on qualitative research and include information on types of GBV, the specific demographics it is impacting, and the evolution of trends over time. By drawing on qualitative FGDs, the Voices from Syria reports provide a space for adolescent girls to be heard, share their experiences, fears and hopes. Their perspectives then reach a wide audience and directly influence decisions made about GBV programmes in which they participate, and humanitarian assistance more broadly.32 The reports aim to support both the GBV and overall humanitarian response in Syria to be more tailored, targeted, and effective. The commitment to “centre women’s and girls’ words emerges from a feminist understanding of GBV as rooted in a system of unequal gender relations which silences women and girls through violence and excludes them from decision-making processes and public life”.33

However, whilst there are pockets of good practices and promising commitments, there remain challenges to be addressed during this strategic period of 2023-2025. The challenges – based on consultations with UNFPA and IP staff, and with adolescent girls themselves – are set out below, with actionable steps to address each one.

31 Respondent, Jordan
33 Ibid
OBJECTIVE #1:

AN ENABLING ENVIRONMENT IS CREATED FOR ADOLESCENT GIRLS’ SAFE AND EQUAL ACCESS TO YOUTH, GBV, SRHR AND GENDER PROGRAMMES, SERVICES, AND INFORMATION.
What does girls’ empowerment mean?

**POWER TO...** A girl’s ability to make life choices and act according to her best interests, including control over her own body and resources.

**POWER WITHIN...** A girl’s sense of self-confidence and self-worth and her knowledge and skills to act.

**POWER WITH...** Girls’ strength gained from solidarity, collective action, and mutual respect.

Source: Bill and Melinda Gates Foundation’s A Conceptual Model of Women and Girls’ Empowerment

Consultations with staff and with girls themselves highlighted a range of challenges for adolescent girls in relation to access and participation in programmes and services. These primarily result from limiting gender and cultural norms, the lack of single-sex and single-age spaces, and restrictive parenting.

**Limiting effect of gender and cultural norms**

Gender and cultural norms dictate adolescent girls’ mobility and opportunities. Those norms have a particularly significant impact on adolescent girls’ participation in public spaces, and in accessing UNFPA programming and services. A report from Palestine reflects the voices of the hundreds of girls consulted for this Framework in its finding that girls face “restrictions on their mobility, leaving them with limited opportunities for leisure or exercise, socialising with peers or seeking health services and information”.34

Girls consulted through FGDs consistently mentioned reduced mobility and opportunities due to restrictive attitudes amongst parents and “gossiping” amongst communities. A facilitator of FGDs with girls in Jordan said, “they are happy to be girls and don’t have their own limiting beliefs. The limiting beliefs come only from families and their surroundings”. An adolescent girl in Palestine explained that “people need to change how they are thinking about girls in the society – we need to raise awareness of society first”, and in Syria girls said: “community perspectives of girls need to change, the mentality of parents needs to change...”

In consultations, girls frequently noted that boys receive preferential treatment and greater opportunities, as a result of entrenched gender norms: “traditional Arab culture [which] maintains a strong hierarchy with a sacred obedience for the figurehead, older age people, especially males...[which] enable adolescent boys to act very differently from adolescent girls, who are restricted by perceptions about appropriate behaviour for women and girls”.35

In order to address these limiting attitudes and beliefs, some country offices have started to explore and implement approaches specifically aimed at engaging men and boys. This includes Jordan and Egypt, where an IP is using an “Engaging Men and Boys” curriculum developed by CARE. As one staff member explained: “the issue is with the men and boys. It’s really important we start changing mentality there. When you have sessions for boys 10–15, we should encourage having a female youth educator – this would be more powerful and boys would start to understand that it’s fine to listen to, and take instructions from, a female and obey a female.”36

**Challenges of mixed-sex interventions**

These dominant attitudes and beliefs particularly impact on girls’ ability to utilise spaces occupied by boys or men. The provision of mixed-sex spaces serves to exclude adolescent girls due to prevalent cultural and gender norms held by parents and the wider community, who do not accept or permit adolescent girls to interact in environments where males are present. As a result, one staffer explained: “There are areas where absolutely no girls are attending youth spaces.” As shared by adolescent girls in Libya: “We want activities tailored to girls. Being in conservative society we need our own space, “and in Iraq: “It’s a shame to have girls and boys together at same time as girls don’t feel comfortable with boys.”

**Challenges of mixed-age interventions**

Adolescent girls also expressed feeling uncomfortable interacting with older women, resulting in girls’ limited participation in mixed-age Women and Girls Safe Spaces.


35 GAGE (2017). If you speak your mind, they judge: Exploring opportunities for and challenges to adolescent voice and agency in the Gaza strip

36 Respondent, Jordan
(WGSS). As one staffer said: “Data shows we are not meeting the level of requirement where girls would be comfortable in WGSS.” In mixed-age spaces, adolescent girls mentioned not feeling comfortable speaking about sensitive topics in front of their mothers who would limit what topics could be discussed based on a perception of what is appropriate. As explained by an adolescent girl in Syria: “We are searching for privacy – a space for girls only because of the difference in mentality between daughters and their mothers.”

Importance of girl-only programmes

Despite reference in the WoS Strategy that “girls tend to receive the maximum benefit when the programmes they participate in are girl-only because they feel free to open up, express themselves, ask any questions and take on leadership roles that they might not otherwise. Girls tend not to feel as safe, comfortable, or in control in public spaces or in mixed company”37 — most activities for adolescent girls remain mixed-age or mixed-sex.

During the validation workshop with adolescent girl representatives, girls expressed their desire for dedicated girl-friendly spaces (GFS): “I feel our right to be safe and comfortable without risks or danger will be protected in a girl-only safe space” and “we will have our freedom [in a girl-friendly space] because where there is an adult there may be control and so we won’t be comfortable – there are certain games we want to enjoy without being afraid of what adults think of us.”

Overall, the global evidence related to adolescent girls emphasises the need to tailor activities to the specific age and subgroup of the adolescent girls benefiting from the programme. Several papers discuss the significance of programmes providing “differentiated and responsive life skills support based on the subcategories of girls. Subcategories mentioned include age, marital status, in or out of school, disabilities, pregnancy, and parenting”.38

Parenting

The issue of parenting emerged throughout consultations, with girls expressing that parents did not listen to them and did not understand their needs and experiences. The forms of negative parenting referenced by girls reflect those summarised in a recent report from Somalia39:

37 UNFPA (2017). Listen, Engage and Empower: a strategy to address the needs of adolescent girls in the Whole of Syria
38 Rafaeli, T (2020). The links between girls’ life skills intervention in emergencies and their return to education post-crisis and prevention of unwanted pregnancies and early marriage
• Uninvolved parenting, especially by fathers who are absent either busy at work during the day or chewing Khat with friends during the evening time.

• Strict and abusive parents who have no consideration of their children's social and emotional needs, and use a violent teaching style.

• Biased parenting in terms of gender roles and the value of the girl, where girls have to take the parents' responsibilities and be overwhelmed with most of the household duties while boys can go and play outside, get served by their female siblings, and prioritised in education.

Programmes that reach both the girl and "those who act as her gatekeepers—such as parents or husbands" are more likely to help interventions directed at girls to succeed, by fostering an enabling environment that is supportive of change.40

Overall, global evidence has demonstrated that engagement of parents or caregivers is essential to “increase the probability of girls’ continued engagement in the programme ... there is also specific mention of involving men and boys in order to strengthen them as allies and reduce the exposure of girls to GBV".41

How it will be addressed:

• Ethical consultations with girls
  The importance of designing interventions in consultation with girls cannot be overstated. There is significant value in engaging a diverse group of girls, especially those who are most marginalised, in programme design. This helps enable the intervention to support girls in overcoming the unique constraints to their participation and to best respond to their changing needs.42

• Gender- and age-sensitive data collection
  Contextualise and disseminate existing global standards for gender- and age-sensitive approaches for data collection. In particular, consulting adolescent girls whilst taking into consideration location, time, modality and facilitation, to ultimately ensure all activities are responsive to girls’ specific needs, interests, capacities and risks.

• Provision of girl-only spaces
  Where programmes and services are intended for adolescent girls, girl-only spaces and activities must be made available.

• Respectful Parenting Courses
  Evidence suggests that improving outcomes for girls requires interventions at multiple levels – working not just with girls themselves, but also with their parents/caregivers and communities43.

  In all communities where programming is intended to reach adolescent girls, invest in activities to engage parents/caregivers in shifting gender norms and attitudes, and improving behaviour towards adolescent girls. This would include separate sessions for parents/caregivers, as well as inter-generational dialogues for girls and their caregivers.

• Engaging men and boys for gender equality
  Adolescent girls consulted requested that more work is done to “change masculine mentality”, recognising that this will then drive change across the community and create an enabling environment for girls’ safe and equal participation in programmes and services. This should be done by drawing on existing best practices of engaging men, including, for example, Engaging Men in Accountable Practice (EMAP)44.

  Global evidence suggests that male engagement programmes that use a ‘gender transformative’ approach will be more successful in changing gender attitudes and behaviours. Engaging men and boys — as opposed to merely involving them — can promote shifts toward a view of gender relations based on gender equality and human

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41 Rafaeli, T (2020). The links between girls’ life skills intervention in emergencies and their return to education post-crisis and prevention of unwanted pregnancies and early marriage
42 Rafaeli, T (2020). The links between girls' life skills intervention in emergencies and their return to education post-crisis and prevention of unwanted pregnancies and early marriage
43 Population Council (2018) Delivering impact for adolescent girls: Emerging findings from Population Council research
rights. Furthermore, transformative approaches are increasingly recognising the need to understand and reflect critically on the complex and deeply rooted social constructions of male identities – i.e. how men experience different but interconnected consequences from internalising traditional gender norms. Because gender is relational, men and boys should be seen as active participants in either perpetuating or redressing gender inequalities, voluntarily or involuntarily.

- **Implement gender- and age-responsive SRHR, GBV, and MHPSS services**

Through a range of interventions, including:

- Engaging Adolescent Girls Committees to monitor and evaluate available services and generate recommendations on how to strengthen those services to become more girl-friendly (more on this under Outcome 4). This will include consultations with a range of girls on how to make services accessible and confidential.

- Provide training for service providers around gender and age-sensitive service provision, including ensuring a cohort of UNFPA staff are trained on Caring for Child Survivors (CCS) guidelines to be cascaded at country level.

- Use innovative outreach and girl-friendly messaging to promote services.
OBJECTIVE #2:

TARGETED PROGRAMMES ARE DELIVERED THAT SPECIFICALLY ADDRESS ADOLESCENT GIRLS’ NEEDS AND PROMOTE THEIR INDIVIDUAL AND COLLECTIVE EMPOWERMENT.
Existing programmes do not fully meet girls’ complex needs or promote girls’ meaningful empowerment, which should be thought of holistically, encompassing voice and agency, financial and productive assets, and bodily autonomy.46

This understanding of empowerment is reflected in the Arab States Regional Programme, in which by 2025, UNFPA commits to ensure strengthened skills and opportunities for adolescents and youth to ensure their bodily autonomy, leadership and participation, and to build human capital. Below is a summary of the barriers to achieving this, based on consultations with girls.

**BODILY AUTONOMY**

**Gender-based Violence**

Adolescent girls are disproportionately impacted by multiple forms of GBV, including child marriage and FGM. For Syrian adolescent girls, data from Voices from Syria 2022 shows a worsening situation: “This year, as with other types of GBV, women and girls talked about feeling more exposed to sexual violence than in the past and overall feeling less safe in their communities and as they go about their daily tasks.”47

Yet, despite being disproportionally at risk, it was widely recognised in consultations that there are insufficient GBV services tailored and available to adolescent girls. As one staffer said: “To be honest, the capacity is limited or not there to help child survivors.” 48 In another country office, staff mentioned that whilst adolescent girls have access to the Youth Friendly Clinics, these do not offer GBV services. GBV services are instead offered in Safe Women’s Clinics, though these have not been designed for adolescent girls.

In general, services are designed for women and not girls. For example, in Lebanon, the Essential Services Package roll out explicitly states that “the guidelines focus on services and responses designed for women but take into consideration the needs of those girls who are of an age where they may use such services.” 49

**Sexual and Reproductive Health and Rights**

Furthermore, a lack of available SRHR services for adolescent girls is seen as one of the risk factors this demographic group faces. “In humanitarian settings, child-bearing risks are compounded for adolescents, due to increased exposure to forced sex, increased risk taking and reduced availability of, and sensitivity to, adolescent sexual and reproductive health (ASRH) services.”50 Evidence from many contexts has reiterated the compounded impact that heightened risks and lack of available services have on adolescent girls: “Adolescent girls are most vulnerable... further aggravated by reduced availability of and access to relevant and appropriate SRH information and services.” 51

**Menstrual Hygiene**

Whilst in relation to menstruation, a needs assessment amongst Lebanese and Syrian refugee women and girls found that 53% of women and 66% of adolescent girls do not have the financial means to procure monthly menstrual pads52, highlighting lack of access to MHM supplies. This need for products, as well as knowledge, was reinforced throughout consultations with staff and adolescent girls. As one girl explained: “For me the period is a very important issue. Our community is shy to use this word and that’s why many girls face a problem. So many girls need awareness about this, because the families don’t share any information and girls need it.”53

Access to menstrual hygiene knowledge and products positively impacts school attendance rates for girls and their participation in public spaces. This has a critical long-term impact, as if girls stop attending school: “[They] are at greater risk of suffering violence and abuse; more likely to be exposed to early marriage and/or pregnancy, resulting in the risk of increased complications during birth”. 54

**Lack of information**

Participants generally referenced an absence of structured, standardised, and quality-assured awareness raising information and materials. In relation to sex, one girl in Egypt said: “We have nowhere to learn about sex. Only from mum — and mum doesn’t know because no one told her either. So, we are told to obey the husband.” In relation to menstruation, a girl in Jordan said: “There is prevalent misinformation about a girls’ period, which gets girls into trouble. This problem can be tackled in schools, in the street, the entire community should have access to the correct information.” 55 However, girls’ menstruation is not systematically addressed, neither in terms of knowledge nor products.

Some country offices have their own UNFPA-specific manuals on MHM, whereas Somalia has partnered with AfriPADS to use their manual. However, there is an absence of a standardised, dedicated resource for awareness raising about menstruation across all Arab States and a lack of systematised provision of dignity kits in both development and humanitarian contexts.

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48 Respondent, Syria
49 UNFPA and ABAAD, Concept note: “Roll out of the Essential Services Package (ESP)”
52 Mapping Gender-based Violence Programmes, Services, and Policies in Lebanon, January 2020
53 Validation Workshop with adolescent girls, November 2022.
54 UNFPA – Somalia (2022), Good menstrual hygiene keeps girls in school. Period.
55 Validation Workshop with adolescent girls, November 2022.
During consultations, girls’ focus was on MHM and sexuality education. In comparison, access to contraception and abortion services did not arise – which is in part an indication of these topics not yet becoming normalised. The girls, understandably, referenced those activities and subjects to which they have had exposure. The absence of discussion on a topic is therefore not an indication of its importance in their lives but an indication of conservative social norms limiting girls’ access to information and comfort to speak openly on these topics.

The information vacuum about SRH is being filled with rumours and with pornography which is detrimental to girls’ physical health and will be exacerbated as they enter relationships with boys and men, not knowing what to expect in terms of menstruation or sexual relations. The lack of knowledge is dangerous for girls as men and boys instead impose on girls’ bodies what they learn from pornography and in a context where the only advice girls get is to “obey the husband”. This vulnerability results in a lifetime of pain and suffering.

Access to sports and self-defence

Girls requested access to sports, in particular football, basketball, Zumba, and swimming, and to participate in self-defence classes. As explained in the validation workshop: “If we are subjected to danger, we want to be able to defend ourselves and no longer live in fear, we want defend ourselves when we need to” and “defence will increase our confidence and we won’t feel different to the boys – they can defend themselves and so should we.”

Leadership and Participation

Girls have limited participation in activities and few opportunities for leadership due to a range of factors. Primarily, these include the lack of consultations (as outlined in more detail in Outcome 4) and use of predominantly mixed-sex and mixed-age spaces (as outlined in more detail in Outcome 1). In addition to these obstacles, girls mentioned that factors relating to mental health hindered their ability to participate in and lead activities, as explained below.

Mental health

Most adolescent girls talked about the stress they experience, in particular in relation to the cultural restrictions on their mobility, and the unequal treatment they experience in comparison to their brothers, about which girls’ expressed frustration and anger towards with surprising consistency across contexts. As one girl said: “We should not remain hidden away in a closed box of traditions and customs”. Other girls mentioned the stress they experience from living in isolation: “We need mental health activities in a girl-friendly space because we’re under siege and we have pressure from our families and we need help, in groups and as individuals.”

In recent years, suicide surpassed maternal mortality as the leading cause of death among older adolescent girls – resulting from gender discrimination – and multiple reports are highlighting the mental health needs of adolescent girls in Arab States. A report from Palestine found that “adolescent girls in Gaza are arguably among the most vulnerable to psychosocial ill-being. Their
opportunities and trajectories are sharply constrained not only by violence and poverty but also by gender norms that limit their mobility and thus access to social support – especially after puberty.  

Whilst a report from Somalia found that “most of the girls interviewed have shown clear symptoms of mental health issues such as PTSD, feeling unsafe, frustration, depression, and loss of hope caused by the multiple displacements and chronic exposure to repetitive traumas. There are no mental health and psychosocial support (MHPSS) services in the community nor even the required parental support to help them deal with their traumas. Mental health is stigmatised, and it is not part of the culture to speak about it or seek help”. As one article simply states, “If sexism impacts mental health, it makes sense that it would also impact suicide risk for young women, no matter where they live.”

Financial literacy and economic assets

During consultations with girls, they mentioned financial literacy and economic assets as a key component of building their human capital.

Girls expressed needing support to become financially independent and, at the very least, to develop skills for budgeting and to become financially responsible. As one girl said: “Financial matters are important because our families don’t know how to manage their budgets and we need to learn how to make, spend and manage money effectively.”

Lack of investment in girls’ economic assets limits their voices and influence in the household and community given that “men are still held to be the “authority” of the household because they provide economic security.” Girls across consultations understood power to be held by those with income. Without income, they lack power.

However, interventions are lacking across the region to support adolescent girls in developing the necessary skills and knowledge for enhancing their economic assets. As highlighted in a report from Libya, which reflects the voices of girls from across the region: “Another major gap exists in the availability of practical information for running a business. Libyan women disproportionately lack knowledge of the technical details of starting a business (especially in the formal economy), marketing and delivering products, negotiating salaries, and learning and following regulations, especially those related to registration and social protection. Girls’ education, and the educational pathways into which young women are often pigeonholed, teach few of these skills which are needed for success in the private sector.”

Literature relating to adolescent girls consistently demonstrates the positive impact of taking a holistic, multisectoral approach. This is particularly the case with regards to improving adolescent girls’ SRH behaviour.

In addition to the benefits of multicomponent or multisectoral programmes, seven of eight studies found that when girls were exposed to a programme for a longer period, greater benefits accrued.

“WE SHOULD NOT REMAIN HIDDEN AWAY IN A CLOSED BOX OF TRADITIONS AND CUSTOMS”
How it will be addressed:

- Introduce and implement a three-pillar approach for adolescent girls’ individual and collective empowerment – as developed by girls themselves across Arab States.

Evidence demonstrates the added value of both more holistic, multi-component interventions that address multiple dimensions of girls’ lives and “multi-level” interventions that work with others in girls’ lives. In light of this, activities under Outcome #1 that focus on the family/community (men and boys, and parents/caregivers) should be implemented alongside the below activities (which focus on the individual).

The below activities were proposed by girls themselves:

Pillar 1: to play and learn

**Girl-Friendly Spaces:** physical spaces where adolescent girls can be free from harm and harassment and where adolescent girls can gain knowledge and skills; access GBV response services or other available services; and foster opportunities for mutual support and collective action in their community.

**Menstrual Hygiene Management information and products:** easy access to appropriate materials and supplies, facilities for discreet disposal, management and basic knowledge and skills on menstrual hygiene for adolescent girls to manage their menstruation safely and with dignity.

**Adolescent Girls’ Empowerment Curriculum (including financial literacy):** whether Girl Shine, developed by IRC, or the Girls’ Assets Framework, a dedicated curriculum will build upon the potential and power of girls, to enhance their knowledge, skills, and confidence.

**Mental Health and Psychosocial Support:** services that are age-appropriate, build resilience, and support positive coping mechanisms. They should include opportunities for social networking and solidarity building amongst girls. Psychosocial support (PSS) interventions can range from basic support by first responders, such as psychological first aid, to more focused case management support, including psychological interventions provided by non-mental health specialists. It is important that PSS for girls is informed by an understanding of their experiences of violence and discrimination.

**Sports:** a catalyst for girls’ empowerment. As outlined in the Global Compact on Refugees, sports can play an important role in social development, inclusion, cohesion, and well-being, particularly for refugee children, as well as persons with disabilities. Girls expressed a preference for football, Zumba, swimming and basketball in spaces which are private and protected so that they can participate freely and without judgement.

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71 In response to three lines of questioning in the FGDs: 1) “How could we help make girls more powerful? To have more confidence, more decision making about their lives? About their bodies, and when they choose to marry?”; 2) “What role would you like to play in this community?”, 3) “Imagine you are the director of UNFPA or another organisation working in this community. Please describe the program or activity you would design for adolescent girls.”

72 With the support of Elrha’s Humanitarian Innovation Fund, reusable and disposable MHM Kits were trialled in four different contexts in Eastern Africa. Results showed that the MHM kits are an appropriate, valuable and effective relief item which improved the dignity, health, knowledge and confidence of adolescent girls and women. Key findings reinforce the need for a multifaceted approach to MHM, encompassing not only sanitary pads but a range of additional products, amendments to infrastructure and information. https://www.ELRHA.org/project-blog/improving-mhm-action-in-emergencies-disseminating-IFRCs-experiences/

73 Evidence suggests that girl-focused life-skills interventions in low- and middle-income countries positively contribute towards girls:

  - Psychosocial, health, economic and learning outcomes
  - Reduced exposure to GBV
  - Personal well-being and achieving greater social, political, and economic inclusion
  - Postponed marriage and greater agency in family planning

Evidence about girl-focused life skills interventions in emergencies is lacking, however it is still regarded as best practice and is associated with positive outcomes. One report states that life skills, alongside other interventions that support social networks and relationship building, successfully protect girls from physical violence and early marriage throughout all phases of emergencies (UNFPA, 2017). The evidence has identified several girl-focused life skills interventions in emergencies that demonstrate direct and indirect impact on return to education and reduction of early marriage and unwanted pregnancies.

https://open.dcu.ie/20.500/15413/15273/807_life_skills_interventions_outcomes_in_emergencies.pdf?sequence=1

74 GBV AoR (2019). The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming
Pillar 2: to be heard and to lead

Adolescent Girls’ Committees at national and community levels\(^75\): to enable systematic and regular consultations with this target group by UNFPA and IPs to help understand girls’ needs, barriers and risks; to evaluate effectiveness of existing programmes and services; and to validate ideas for new programmes. Adolescent Girls’ Committee members – through engaging in outreach – will help to ensure that a diverse range of adolescent girls’ voices are systematically captured and represented, and then reached with programmes and services.

Regular Focus Group Discussions with adolescent girls: offering a more equitable form of research compared to other data collection methods, such as quantitative surveys: “Their reliance on collective dialogue and interaction can disrupt, to a certain extent, the hierarchical power dynamics between researchers and research participants by centring participants’ voices.”\(^76\) FGDs enable girls to discuss sensitive topics in their own terms and to connect over shared experiences and therefore help reduce their isolation and potential self-blame narratives.\(^77\)

Radio with girl-driven content: to amplify girls’ voices through the radio by inviting them to share their own content, perspectives, and solutions. This will help empower girls — both the content creators and listeners - and create an awareness of shared experiences. Girls frequently mention facing isolation (due to parents’ lack of understanding of their lived experiences), and having limited forums through which to access relevant age-appropriate information. Girl-driven content on the radio would help address these challenges.

Award ceremonies/competitions for adolescent girls: to celebrate girls’ achievements publicly and expressly. This will help build their self-confidence, inspire other girls to get involved in public life and, crucially, encourage parents’ support for girls’ engagement in programmes.

Advocacy packs and training for girls: to build advocacy capacity of adolescent girls and help them effectively and strategically voice their concerns - whether through radio, social media or local groups - and pressure duty bearers to create change in their communities and beyond.

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\(^75\) Detail provided under Outcome 4

\(^76\) UNFPA (2022). Voices from Syria 2022: Assessment Findings of the Humanitarian Needs Overview

\(^77\) UNFPA (2022). Voices from Syria 2022: Assessment Findings of the Humanitarian Needs Overview
Pillar 3: to be mobile and safe

Launch a country-level campaign under the heading of “You are a girl, and therefore you should...” to help adolescent girls reshape and set the narrative by asking girls to complete the titular phrase. Limiting narratives and beliefs are frequently imposed on girls. These fail to reflect girls’ own personal beliefs, strengths and aspirations. This TV and social media campaign would allow girls to shape the narrative, reclaim their voice and support a wider re-think of what it means to be a girl.

Self-defence classes: to help girls with assertiveness and boundary setting by developing their verbal and physical skills to defend themselves and escape assault. These would be implemented in partnership with, and use training from, organisations specialised in self-defence and, where appropriate, could have a component aimed at also changing boys’ attitudes. For example, No Means No Instructors teach girls mental, verbal, and physical skills to prevent sexual assault and teach boys gender-equitable attitudes and skills to recognise and intervene when they witness violence against others.

78 Multiple studies have shown that self-defence training can decrease sexual assault rates among adolescent girls. One study found that the intervention was also associated with an increase in the disclosure of assaults, thereby enabling survivors to seek care and support. Multiple studies are available here: https://www.nomeansnowworldwide.org/research.

79 In line with the Compact for Young People in Humanitarian Action: Action 4 – Resources “Increase resources intended to address the needs and priorities of adolescents and youth affected by humanitarian crises, including disasters, conflict and displacement, and identify ways to more accurately track and report on the resources allocated to young people in humanitarian contexts.”

80 Respondent, Syria

81 No Means No Worldwide (NMNW) is a global rape prevention organisation whose mission is to end sexual violence against women and children. Instructors are trained in high-risk environments to deliver a proven rape prevention curricula to boys and girls ages 10-20. Research shows an average 50% decrease in the incidence of sexual violence for girls that go through the NMNW program. Girls learn to identify risk, say “no” and talk their way out of trouble. If that “no” is not respected, they also learn physical skills to back it up. Boys learn to challenge rape myths, ask for consent and intervene if they anticipate or witness predatory behaviour.

• Establish Adolescent Girls Innovation Fund

A dedicated Fund should be established at regional level for which IPs and UNFPA country offices will apply for funding to implement the three-pillar holistic approach for girls’ empowerment.

A Fund will be established at country level to which adolescent girls themselves will apply for funding, as it is recognised that “girl-led initiatives will transform UNFPA’s work and will address girls needs on the ground.”

• Invest in partnerships dedicated to adolescent girls’ protection and empowerment

There are a range of actors globally who have developed targeted approaches for protecting and empowering adolescent girls. A partnership with such actors would enable UNFPA to reach adolescent girls effectively and sustainably across a range of contexts. For example, No Means No Worldwide (NMNW) shows an average 50% decrease in the incidence of sexual violence for girls that go through its programme.

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OBJECTIVE #3:

UNFPA AND IP STAFF HAVE THE CAPACITIES, SKILLS, MANDATES, AND STRUCTURES TO SUPPORT DESIGN, DELIVERY, AND EVALUATION OF GIRLS’ EMPOWERMENT PROGRAMMING
The current ASRO structure could be adapted to provide greater clarity about who is responsible for adolescent girls and to ensure sufficient staff in country offices with the capacity, skills and commitment to drive the adolescent girls’ agenda.

**Staff roles and structures**

There is limited resourcing for adolescent girls, at both regional and country levels.

At country level, Jordan has resourced a dedicated member of staff for adolescent girls. However, few other country offices have dedicated staffing for adolescent girls. Furthermore, not all country offices have adolescent girls focal points and, where they do, there is a lack of consistency in terms of which department they report to. In one case the adolescent girls focal point reports to GBV82 and in another to gender and human rights.

However, adolescent girls have a range of needs and therefore require an intersectoral approach, but in many cases, this does not happen. As one key informant said: “We have a vertical approach, health or youth programme – but it’s not putting girls at the centre. We operate by establishing a service delivery point and then reflect on how to bring a girl to it, when we should instead let a girl develop her needs and propose her preferred locations and we should respond to that, with the provision of services responding to what those needs are.” In comparison, the example from Egypt, where the adolescent girls’ focal point reports to the representative, is a good practice in supporting a more holistic, less siloed approach. The direction of travel with the new Country Programme Document, in Palestine for example, is promising as it moves away from strategy related to sector and instead focuses on strategy which is related to target groups.

In addition to the limited staffing, the current structure does not ensure sufficient visibility for adolescent girls at either regional or country levels. As one staffer said: “It doesn’t really sit anywhere... unless the specialists have personal interest, they won’t do this because there is so much already on their plates – it requires funding and a specific skillset.”

At regional level, whilst there are committed staff engaged in, and pushing, the adolescent girl agenda, their job titles do not reflect this area of work. They are therefore not widely recognised across UNFPA as having responsibility for adolescent girls and being a source of support in this area. As one staffer said: “The way it is, it’s not clear whose responsibility it is.”

The Regional Programme Analyst for Harmful Practices is the adolescent girls focal point at regional level. However, adolescent girls have a range of other needs outside GBV and harmful practices alone.

**Staff attitudes and beliefs**

The issue of attitudes and beliefs amongst existing staff was raised during consultations. In one interview, the staffer expressed concern about current screening practices. It was mentioned that the HR process is not currently checking for applicants’ beliefs and attitudes, and this could have a detrimental impact on both reaching and serving adolescent girls: “We had someone in an interview who mentioned she wasn’t a supporter of women’s rights and got hired anyway. That’s a big issue.”

The issue of attitudes and beliefs is especially challenging in relation to SRHR work, with some staff expressing concerns about the appropriateness of reaching adolescent girls with SRHR information. These are personal, limiting beliefs that do not mirror girls’ own priorities. Counter to the beliefs of some UNFPA staff who were interviewed, girls themselves are keen to explore these issues, to discuss them and to deepen their understanding of their own bodies and of relationships.

This was reinforced in an evaluation from Jordan, which found that whilst UNFPA partner staff “are very concerned about offending the culturally conservative community of Syrian Refugees when it comes to SRH... parents and Syrian youth are not opposed to discussions on the topic as long as it is discussed with boys and girls separately”.

UNFPA and IP staff can often reflect the norms and beliefs of their environments. It is therefore of no surprise that in a context where openness on the topic of SRHR has not been encouraged (and in some contexts even restricted), these very same people will bring those
attitudes and beliefs into their work and workplace. As one interviewee stated: “UNFPA staff should be understanding these concepts of SRH and GBV, we can’t just hire anyone, staff should have a passion and advocate for the mandate”. The issue is therefore not only needing stronger screening in recruitment, but a need for inductions and ongoing capacity building and values clarification, supporting staff to embrace and deepen their commitment to the values and mandate of UNFPA.

Knowledge and information management

The lack of clear structure and staffing has resulted in a perception that “there is a scattered approach” in terms of knowledge management, without clarity on who holds the information on existing UNFPA work with/for adolescent girls and emerging good practice from the wider field. This diffusion of responsibility has made it challenging to identify which initiatives are taking place and to provide a consolidated picture of adolescent girls' programming, approaches, and learning. Annex 1 is an attempt to consolidate information that is currently dispersed across multiple teams and staff members. Regularly updating this will be important due to a high turnover of staff.

The “scattered approach” also poses challenges in relation to accountability for the implementation of this Framework. As one staffer said, “we need to standardise and have a clear structure on how everyone is contributing to this Framework... We are all doing something but this needs to be more structured and organised.” Staff at all levels of the organisation recognise that implementation of this Framework will require clearaccountabilities and engagement of staff at regional and country level to drive the agenda. Without clear roles and responsibilities, there is a risk of the Framework not being implemented.

How it will be addressed:

<table>
<thead>
<tr>
<th>Staff roles and structures</th>
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<tbody>
<tr>
<td><strong>Recruit or identify adolescent girls focal points in every CO, reporting to the representative</strong></td>
</tr>
<tr>
<td>The regional adolescent girls focal points will cover full spectrum, from development to humanitarian and including nexus programming. They will be responsible for advocating for adolescent girls within the regional and country offices, providing guidance and tools, sharing best practices, generating visibility, and reviewing strategic documents to ensure systematic integration of an adolescent girls’ perspective.</td>
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| **Recruit or identify adolescent girls lead at regional level, reporting to senior management** |
| This member of staff will be responsible for adolescent girls, beyond just GBV and harmful practices to include empowerment, SRHR, MHM, voice and participation and other areas as identified by girls themselves. |

<table>
<thead>
<tr>
<th>Staff attitudes and beliefs</th>
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<tbody>
<tr>
<td><strong>HR to integrate interview questions on commitment to gender equality and adolescent girls</strong></td>
</tr>
<tr>
<td>Each country office will integrate one question into interview questions, related to how any given role can advance gender equality and support the empowerment of adolescent girls.</td>
</tr>
</tbody>
</table>

| **Systematic inductions** |
| Bi-annual inductions on the Adolescent Girls Framework – for new and existing staff - facilitated |

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85 Respondent, Syria
by regional adolescent girls lead, to ensure the Framework is widely disseminated and understood.

- **Generating visibility**
  Senior management to send out an email to all CO staff, with a summary of content from presentations by adolescent girls during each country-level annual Adolescent Girls Summit (referenced later). This will serve as a reminder of UNFPA’s commitment to listen to adolescent girls and help to support programming which is more responsive to their unique needs.

- **Invite adolescent girls to UNFPA offices annually to meet the teams, understand what UNFPA does and be inspired by female staff**
  Such meetings serve three functions:
  1) Generating visibility amongst UNFPA staff of its mandate and commitment to adolescent girls;
  2) Ensuring accountability through providing progress updates on the implementation of the area of the Framework which they contributed to. As one girl said: “These meetings are for others to hear our opinion, but we don’t want you to just listen but to apply it. This is what would make us feel good inside, we don’t want what we say to go in one ear and out the other.”
  3) Serve to inspire girls in a range of potential future careers they could pursue.

**Knowledge and information management**

- **Mentoring of country focal points for adolescent girls.**
  To help build confidence, knowledge and skills of country-level adolescent girls FPs, monthly mentoring will be provided.

- **Create pool of in-house trainers to deploy to COs on 1) Girl Shine; 2) Caring for Child Survivors; 3) MHM.**
  To ensure consistency in quality and to support greater efficiency in capacitating country offices to respond to the specific needs of adolescent girls, a pool of trainers within ASRO and COs will be identified to receive a Training of Trainers, which they would be responsible for cascading in country offices where specific activities have been identified from the three-pillar holistic model.

- **Quarterly Thematic Promising Practices Webinars**
  These topical webinars will focus on those activities that are being implemented by multiple Arab States and would therefore have wide-reaching benefit and relevance across contexts, including:
  - Girl-friendly spaces;
  - Girls’ empowerment curricula;
  - Menstrual hygiene management;
  - Engaging men and boys in advancing gender equality;
  - Ethical consultations with girls.

With this work in its infancy, these webinars will encourage sharing of emerging good practice, which over time will transition to a platform for sharing a clear and solid evidence base.
OBJECTIVE #4:

EVIDENCE AND LEARNING ON GOOD PRACTICE IN GIRLS’ EMPOWERMENT PROGRAMMING IS SURFACED, SHARED, AND ACTIONED
Interventions for adolescent girls are not systematically evaluated for their impact and effectiveness, and those interventions that are being implemented are not always evidence-based or informed by girls themselves.

**Lack of evaluations of existing interventions and capacity to show results**

The issue of data is one that was highlighted in the “Situational Analysis of Women and Girls in the MENA and Arab States Region: a decade review 2010 – 2020”. This analysis references the “need to enhance data collection and evidence generation”.87 This need was repeated throughout the interviews with staff across the Arab States, including one staffer who said: “Evidence is missing, and we don’t measure the impact of our interventions.”88

Despite commitment amongst staff to programme for adolescent girls, and a commitment to this demographic being outlined in a number of Country Programme Documents, the sense amongst respondents was that there was a lack of evidence on what approaches would work best for adolescent girls. As one staffer said: “You should advise us, what would be the most impactful and innovative approach in terms of targeting girls. We haven’t done an assessment of any specific component targeting girls.” Similarly, another colleague mentioned that “we are implementing the generic approaches – but we would like to know more”.

This challenge was most succinctly summarised by one staff member who said: “It is time to pause and think maybe what we’re doing is not actually working. But we can’t do the same things whilst we’re not seeing an impact.”

It is important to note that the limited availability of evidence related to adolescent girl programming is a global, sector-wide challenge and not specific to UNFPA. This limited evidence is particularly pronounced in humanitarian settings. Here, the partial evidence can be attributed to a limited systematic focus of humanitarian response programmes on adolescent girls and the lack of gender disaggregated data/recording of girl specific outcomes in the evaluations of interventions in emergency settings. Nevertheless, “this evidence gap poses a significant barrier to identifying and developing best practice to support adolescent girls during emergencies.”89

The limitations of evidence are particularly pronounced in relation to programming aimed at reaching and meeting the needs of girls who are particularly marginalised (young mothers, girls living with disabilities, etc).

**Limited use of existing evidence-based approaches for adolescent girls**

The lack of evidence generation in existing interventions is compounded by the limited use of already existing evidence-based approaches. Whilst there are several initiatives to show what approaches create impact for adolescent girls – such as What Works to Prevent Violence Against Women and Girls (funded by FCDO) or Gender and Adolescent: Global Evidence (GAGE) by ODI - these research initiatives were not referenced and are seemingly not being utilised in UNFPA work.

Similarly, efforts to create a body of expertise on how to prevent and respond to GBV, such as the GBV Accountability Framework by the Real Time Accountability Partnership, were not referenced in consultations.

Whilst there are documents evidencing impact within UNFPA, including the “2021 impact assessment report of the UNFPA multi-country response to the Syria crisis: Iraq, Jordan, Lebanon, Syria, Turkey and Turkey cross-border programmes”, staff did not seem familiar with these assessments or appear to be making optimal use of them and their recommendations in relation to adolescent girl-centred programming.

**Limited consultations with adolescent girls**

During FGDs across the Arab States, adolescent girls expressed an eagerness to talk about their lived realities and to propose solutions to the challenges they and other girls in their community face.

87 UNICEF (2021). Situational Analysis of Women and Girls in the Middle East and North Africa

88 Respondent, Libya

89 Rafaeli, T (2020). The links between girls’ life skills intervention in emergencies and their return to education post-crisis and prevention of unwanted pregnancies and early marriage
“GIRLS WERE SUPER EXCITED TO TALK - WANTING TO EXPRESS THEIR FEELINGS AND OPINIONS”

- Palestine

“THERE WAS A NEED FOR THE GIRLS TO SPEAK OUT – THEY NEEDED TO SIT TOGETHER AND DISCUSS THEIR ISSUES”

- Jordan

Not only did the FGDs generate rich and valuable data to inform programming and advocacy efforts, the process itself also served to value girls’ voice and therefore empower girls. The strengthening of voice has a central place in defining empowerment. It captures the importance of girls articulating and defining their interests and needs, thereby underlining the bottom-up essence of empowerment.90

As well as being crucial individually, voice is important as part of the general empowerment processes, including in “the ability to organise collectively in favour of gender equality and justice and women and girls’ empowerment ... and in the strengthening of women’s and girls’ leadership, both individually and collectively, to pursue their interests and needs ... and in demanding change and holding institutions accountable, as part of processes to influence policies and services, in order to ensure they are implemented in a responsive and just way”.91

It is no surprise then that, when regular FGDs with adolescent girls were suggested during the validation workshop, the girls enthusiastically agreed and said “this is beautiful. We love to have workshops and to talk about these topics. When we sit as a group, we see change is happening. This helps us to share our opinion and hear others’ perspectives”.92 Girls unanimously agreed that FGDs increased their confidence. Such a simple activity, with such powerful results.

92 Validation Workshop with adolescent girls, November 2022.
“I DISCOVERED WE NEED MUCH MORE FGDs, THEY STILL WANT TO TALK MORE... WE ARE DOING A LOT OF AWARENESS SESSIONS BUT NOT DISCUSSIONS”

– Iraq

However, despite the benefits of conducting consultations – both to programming and to girls themselves – engagement with adolescent girls across the Arab States is ad hoc and sporadic: “too often, adolescent girls are engaged by humanitarian actors only in an ad-hoc fashion, after realising the subpopulation was not accessing services or engaged in activities publicised for children or adults”.93 This was confirmed by a staff member, who, when asked about consultations with adolescent girls, explained “we do it as lip service.” Another said: “We don’t engage enough with adolescent girls — we don’t involve them in designing the projects, in interventions, in training. Stronger engagement could improve their access to our services and make services more adapted”.94

Furthermore, where consultations are organised, most respondents mentioned they were either mixed-sex or mixed-age, with both adolescent girls and boys together or women and girls together. In some contexts, consultations with adolescent girls are facilitated by male staff or enumerators: “engagement with women and girls is not always aligned with our best practices, sometimes it’s led by men”.95

Girls, as a result, have an overriding impression that their perspectives and opinions are not heard by parents, the wider community and by the organisations that exist to serve them. One facilitator of an FGD with adolescent girls said: “No one listens to them, and they want to be considered as human beings.”96

How it will be addressed:

• Disseminate information about, and utilise, evidence-based tools

There are a number of global research initiatives, such as GAGE by ODI or FCDO’s What Works to Prevent Violence Against Women and Girls, that have allowed practitioners to better understand which interventions create impact. Through the UNFPA Regional Adolescent Girls Community of Practice, it would be possible to invite researchers from the various global initiatives to share their learning.

• Invest in evaluations on a range of girls’ empowerment programming

More regularly and consistently evaluate girls’ empowerment programming, ensuring commitment to generating a body of data on what works with a more regular and robust monitoring and evaluation and surfacing of practice-based learning. This would include, but not be limited to, an evaluation of GAF. Regular evaluations will help respond to a global evidence gap, in which “questions remain about which implementation approaches in programme design are most effective, hindering efficient resource allocation, programme scale-up, and replication across settings”97. Evaluations would explore the effectiveness of programming to inform more effective use of resources and to improve outcomes for girls.

• Establish Adolescent Girls’ Committees in each country, both at national and community levels

The creation of Adolescent Girls’ Committees at community level will enable systematic and regular consultations with this target group to help UNFPA and IPs to understand needs, barriers and risks; to evaluate effectiveness of existing programming; and to validate ideas for new programmes.

94 Respondent, Libya
95 Respondent, Yemen
96 Respondent, Tunisia
It will also help to ensure that a diverse range of adolescent girls’ voices are systematically captured and represented, and then reached with programmes and services. Their “involvement in the design and implementation of programs as well as in programme monitoring are key to ensuring that programmes are both acceptable and accessible to them and that their needs are being met”.98

The Adolescent Girls’ Committees will engage in systematic outreach to reach the most marginalised adolescent girls, including girls with disability. Through girls conducting outreach themselves, programmes will be better able to access and reach the girls who are most marginalised and hardest to reach. The specific methods in each location for reaching the most marginalised girls will be determined by the relevant Adolescent Girls’ Committees. They may include, where appropriate, presentations in schools about available services and programmes or through house visits by girls in groups.

Reaching the most marginalised girls is critical, given that “country studies assessing the coverage and reach of youth-serving programmes have shown that “better-off” youth – those that are older, more educated, male, and urban – are accessing such programmes. Such results underscore the need to reorient existing programmes to better target the girls most in need (very young adolescents, married girls, girls not in school, etc)”99

• Train Adolescent Girls’ Committees to conduct regular monitoring and evaluation on effectiveness and inclusion

The Adolescent Girls’ Committees will be trained — and supported — to conduct regular and robust monitoring and evaluation of programming in their communities and their effectiveness in reaching and benefiting adolescent girls. This will include standardised tools for girls to consult other girls in FGDs — particularly those that are hard to reach — in determining whether services are accessible and responsive to their needs. The tools can include but not be limited to scorecards and checklists with a set of simple questions related to access; relevance; treatment by staff; safety; and other key topics as determined by the girls. “Adolescent involvement in programme evaluation can guide the development of future programming. Adolescent participation at all stages of the programme cycle can lead to more relevant programming, strengthen programme outcomes, and contribute to meaningful partnerships between adolescents and adults”.100

• Organise an annual Adolescent Girls Summit in each country

Building on the learning from the 2022 Regional Adolescent Girls Summit, the summit will be replicated at country level. This will be a platform for adolescent girls to share the findings and recommendations from the evaluations conducted throughout the year on the effectiveness of UNFPA programmes in reaching and benefiting adolescent girls.

This summit will enable a cultural exchange between girls from different communities, enabling them to learn from each other. Exposure to different cultures is widely seen as increasing girls’ confidence. In particular, girls want to travel to meet with other girls to better absorb ideas generated in their workshops and courses: “We want to see how other cultures perceive freedom for girls.”101

• Establish a Regional Adolescent Girls Community of Practice

The Regional Adolescent Girls Community of Practice (CoP) will be chaired by the Regional Adolescent Girls Lead. Meetings will take place on a quarterly basis. The one-hour long meetings will allow for discussions about good practices and troubleshooting of challenges, whereby FPs can offer peer-to-peer support.

• Annual review and updating of Adolescent Girls Initiatives Matrix (in Annex 1) led by regional and country level adolescent girls staff.

A regularly updated Initiatives Matrix will help to facilitate cross-country learning and will facilitate generation of new ideas for countries that are newly exploring work with adolescent girls. Updating of the Initiatives Matrix will be led by the Regional Adolescent Girls Lead and country-level Adolescent Girls Focal Points, with one CoP call a year dedicated to reviewing and updating the matrix.
## LOGICAL FRAMEWORK

**Goal:** UNFPA and IPs involve girls in co-creating tailored and responsive programming to engage and empower adolescent girls

<table>
<thead>
<tr>
<th>OBJECTIVE</th>
<th>OUTPUT</th>
<th>INDICATOR (REGIONAL LEVEL)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> An enabling environment is created for adolescent girls’ safe and equal access to youth, GBV, SRHR and gender programmes, services, and information</td>
<td>1.1 Establish Adolescent Girls’ Committees – including clearly defined ToR, training and support mechanisms – to inform programmes from design to monitoring and evaluation</td>
<td># of country offices with national and community level Adolescent Girls’ Committees which are regularly consulted</td>
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<tr>
<td></td>
<td>1.2 Explore and implement evidence-based interventions for engaging girls’ male peers and their parents/caregivers and communities</td>
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<td></td>
<td>1.3 Establish GFS for delivery of activities in a girl-only safe space</td>
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<td></td>
<td>1.4 Integrate evidence-based approaches to ensure girls’ have meaningful access to girl-friendly GBV, MHPSS and SRHR services</td>
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<tr>
<td><strong>2.</strong> Targeted programmes are delivered that specifically address adolescent girls’ needs and promote their individual and collective empowerment</td>
<td>2.1 Establish Adolescent Girls Innovation Fund to generate and support emerging girl-led ideas</td>
<td># USD allocated to the Adolescent Girls Innovation Fund</td>
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<tr>
<td></td>
<td>2.2 Implement 3-pillar approach inclusive of its essential components</td>
<td># of country offices implementing the 3-pillar holistic approach for adolescent girls’ individual and collective empowerment</td>
</tr>
<tr>
<td></td>
<td>2.3 Foster global partnerships with organisations that have evidence-based approaches for empowering adolescent girls</td>
<td># of partnerships dedicated to adolescent girls</td>
</tr>
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</table>
### OBJECTIVE OUTPUT INDICATOR (REGIONAL LEVEL)

3. UNFPA and IP staff have the capacities, skills, mandates, and structures to support design, delivery, and evaluation of girls’ empowerment programming

<table>
<thead>
<tr>
<th>Objective</th>
<th>Output</th>
<th>Indicator (Regional Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Recruit / identify Adolescent Girl Focal Points in each country Office</td>
<td># of country offices with dedicated Adolescent Girls Focal Points</td>
<td></td>
</tr>
<tr>
<td>3.2 Recruit / identify a Regional Adolescent Girl Lead to support and coordinate country-level focal points</td>
<td>% of country-based Adolescent Girls Focal Points with access to monthly mentoring and support from the Adolescent Girls CoP</td>
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<tr>
<td>3.3 Strengthen screening, recruitment and induction procedures</td>
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<tr>
<td>3.4 Ensure regular, ongoing staff training, visibility and values clarification on effective girl-centred design, programming, and services</td>
<td>% of UNFPA and IP staff who are aware of and utilising the Regional Adolescent Girls Framework</td>
<td></td>
</tr>
<tr>
<td>3.5 Create a pool of trained staff on key components of the Framework to cascade training where needed</td>
<td># of ToTs offered by ASRO to build a cadre of trainers across the region on standards and tools related to adolescent girls (e.g. Caring for Child Survivors; GFS, Girl Shine, MHM)</td>
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</table>

4. Evidence and learning on good practice in girls’ empowerment programming is surfaced, shared, and actioned

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<thead>
<tr>
<th>Objective</th>
<th>Output</th>
<th>Indicator (Regional Level)</th>
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<tr>
<td>4.1 Build capacity among M&amp;E staff in gender- and age-sensitive, participatory approaches to data collection</td>
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<tr>
<td>4.2 Ensure regular, robust monitoring and evaluation of girls’ empowerment programming</td>
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<tr>
<td>4.3 Establish regional Community of Practice to regularly share emerging learning and good practice</td>
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<tr>
<td>4.4 Organise annual Adolescent Girl Summits to celebrate and share learning</td>
<td># of country offices organising annual Adolescent Girls Summit</td>
<td></td>
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<tr>
<td>4.5 Amplify adolescent girls’ voices through communications and media</td>
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MONITORING AND EVALUATION

Regional Level Indicators

The Results and Resources framework for the Arab States Regional Programme (2022-2025) includes the below indicators related to adolescent girls:

- # of country offices supported in the development of draft policies/legislative documents to protect women and girls from GBV with sound implementation mechanisms
- # of additional country offices supported to establish well-functioning essential services and referral systems for women and girls who are survivors of violence
- # of countries in humanitarian settings that have received support to implement targeted programming for adolescent girls

This Framework recommends the following additions or for future iterations to be inclusive of the following indicators. These indicators are samples that may be adapted and help show whether the Framework is being implemented.

- # of country offices implementing the 3-pillar holistic approach for adolescent girls’ individual and collective empowerment
- # USD allocated to the Adolescent Girls Innovation Fund
- # of country offices with dedicated Adolescent Girls Focal Points
- # of ToTs offered by ASRO to build a cadre of trainers across the region on standards and tools related to adolescent girls (e.g. Caring for Child Survivors; GFS, Girl Shine, MHM)
- # of partnerships dedicated to adolescent girls
- # of country offices with national and community level Adolescent Girls’ Committees which are regularly consulted
- # of country offices organising annual Adolescent Girls Summit
- % of UNFPA and IP staff who are aware of the Regional Adolescent Girls Framework
- % country-based Adolescent Girls Focal Points with access to monthly mentoring and support from the Adolescent Girls CoP

Country Level Indicators

At country level, below are indicators to be included in future proposals and Country Programme Documents. These are informed by the GBV IA Minimum Standards and the UNFPA Adolescent Girls Index.

The indicators provided are samples that may be adapted by practitioners to their context. Indicators are signals that show whether the Framework is being implemented.

1. **To play and to learn**
   - # of GFS established
   - # of adolescent girls using GFS to meet their needs (e.g., attending one cycle of recreational/psychosocial sessions)
   - % of adolescent girls who express having safe access to a safe girl-only space
   - % of girls who report that the centre/space they accessed was in accordance with their needs and preferences
   - % of adolescent girls who feel able to discuss and deepen their understanding on issues that are important to them
   - % of adolescent girls who participate in sports activities
   - % of adolescent girls who regularly receive dignity kits
   - % of adolescent girls who indicate they are satisfied with the items provided in the dignity kits they received
   - # of projects that support the economic empowerment of adolescent girls through targeted livelihood and employment interventions
   - % of adolescent girls who accessed focused mental health and PSS services indicating satisfaction with services.
2. To be heard and to lead

- # of adolescent girls participating in a tailored girls’ empowerment curriculum
- # of Adolescent Girls Committees
- % of adolescent girls who express feeling consulted and heard by UNFPA
- Women make up 100 per cent of assessment teams in consultations with girls
- % of Adolescent Girls Committees that receive funding from Adolescent Girls Innovation Fund
- # and % of girls consulted to inform UNFPA programmes
- % of girls expressing increased confidence to advocate for their rights and the rights of other girls
- % of adolescent girls who report sole or joint involvement in household and community decision-making
- % of adolescent girls who report that they feel free to express their ideas/opinions at home.

3. To be mobile and safe

- # of assessments of services that are conducted by Adolescent Girls Committees at community level and the findings presented to service providers and/or UNFPA and/or other girls in the community
- % of adolescent girls who express feeling safer resulting from participation in self-defence classes in partnership with, and using training from, a global or regional organisation with demonstrated results
- # of safety audits conducted
ANNEX 1:
ADOLESCENT GIRLS INTERVENTIONS MATRIX

Below is a synthesis of existing interventions in the Arab States, categorised according to "My Body, My Life, My World", including an outline of promising practices and of gaps and opportunities. All quotes included are from UNFPA staff.

For information related to the regional level, please see Annex 4 of the UNFPA strategic plan, 2022-2025, the Arab States regional programme (2022-2025).
“My Body, My Life, My World”

**MY BODY:** increased access to integrated SRH services and information for all adolescents and youth—in line with Outcome 1 on integrated sexual and reproductive services and reproductive rights.

**MY LIFE:** address determinants of adolescents’ and youths’ health and well-being, in particular girls, upholding rights and investing in human capital, so that they can thrive and exercise autonomy and choice in their transition to adulthood—in line with Outcome 2 on adolescent and youth empowerment and rights and Outcome 3 on gender equality and the empowerment of women and girls.

**MY WORLD:** systematic and meaningful participation of adolescents and youth in sustainable development, humanitarian action and sustaining peace, and the visibility of their priorities in policies and programmes responsive to their needs and priorities—in line with Outcome 2 and Outcome 4 on population dynamics and sustainable development.

---

**DJIBOUTI**

**Promising Practices**
- Youth and adolescents peer education programme on SRHR: provision of information on reproductive health (RH) in Youth-Friendly Spaces (YFS) through information sessions (using the Youth Sexual and Reproductive Health Guide developed in 2013 by UNFPA Djibouti) and drop ins
- In order to intensify its program on youth and adolescent RH, UNFPA has identified several women’s and youth associations to implement mass sensitisation in different parts of the city as well as in the regions
- UNFPA offers a training program on SRH, the structural reinforcement of associations, result-oriented management, and on the strengthening of the leadership of youth and adolescents who are subject to risky behaviours

**Gaps and Opportunities**
- Age- and sex-disaggregated data not readily available on use of Youth-Friendly Spaces by adolescents and specifically by adolescent girls
- Data not available on whether adolescent girls prefer GFS or YFS (important given the YFS offer comprehensive training on GBV but also referrals)
- Girls lack confidence to utilise YFS due to fear of being judged and stigmatised, as some associations organise mixed sex sessions.
- UNFPA staff want to access learning and evidence on how to support girls to create associations, with vocational training, etc.
- Engagement with Youth Associations (14-25 years old) and Women’s Associations. But there are no equivalent associations for adolescents
**Promising Practices**

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<tr>
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<th><strong>EGYPT</strong></th>
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| Essential Services Package (ESP) for GBV survivors (though focused on adults – with analysis of ESP implementation globally showing focus mostly on women and on intimate partner violence (IPV), with referral mechanisms and specialised services catering more to adult women). | • Application of the Theory of Change from the Global Programme to End Child Marriage  
• IP use of the Social Empowerment Curriculum for Women and Girls in schools (though missing components on SRH, Hygiene, MHM, Nutrition)  
• Wendo (self-defence) classes offered during community mobilisation events in WGSS  
• GAF: 40-week curriculum which includes girls mapping safe spaces, safe streets and healthcare facilities. Includes curriculum for mentors, “Noura Manual”. Implemented by Civil Society Organisations.  
• Generational Dialogue Manual on FGM, which is also included in GAF to engage families and communities  
• IP use of the Engaging Men and Boys Curriculum with two curricula: one for boys from 12-18 years old, one for men 18-50 years old. This is based on a partnership with psychologists to change behaviour. Also engaging religious leaders using the curriculum  
• WGSS for girls in humanitarian context  
• Livelihoods and vocational skills training in WGSS: accessories workshop, embroidery, hair dressing, and skin care for all age groups (though no specific workshops targeting adolescent girls)  
• Champions of Change Programme (capacity building for adolescent girls and boys) formed a collaboration between Plan and UNFPA over four years to empower girls and change discriminatory gender norms  
• Collaboration with Government to develop and roll-out a manual for pre-marital counselling for couples about to marry, provided over three days  
| MHM Day celebrated in the WGSS, providing awareness raising on MHM alongside the ‘bracelet campaign’ | • Edutainment Programme: Theatre; Music for Life  
• Mural painting: The Art for Development initiative included a partnership between UNFPA and the Abdel-Wahab Abdel-Mohsen Foundation for Culture, Art and Development in Burullus, whereby artists, from different countries were invited to participate in the annual Burullus Symposium for Drawing on Walls and Boats. Prior to the event, the artists were trained on UNFPA’s mandate. Using the town’s walls and boats as their canvas, the artists depicted population issues in their art, creating a platform for dialogue. Their final creations shed light on issues such as population growth, early marriage, and FGM  
• Rebel Girls Journal Initiative for girls in humanitarian settings  
• Local climate conference for youth, including adolescent girls’ voices  

| A UNFPA manual on MHM is utilised within and across the Y-Peer Network. |  
| Comprehensive Sexuality Education in schools for adolescent girls within the youth programme |  
| Youth-friendly health clinics |  
| Campaign on FGM for medical students in universities |  
| Provision of social services to girls and women survivors or at risk of FGM |  
| • Edutainment Programme: Theatre; Music for Life  
• Mural painting: The Art for Development initiative included a partnership between UNFPA and the Abdel-Wahab Abdel-Mohsen Foundation for Culture, Art and Development in Burullus, whereby artists, from different countries were invited to participate in the annual Burullus Symposium for Drawing on Walls and Boats. Prior to the event, the artists were trained on UNFPA’s mandate. Using the town’s walls and boats as their canvas, the artists depicted population issues in their art, creating a platform for dialogue. Their final creations shed light on issues such as population growth, early marriage, and FGM  
• Rebel Girls Journal Initiative for girls in humanitarian settings  
• Local climate conference for youth, including adolescent girls’ voices |
By Girls, For Girls

A UNFPA Framework for Adolescent Girls’ Programming in the Arab States

“‘My Body, My Life, My World’

EGYPT

**Gaps and Opportunities**

- Increase awareness of laws and services through creation of child-friendly pamphlets so that girls can access information to make informed choices
- Work with MoH to update the medical curriculum so that all new healthcare professionals are aware of FGM
- Integrate FGM in GBV and FP services
- Strengthen GAF to increase access to services
- Utilise the Caring for Child Survivors (CCS) Guidelines in training for service providers, to ensure tailored services for girl survivors
- Improve access to SRH information: providing an interactive app for girls and a small booklet with key information, including on MHM
- Improve adolescent survivors’ access to girl-friendly response services through including GBV response services in youth-friendly clinics
- Generate data on girls’ access to, and benefit from, YFS or the Safe Women’s Clinics

**Promising Practices**

- Develop a free helpline for health issues which is used by adolescent girls, whilst for girls without phones, staff from Public Health Centres conduct door to door visits

IRAQ

**Promising Practices**

- Dedicated FP for Adolescent Girls (under Gender and Human Rights Team)
- Developed Family Planning (FP) Strategy for Iraq in partnership with the Government
- Providing a free helpline for health issues which is used by adolescent girls, whilst for girls without phones, staff from Public Health Centres conduct door to door visits

**Promising Practices**

- Development of country-wide “Action Strategies for Prevention and Change Behaviour for Actors involved in Child Marriage”, which includes a set of standardised key messages for social and behaviour change communication. This was informed by a study on driving factors for child marriage
- Adapted a global UNICEF and UNFPA Adolescent Girls Toolkit, with specific focus on humanitarian settings. The adaptations to the Iraq context were based on consultations with adolescent girls themselves
- In collaboration with a telecommunication company, created a space called “butterfly centre” – a centre equipped with computers only to be accessed and used by girls with training on online safety and cyber security
- Developing adolescent girls’ life skills using the Y-Peer Manual

**Promising Practices**

- Systematically conduct regular consultations with adolescent girls for each sector
- Engage girls in the role of monitoring and reporting on quality of services: scaling approach used within GAF
- Strengthen reporting mechanisms for increased use by girls, including to enable reporting on selection processes for committees / platforms
- Invest in localised solutions, e.g. girl-led initiatives
- Close the feedback loop through sharing research and providing updates on what programmes will respond to their expressed needs
- Get insights from teachers at schools, engaging teachers and outreach workers to obtain the info

- Established Adolescent Girls Taskforce in 2016 for both development and humanitarian contexts, co-chaired with IRC.
- Adolescent Girls FP have been identified within the Implementing Partners. UNFPA meets regularly with these FPs. Together UNFPA and IPs have developed a simple format to collect information on impact through consultations with girls through story telling.
## IRAQ

### Gaps and Opportunities
- Creation of girl-only structures to increase participation and access to support. Women Community Centres (WCCs) that are intended for both women and girls, show reduced participation of girls.
  
  For example:
  
  In 2022 to date:
  - Women: 68,662
  - Girls: 35,844
  
  2021:
  - Women: 223,685
  - Girls: 124,424

- To increase the participation of adolescent girls within the Adolescent Girls Taskforce.

### Gaps and Opportunities
- Whilst in mixed-sex structures e.g. youth centres – “there are areas where there are absolutely no girls attending youth spaces” or “boys accessing youth spaces is much much higher than girls, even in urban areas”.
  
  As one respondent stated:
  - “It is good that we are at least adapting women safe spaces but there has to be separate spaces for girls... if there are spaces dedicated to them, they would feel more comfortable and more motivated”

## JORDAN

### Promising Practices
- **Adolescent Mothers Against All Odds (AMAL).** The creation of young mothers’ clubs to meet needs of pregnant adolescent girls. This program brings together pregnant adolescents/first-time young mothers to provide ongoing support during their pregnancy and give them essential health and life skills. These adolescent-focused awareness sessions build knowledge and skills of pregnant adolescents and first-time mothers on a variety of topics, including going for antenatal care, exclusive breastfeeding, healthy timing, and spacing of pregnancies. Through the AMAL approach, YMC is linked with health facilities and providers to make sure that participants can receive care during and after their pregnancy.

- **Dedicated Adolescent Girls Officer in Jordan,** working closely with both the GBV and youth teams. Youth teams work from an empowerment perspective whilst GBV from a protection perspective.

- **WGSS where in partnership with IRC and IFH,** girls access the Girl Shine curriculum.

- **Adolescent Girls Empowerment-Led (AGEL)** Centre: in Zaatari camp, where girls themselves manage and run the centre, including the budget, the opening and closing, the types of activities. There is a core team of girls who train others (six mentors who are young women and 24 mentees who are adolescent girls). The girls are encouraged to develop and implement girl-led initiatives, for which they receive support from UNFPA: “The passion you see is beautiful, the energy there and the initiatives are so beautiful.”
**Promising Practices**

- **Fe Al-Mamar**: a TV show on Amman TV that discussed SRHR for youth and adolescents, with 2M reach.
- "Teams": a comedy show on social media with short videos by a famous actress to challenge discriminatory gender norms.
- Essential service package for girls. UNFPA JCO facilitates the activity of the ESP for adolescent girls in Jordan by coordinating meetings and specialised FGDs targeting the concerned entities from the government, CBOS, NGOs, INGOS, semi-governmental organisations, etc. working in the field of adolescent girls’ service delivery in Jordan.
- Drawing on external research of period poverty, partnered with a women-led organisation to conduct FGDs with Government and service providers to develop a policy paper on who accesses information about, and products for, menstruation. KIDOS, an emerging group of adolescent girls and boys, took findings from the paper and created a short video about it.
- Proactively removing the barrier of childcare through the provision of childcare to enable equal access for adolescent girls with children or young siblings, which was informed by consultations with girls themselves: "Girls expressed that they have responsibility to provide care for younger siblings so bring siblings to the childcare facility."
- Piloting – the Y programme toolkit developed by CARE which is only for boys (14-19 years old) to address discriminatory gender norms such as gender inequality, harmful practices and violence.
- Implementation of GAF – developing the economic, social and health assets of adolescent girls as part of the global programme on child marriage.

**Gaps and Opportunities**

- Looking to procure menstrual hygiene products to be consistently available in the Adolescent Girls Empowerment-Led (AGEL) Centre, and the WGSS.
- Piloting of a MHM intervention, consisting of a combined approach of MHM awareness sessions with adolescent girls and their parents along with voucher assistance to purchase menstrual products.
- Need for strengthened knowledge of what works to change discriminatory gender norms. Based on the recognition that parents are often the primary decision makers and that to drive change, the focus should be on both girls and their parents, applying a socio-ecological model.
- Access to services for adolescent girls is constrained by a lack of transportation inside the camps. Girls need to use bicycles like their male peers do to improve access, though there is a taboo associated with this. There is a need to address the taboo and to start with organising a cycling race for girls only in Za’atari camp.
- Within the "Developing the Economic, Social and health assets of adolescent girls and young women in Jordan" programme, GAF Programme is a key component. As part of it, girls are involved in data collection on what services are available and how safe they are. This includes girls going to service providers with a survey – and based on an interview with the provider, girls complete the survey. Then the information is shared with other girls, so that other girls know which places are recommended in case they want to seek services. In addition, service providers come together to discuss findings from the girls themselves to improve services.
- Lack of evidence base on whether activities are contributing towards changing behaviour and knowledge.
### LEBANON

#### Promising Practices
- Development of an app to enhance access to SRHR information
- MHH programme, providing girls with cash to buy sanitary products. This pilot is intended to determine whether adolescent girls prioritise sanitary products when receiving unconditional cash
- Provision of WGSS
- Standalone activity within GBV programme which is targeting girls with provision of peer-to-peer support with the WGSS
- Roll out of the “Rebel Girls Journal”

#### Gaps and Opportunities
- Capacity building for healthcare providers on youth-friendly services but not specific to needs of adolescent girls
- Lack of youth-friendly services and services suitable for, or targeting, adolescent girls. Opportunity to utilise the Caring for Child Survivors Guidelines to build capacity of service providers
- GBV response services lack a focus on adolescent girls
- There is currently no curriculum on GBV and SRHR which targets adolescent girls
- In relation to awareness raising, there is a lack of standardised approaches and evidence-based approaches: “IPs use whatever toolkits they have and whatever they are used to. We don’t know if these are evidence based. They haven’t done evaluations of these approaches”
- Whilst adolescent girls’ voices are being captured, more can be done to then update girls and provide feedback on how that data was used, including sharing the publications and what impact they had
- Need additional toolkits for use by IPs on how to target girls with innovative programmes beyond awareness raising, peer-to-peer approaches, and recreational activities. “Everyone is doing activities based on their own knowledge and skills” resulting in messages which are not standardised

### LIBYA

#### Promising Practices
- Use of GAF inside the WGSS
- WGSS provide multi-sectoral services: Psychological First Aid (PFA), life skills training, awareness activities, CM and referrals
- Use of theatre for adolescent girls to change attitudes and engage with the community
- Vocational training for adolescent girls inside WGSS, including on IT and how to build social enterprises. This includes access to micro-grants for adolescent girls. Part of a wider bodily autonomy programme which helps them decide when to get married or not

#### Gaps and Opportunities
- Dignity kits need to be adapted to needs of adolescent girls
- GBV services and referrals need to be tailored to be girl friendly through application of Caring for Child Survivors Guidelines
- Evidence is missing as not measured impact of interventions for adolescent girls
- Involve girls in the design of projects, and strengthen their overall engagement
### Promising Practices

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<th>PALESTINE</th>
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<tr>
<td><strong>•</strong> Collaboration with Ministry of Education to integrate SRH and gender equality messaging into new education curriculum</td>
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<td><strong>•</strong> Along with an NGO partner, the “Adolescent Health Manual for Teachers and Counsellors” has been developed and updated</td>
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<tr>
<td><strong>•</strong> Design and roll out of Mostashari Mobile App in 2020: designed to educate and raise awareness of younger Palestinian population, aged 18+, with regards to SRH-related topics, to have the knowledge and power to make informed choices about their bodies and lives. First Arabic language mobile app for youth on SRH. The application has three main sources of knowledge; a) articles that were developed by a youth educator from the Y-PEER Network and reviewed by a doctor on SRHR, b) Instant question feature where youth can ask a specialist and receive the answer within 24 hours, c) the frequently asked questions.</td>
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<td><strong>•</strong> Engaged Ministry of Health in the development of a “National Strategy for Adolescent and Youth Health”</td>
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<td><strong>•</strong> Piloted two interventions with Ministry of Social Development – and are developing a curriculum on Comprehensive Sexuality Education. Pilot included a training for counsellors and students at ministry centres</td>
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<td><strong>•</strong> Supported the national coalition of Adolescent Health that consists of more than 25 members. The Y-Peer Network is a member. Through this, adolescents learn how to advocate for, and promote sensitive topics. It has included the development of a joint statement and action plan with unified messages.</td>
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<td><strong>•</strong> Developed protocol on adolescent health based on WHO standards to be used by health providers in primary healthcare facilities in coming years</td>
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<td><strong>•</strong> Development of a “Strategy for addressing Child / Early / Forced Marriage in the West Bank and Gaza”</td>
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<td><strong>•</strong> Development of the Majd Diary on gender equality which targets students at school and promotes their relationship with parents, including through exercises. The student takes home the diary and observes issues and goes back to school to discuss with teacher and counsellor</td>
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<td><strong>•</strong> Establishment of a hotline on youth mental health and PSS called “Shobak Al-Shabab/ Youth Window”</td>
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<td><strong>•</strong> Establishment of a digital character called “Q-Robot” that educates adolescents on cyber safety and how to avoid cyber-bullying. It is now being transformed into a physical robot</td>
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<td><strong>•</strong> UNFPA recruits community advocates from within schools and the community to promote Gender Equality and SRHR</td>
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<tr>
<td><strong>•</strong> UNFPA supports the work of the Y-PEER Palestine Network that was established in 2012. It is a peer-to-peer education network that educates and raises the awareness of youth and adolescents on SRHR and GBV through alternative methods</td>
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<tr>
<td><strong>•</strong> Formed the Youth Advisory Panel (YAP), under the direct supervision of UNFPA, to scale up youth participation in shaping and advancing the youth agenda through meaningful and active youth engagement in adolescent and youth programmes led by UNFPA at country and regional levels</td>
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<td><strong>•</strong> Have formed school parliaments and health clubs of adolescent students inside schools to advocate for volunteerism, gender equality and the importance of adolescents’ health and well-being</td>
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<tr>
<td><strong>•</strong> Prioritisation of girls within the Seventh Country Programme which is not organised by sectors but by issues impacting on women and girls. Adolescent girls are mentioned in all 4 outputs</td>
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By Girls, For Girls
A UNFPA Framework for Adolescent Girls’ Programming in the Arab States

“’My Body, My Life, My World’”

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<tr>
<th>Promising Practices</th>
<th>Gaps and Opportunities</th>
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<tr>
<td>• Established five youth friendly health centres within five universities in Gaza and the West Bank that provide physical, mental and psychosocial health services and education. The centres are also now safer spaces for university students.</td>
<td>• Interventions have been focused on both boys and girls without specific interventions dedicated and tailored to girls, and so the new Country Programme for coming three years (2023-2025) will focus on adolescent girls.</td>
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<td>• Y-PEER Network, in partnership with UNFPA NGO partner, developed three interactive games to be played with adolescent and youth in mobile clinics and the youth friendly health centres within the universities to enhance their knowledge and education on SRHR issues.</td>
<td>• Whilst there is training for teachers and counsellors, currently no method exists to monitor impact of training inside the schools. Can therefore develop an approach for girls to give feedback through an online app.</td>
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<td>• Currently little investment in MHM but MoH has requested UNFPA to conduct MHM study to have focused interventions.</td>
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<td>• Mobile clinics reach vulnerable areas and can be strengthened with the integration of GBV in the package of mobile clinic services.</td>
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<td>• Conduct Safety Audits of health clinics, enabling adolescent girls to identify potential GBV risks and mitigating measures in and around MoH clinics.</td>
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<td>• The development of an approach on positive parenting, including awareness raising amongst parents on effectively supporting adolescents, in particular on the topic of positive masculinity.</td>
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<td>• Need for investment in evaluations to determine impact of initiatives, drawing on perspectives and voices of adolescent girls to determine whether the Y-Peer Network is gender sensitive and inclusive, whether MoH clinics offer girl-friendly services etc.</td>
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<td>• Opportunity to increase readiness of girls to seek services – this requires a comprehensive approach and programme, collaborating with parents, communities, and teachers with a curriculum that works across all actors using a socio-ecological model.</td>
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<td>• There are currently no structured advisory bodies of adolescent girls which would be girl-only. Such structures could support greater participation of adolescent girls in decision making.</td>
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</table>
### SOMALIA

#### Promising Practices

- Previous partnership with AFRIpads to ensure girls have access both to information about, and resources for, MHM. Including use of the AFRIpads manual for capacity development and the girl-friendly MEAL mechanisms. However, another vendor is currently being used as AFRIpads have not won MHM procurement several times, so the office keeps on turning to different companies to provide supplies.
- Girls have access to Youth-Friendly Clinics for FP and premarital counselling, where health workers trained on adolescent and youth-friendly communication skills deliver SRH services.
- Provision of WGSS where girls can access multisectoral services including PSS, legal aid, medical support, dignity kits and referrals to other services.
- Use of community theatre (i.e., theatre of the oppressed) to create awareness about harmful practices, such as child marriage and FGM, as well as HIV prevention and treatments.
- The Youth Programme uses various methodologies for advocacy to end child marriage, such as mobile audio-visual cinemas, including documentaries followed by discussions amongst girls themselves, outreach activities by youth centres and peer-to-peer school health education.
- Have provided training for journalists to report effectively on child marriage.
- Have removed risk of sexual exploitation and abuse by ensuring all partners have PSEA training and are assessed on PSEA.
- Dalbile Youth Initiative: human-centred design which takes girls through seven days of boot camp, including looking at gaps in the market and looking at business ideas, whilst financial literacy, mentorship and grants.
- As part of school programmes UNFPA have established anti-FGM clubs and anti-HIV clubs for peer-to-peer learning and peer to peer counselling.

#### Gaps and Opportunities

- Provision of MHM items for increased access to school, within humanitarian settings.
- Ensure consistency in quality of MHM products through an MoU with AFRIpads.
- Provision of incentives or voucher system for girls to stay in school, with tangible support for uniforms, transportation, tuition fees etc.
- Potential to expand range of topics for girls for vocational training. Currently the vocational skills training for girls out of school is henna, tailoring, make-up and sewing, whilst boys access auto mechanic training and computer literacy.
- Consultations with girls are ad hoc and could be systematised through engagement of adolescent girls within the Y-Peer Network.

### “My Body, My Life, My World”
### Sudan

#### Promising Practices
- Provision of dignity kits to adolescent girls including sessions on how to use menstrual hygiene items and the importance of hygiene
- Creation of School Clubs for girls with information related to social norms and SRHR, using manual for Y-Peer (though there is no manual specifically for adolescent girls)
- Supporting positive masculinity with Peace Clubs for adolescent boys to reflect on content of manual, with access to knowledge related to masculinity. This involves discussion about the different roles of men in the community and also offers PSS for males. Project name: Building the MHPSS-Gender-Peacebuilding nexus: fostering wellbeing, non-violent, gender equitable masculinity and social restoration with young people
- Trained girls on coding as part of a pilot programme in partnership with a community youth centre for both girls and boys, however “obviously parents didn’t allow all the girls to come – because it’s a mixed sex space”

#### Gaps and Opportunities
- There is a need to invest in girls in humanitarian settings through provision of Girl Friendly Spaces and transportation for girls to increase mobility
- Need to apply a socio-ecological model and to engage the wider community in the issue of FGM and child marriage since it is the parents who make decisions on these issues
- Prior to activities, conduct FGDs with adolescent girls

### Syria

#### Promising Practices
- Girls can access GBV services in static clinics, through mobile teams, in WGSS and community wellbeing centres. However, these services have not been adapted to adolescent girls
- Partnership between MoE and UNFPA to access schools for implementation of MHM activities for girls in school. This includes training school counsellors on how to answer questions on this topic: UNFPA RH, youth and GBV departments trained 20 education counsellors from 20 schools to disseminate key messages about MHM, GBV and RH issues
- Use of Girl Shine curriculum in three locations, rolled out in Community Wellbeing Centres and YFS and including parents and service providers
- Assumption is that WGSS are for both women and girls, with literacy classes for women and adolescent girls out of school. However, “there is no specific consideration for the adolescent girls in the content”
- Awareness raising activities are designed to reach different groups of community including adolescent girls. The awareness-raising sessions with adolescent girls focus on MHM, child marriage and GBV issues affecting adolescent girls.
- In 2017/2018, conducted an assessment of adolescent girls’ needs
- FGDs are held before the start any intervention. However, in many areas these are conducted together with boys and girls and in other areas in separate FGDs
## SYRIA

### Promising Practices
- For girls who are out of school, the same access to MHM information is made available in the WGSS
- Young Mother Clubs existed (for girls who were married to receive PSS and referrals) which then came under Community Wellbeing Centres
- In North-East Syria, UNFPA created a network of Community Midwives in villages to reach young mothers with RH info and services
- Social norm pilot project in Aleppo – looking at child marriage and IPV. Using the Indashyikirwa model that has two curricula, for couples and opinion leaders

### Gaps and Opportunities
- Not all girls have safe access to the WGSS and there is a need to provide and arrange transportation to increase safe access for this age group.
- GBV response services have not been adapted to the needs of adolescent girls
- Prevention of IPV and child marriage must address economic stress and provide vocational training. UNFPA plan to start with women – as don’t want to encourage school dropout – though this should also be available for married out-of-school girls
- Support for girl-led initiatives which will "transform UNFPA’s work and address girls needs on the ground"
- GBV response services have not been adapted to the needs of adolescent girls
- Systematic consultations with adolescent girls: “It is crucial to have in depth discussion with adolescent girls in Syria to define their needs, preferences and then design a model that can address the identified needs”

### YEMEN

### Promising Practices
- Provision of dedicated WGSS which is the “only platform for women and girls to express what they want” and which offers specific days that are for girls only
- WGSS supported by UNFPA acts as an information centre on available services, RH awareness, women’s rights, as well as PSS
- Development of a participatory approach – the REFLECT methodology – where the girls choose the topics which are covered with their parents
- Conducted market analysis prior to provision of vocational training for adolescent girls to determine most suitable courses/skills-development
- Provided emergency multisectoral services for child marriage survivors (medical, legal, psychosocial, cash and shelter)
- PSS sessions provided in both literacy classes and WGSS
- Provided PFA and training on GBV Guiding Principles and survivor centred approach for all service providers

### Gaps and Opportunities
- Training for all case workers on case management and next year as part of refresher training, the training will include the topic of case management for child survivors, using CASI learning and using the latest version of Caring for Child Survivors Guidelines.
- Collect and analyse data on number of many girls and boys using YFS
- Enhance capacity of girls in coding and robotics
- Create opportunities for adolescent girls to lead, including training girls in schools on how to create girl-led initiatives
- Invite girls to join UNFPA SMT meetings on an annual basis

### “My Body, My Life, My World”
"My Body, My Life, My World"

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<tr>
<th>Promising Practices</th>
<th>Gaps and Opportunities</th>
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<tr>
<td>• Regional initiative for prevention of FGM amongst adolescent girls through engaging religious leaders</td>
<td>• GBV response has not been adapted to the needs of adolescent girls</td>
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<td>• Development of ToR for community committees and men2men networks, and development of gender sensitisation material. All were trained on these materials: their role was to advocate for GBV prevention and response (these committees and networks have influential leaders / sheikhs, educators etc)</td>
<td>• WGSS are not available in all governorates under Global Programme to Accelerate Action to End Child Marriage</td>
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<td>• Community led campaigns, with sheikhs that have signed a tribal document to stop child marriage in their villages</td>
<td>• Need to review existing RH messages and coordinate with MoH (RH department) and get them approved</td>
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| • Empowerment programming focuses on girls over 17 years old, and could start earlier, with adolescents. | • A discussion with CSOs working at the grassroots level and MOH to tailor RH messages for adolescent group |
| • In a deteriorating humanitarian setting like Yemen, there are other priorities, and local authorities and communities don’t see adolescents as a priority: Advocacy and awareness raising is key, using every platform possible, (TV, Radio, WGSS, MHSS centres, health facilities). Awareness campaigns on girls’ empowerment and its benefits and impact on their communities need to go viral | • Capacity building of GBV staff especially M&E staff on effective monitoring and evaluation, to implement periodic follow-up for activities in the field (and better capturing of the lessons learned from the field to enhance field activities and inform future programming) |
| • Government and authorities don’t see adolescent girls as a priority group, and there is a need for a multi-stakeholder policy and strategy in place for this particular group | • Shortage in humanitarian funding in Yemen (and more specifically lack of funding for adolescent programs making it difficult to prioritise adolescent girls). Funds needs to be raised and earmarked for this target group |

- Currently lacking approach to systematically consult adolescent girls
- Lack of evaluation of access to, and impact of, youth programmes on adolescent girls
- UNFPA staff can encourage girls to use the hotline: “We want to empower girls to speak up. It’s their right – the message should be clear that if you’re not happy you can speak up and we will take action”
- During consultations in the communities, a distinction is not made between girls and women and therefore they are often consulted together, despite different needs, risks and interests: “Engagement with women and girls is not always aligned with our best practices, sometimes it’s led by men”
## ANNEX 2:
LIST OF PARTICIPATING COS

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<th>Country</th>
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ANNEX 3:

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