A Safe Place to Shine

Creating Opportunities and Raising Voices of Adolescent Girls in Humanitarian Settings in Pakistan

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While every effort has been made to ensure the data contained in this report is accurate at time of publication, IRC recommends that readers consult forthcoming journal articles for the latest analysis and findings. Further details of these may be found in Annex 5.
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<td>COMPASS</td>
<td>Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces</td>
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<td>CPC</td>
<td>Child Protection in Crisis</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DRC</td>
<td>Democratic Republic of Congo</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>GBV IMS</td>
<td>Gender-based violence information management system</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>VPRU</td>
<td>Violence Prevention and Response Unit</td>
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<td>WPE</td>
<td>Women's Protection and Empowerment</td>
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Adolescence is a distinctly challenging and critical time for girls, during which they face immense social barriers that limit them from leading safer, healthier and more self-sufficient lives. Humanitarian crises, which rupture existing key community and state structures such as health care, education and social services, and break up or displace families and communities, render adolescent girls even more vulnerable. Adolescent girls living in conflict-affected communities, including refugees and displaced persons, are at increased risk of gender-based violence (GBV), including sexual violence and exploitation, intimate partner violence and early and forced marriage.¹

“I think these were good things. With these sessions we came to know how we would make ourselves safe and how we would make a right decision... after learning from the sessions we have told this to our elders: ‘Don’t go for early marriage.’”

Adolescent girl, 17 years old, evaluation interview

¹ According to UNICEF, early (or child) marriage is defined as a formal marriage or an informal union that happens before the age of 18 years.
GBV is a direct attack on girls' mental and physical health, and future aspirations and prospects. It has implications on girls' access to education, participation in society, employment prospects and family life. Although there is a growing body of information on the prevalence of GBV against girls, there is still little evidence available specific to adolescent girls in humanitarian settings. In addition, programmes focusing on GBV prevention and response in humanitarian settings often focus on adult women rather than adolescent girls. As a result, there is a lack of rigorous evidence on effective strategies for protecting adolescent girls in humanitarian settings from GBV and helping them recover.

To respond to the specific needs of adolescent girls in humanitarian settings and to address the gap in evidence of what works to promote the health, safety and empowerment of adolescent girls, the International Rescue Committee (IRC) has invested in a robust adolescent girl programming and learning agenda. As part of this effort, the IRC partnered with Columbia University over a three year period (2014-2017) to develop, implement and evaluate the Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS) programme, funded by the UK Department for International Development (DFID). COMPASS was implemented with displaced populations in north-west Pakistan, conflict-affected communities in eastern Democratic Republic of Congo (DRC) and with refugees living in camps on the Sudan/Ethiopia border.

The IRC developed and implemented the interventions used in COMPASS by building on existing programming and resources on adolescent girls and GBV, adapting for the complex contexts of diverse humanitarian settings. COMPASS was implemented by IRC's Women's Protection and Empowerment (WPE) programme teams, supported by IRC WPE technical advisors, and evaluated by Columbia University.

An external evaluation, led by Columbia University, was carried out across the three programme locations to assess the effectiveness, feasibility and acceptability of the programme interventions. The evaluation in each programme location had different objectives and different designs. Qualitative and quantitative data were analysed. In addition to the external evaluations led by Columbia University, the IRC's WPE teams in each location collected monitoring data throughout the implementation of the programme to assess what aspects of the programme were feasible and acceptable for adolescent girls, and to adapt the programme accordingly.

This report shares learning from the implementation and evaluation of COMPASS in Pakistan.

COMPASS included the following core interventions:

- **Adolescent girls’ life skills sessions:** weekly discussions with groups of adolescent girls in allocated safe spaces. These were facilitated by young female mentors.
- **Parent/caregiver discussion groups:** monthly discussions with parents and caregivers of participating adolescent girls.
- **Service provider support:** targeted training and ongoing support to develop knowledge, capacity and skills regarding the specific needs of adolescent girls, and particularly those who have experienced GBV.

**Overview of COMPASS Pakistan**

COMPASS was implemented in three districts of Khyber Pakhtunkhwa province: specifically in five women and girls centres in communities and four women and girls centres in a temporarily displaced persons camp (Jalozai camp).

COMPASS was implemented with three groups of adolescent girls and their female parents/caregivers (three programme cycles). A total of 978 adolescent girls, aged 10–19, and 481 of their female parents/caregivers participated in COMPASS across the three cycles representing a range of experiences, backgrounds and living situations.

In Pakistan, the evaluation assessed the feasibility and acceptability of the programme to adolescent girls and their mothers, and measured changes in girls' social and health outcomes over the course of the programme. Feasibility refers to adolescent girls having safe, consistent access and the ability to participate. Acceptability refers to adolescent girls, families and communities being open to acquiring knowledge and skills relating to programme topics, and community leaders, authorities and other influential actors supporting their participation.

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The state of adolescent girls in north-west Pakistan: findings from COMPASS baseline study

**Adolescent girls' movement is very restricted.**

The vast majority of adolescent girls felt safe in locations such as their home, school and the homes of their relatives. But the movement of adolescent girls was very restricted: on average they reported that in the past month they had only visited one place outside of their home, which was most likely the women’s community centre or a relative’s house. 15% reported that they had not visited any other place outside of their home in the past month.

**Adolescent girls have limited social networks, and few know about GBV services.**

Most adolescent girls reported having an adult in their life who provides guidance and advice, who for the most part was their mother. However, they did not feel comfortable discussing topics such as health issues, conflicts with peers or intimate partners, or finances with their parents/caregivers. Most adolescent girls reported having friends outside their family that they can talk to about important things, and a trusted person to talk to if they experienced GBV (91%). Less than one-third of adolescent girls thought they would be blamed in cases of harassment (22%) or problems in their marriage (31%).

Less than three in ten (28%) adolescent girls knew about services they could access in cases of sexual violence (28%), and less than four in ten (38%) were aware of an available resource for survivors of physical violence.

**Many adolescent girls do not believe they should have the same life opportunities as boys.**

Prior to starting the COMPASS programme, adolescent girls demonstrated average levels of self-esteem, and hope, understood as belief in one's ability to initiate and work towards goals. Almost all of the adolescent girls thought that every girl should be afforded the opportunity to go to school, but only just over half thought they should be given the same life opportunities as a boy.
What works for adolescent girls: learning from the COMPASS programme

COMPASS proved to be feasible and acceptable in challenging humanitarian settings. The IRC and Columbia University explored the extent to which safe spaces for adolescent girls and the life skills curriculum were feasible in displaced and host communities in Khyber Pakhtunkhwa province, in terms of girls having safe, consistent access and the ability to participate. The study also considered how acceptable adolescent girls, families and communities would be of learning information and skills relating to the topics of the programme, and whether community leaders, authorities and other influential actors would support their participation.

At the outset of the first programme cycle, the IRC and partner staff faced difficulties enrolling adolescent girls, due to the resistance of communities. But the WPE team overcame this problem through ongoing sensitisation and communication activities, particularly with men and boys. The enrolment process became easier in subsequent cycles, as communities were already familiar with the programme. Vocational activities offered at the women’s community centres also increased acceptability and were an appealing entry point into other activities. Adolescent girls from displaced and host communities were invited to the programme to strengthen wider community engagement and support for the programme.

Attendance and retention rates varied across the three programme cycles, with important differences occurring based on location and external factors beyond the control of the programme. In the second programme cycle, transport was provided to centres which were difficult to access. This was important in enabling many adolescent girls to participate. Many adolescent girls dropped out of the programme, primarily because they had moved away from the area.

Adolescent girls were shy about participating at the beginning, but became more responsive and engaged as the sessions continued, and during the programme were able to demonstrate understanding of the COMPASS topics. Adolescent girls also appreciated the opportunities for the life skills sessions and their improved knowledge on topics such as keeping safe and decision making. Despite initial reluctance for their daughters to participate, by the end of the programme, mothers generally expressed gratitude for the programmes, and many mothers spoke openly about their daughters’ willingness to modify their behaviour and do more household chores. Some mothers spoke openly about valuing their daughters, and their quality of their relationships with friends had improved.

Interviews with adolescent girls revealed that they felt comfortable sharing what they had learned in the life skills sessions with their mothers. However, they did not feel comfortable talking about certain topics including education, earning a living, marriage and puberty. There was also no significant change in the number of adolescent girls who reported knowing a trusted person in the community they could speak to about sexual violence victimisation.

Additionally, girls’ beliefs on whether family members would blame them if they experienced harassment from men or problems in their marriage did not significantly change from the beginning to the end of the programme. These findings highlight the need to work with mothers and other adults in the community to create safer environments for girls to express their thoughts and opinions, especially about their own reproductive health, education and futures.

Adolescent girls felt better about themselves and their futures following COMPASS. Encouragingly, following completion of COMPASS, adolescent girls showed significantly higher levels of hope for the future, compared to before the programme. This is significant, considering the literature that identifies hope as key to adolescent girls’ resilience and ability to recover from GBV.

Girls’ self-esteem also increased significantly. Importantly, girls were more likely to agree that girls should be given the same opportunities as boys, with 82% agreeing with the statement compared to 58% before the programme. In addition, 77% of girls agreed that girls could work outside the home after marriage, compared to 55% before the programme. This indicates that girls’ self-value and aspirations for the future improved, which is key to their psychological wellbeing as well as their confidence to speak up if they are at risk or have experienced GBV.

Evidence of change: Parents/carers

Many positive changes were observed in mothers following the programme, although this did not indicate a broader transformation in attitudes towards gender inequality. Importantly, mothers acknowledged the importance of both education and dangers of early/forced marriage, despite their own limited opportunities. However, it was unclear how much influence and ability they had to put this learning into practice. Mothers retained some of the key messages related to keeping adolescent girls safe, but still associated safety with adolescent girls’ “honour” and limited movement.

Adolescent girls and their mothers reported improvements in their relationships as a result of their participation in the programme, though some attributed this to adolescent girls’ willingness to modify their behaviour and do more household chores. Some mothers spoke openly about valuing their daughters, treating them equally to their sons, and taking their opinions into account, though many were still unwilling to allow them to make decisions about their own lives.

COMPASS made GBV services more adolescent girl friendly

The COMPASS team provided training to GBV service providers and local organisations to develop capacity and improve knowledge, skills and attitudes. As a result, evaluations of caseworkers showed a general improvement in their knowledge of the needs of adolescent girls and their attitudes towards them. By November 2016, 69% of case workers met minimum standards set by COMPASS. Adolescent girls’ knowledge of and access to service providers, as well as the quality of the support they received, all improved during COMPASS. By the end of the programme, adolescent girls were 62% more likely to know where to access assistance if they experienced physical violence. Data from the GBV information management system showed that over the course of the programme, the number of adolescent girl survivors accessing services increased. Survivors also provided very positive feedback on the services they received.

GBV = gender-based violence

1. Hope was measured by the Children’s Hope Scale. An average score above 4.67 indicates respondents have a strong positive perception of his or her own capacity to achieve goals. A score of 3.0–4.67 indicates medium perception of self-capacity to achieve goals, and a score below 3.0 indicates low perception of self-capacity. Girls’ self-esteem rose from 3.67 before the programme to 4.0 after the programme.

2. Girls’ self-esteem also increased significantly.

3. Important, girls were more likely to agree that girls should be given the same opportunities as boys, with 82% agreeing before the programme compared to 58% before the programme.

4. In addition, 77% of girls agreed that girls could work outside the home after marriage, compared to 55% before the programme.

5. This indicates that girls’ self-value and aspirations for the future improved, which is key to their psychological wellbeing as well as their confidence to speak up if they are at risk or have experienced GBV.

6. Girls’ self-esteem also increased significantly. Importantly, girls were more likely to agree that girls should be given the same opportunities as boys, with 82% agreeing with the statement compared to 58% before the programme.
Lessons from Implementation

Working with local partners was essential to make the programme relevant in the local context. In Pakistan, the IRC implemented the programme directly in one district and through partners in two other districts. In addition, the IRC worked with a technical partner to provide expertise on GBV and capacity-building to all implementing partners. This partnership was particularly effective and beneficial to the whole of the programme, as the partner offered many important qualities and insights, including contextual and local knowledge, and experience and expertise in programming for women and girls in the region. Specific support was required on some more administrative aspects, such as budgeting and record keeping, to ensure alignment and meet the expected standards of a global programme.

Curriculum design and delivery was heavily contextualised to facilitate acceptance.

The COMPASS life skills curriculum and accompanying parent/caregiver curriculum were developed at a global level and then adapted to the relevant context. In Pakistan, both the life skills and parent/caregiver curricula were heavily contextualised to facilitate cultural acceptance, while ensuring key elements were consistently addressed. A comprehensive review was conducted following the first cycle to identify learning that could help to further adapt and improve the programme. In addition to the life skills curriculum, the IRC and partners ran literacy and numeracy classes, documentation services and vocational skills courses.

Mentors helped make key messages relevant, and developed strong relationships with the girls.

In Pakistan, due to unfamiliarity with programme topics and approaches, the first cycle of COMPASS life skills sessions was delivered by the IRC and partner staff who acted as facilitators; older girls (aged 18–19) who successfully completed the first programme cycle and showed strong skills and interest were then recruited to be mentors for the second cycle. The advantages of COMPASS graduates becoming mentors were many. This included new participants being highly accepting and trusting of their mentors, and forming strong relationships with them, because the mentors came from the same communities as the girls and were of a similar age. At the same time, there were challenges with using COMPASS graduates as mentors, in terms of their understanding of the curriculum content and delivery methods, as well as mentors sharing the same challenging social and gender norms as the adolescent girls and their families. Extensive capacity building and training was required to challenge harmful attitudes and ensure mentors delivered intended COMPASS messages.

Staff, facilitators and mentors found some sessions difficult to deliver particularly on topics such as sexual health. There was also some evidence of COMPASS messages becoming misinterpreted by mentors, mothers and adolescent girls. This learning reinforces the importance of working with mentors and staff in advance of the programme, to address individual knowledge, skills and attitudes that perpetuate harmful gender norms. When asked about their own attitudes and capacities, mentors showed positive attitudes and high levels of motivation from the outset.

Conclusions

This chapter summarises the key conclusions from the implementation and evaluation of the COMPASS programme and makes recommendations to donors, practitioners, academics and other relevant stakeholders on supporting a robust programming and learning agenda for adolescent girls in humanitarian settings.

1. Adolescent girls from displaced families in North West Pakistan have extremely restricted movement, are blamed for violence against them, and have limited social and professional support.

2. COMPASS proved to be feasible and acceptable in north-west Pakistan. Community engagement and culturally acceptable entry points were essential to ensuring that this demand was accepted by girls’ families and wider communities.

3. Working with local partners and adolescent girls was essential to ensure programming was relevant, responsive, and addressed the needs of adolescent girls from diverse backgrounds and in changing environments.

4. After participating in COMPASS, girls’ lives improved. The programme gave them a safe place to visit outside the home, helped to develop their social networks and knowledge of professional GBV services, and helped them feel more positive about themselves and their futures.

5. COMPASS has made a valuable contribution to the evidence of what works to promote the health, safety, wellbeing and empowerment of adolescent girls in humanitarian settings. However, further learning is needed to better understand how to challenge acceptance of gender inequality and tolerance of violence against women and girls.

Based on these conclusions, the IRC has developed a programme model and resource package called Girl Shine. It builds on the positive practices in COMPASS and bridges the gaps identified during the implementation. More information about Girl Shine can be found in Annex 6.
Recommendations

IRC makes the following recommendations to donors and other relevant stakeholders, (including donor governments, UN bodies and humanitarian bodies) and practitioners (including INGOs, national, local and women's organisations in emergency-affected contexts):

1. Donors and practitioners should invest in safe spaces for adolescent girls, and create an acceptable entry point to enable and encourage girls to participate.

2. Practitioners should work with local organisations, groups, adolescent girls and women to design and implement adolescent girl programming and ensure it is appropriate and relevant.

3. Practitioners should incorporate strong community sensitisation, particularly with men and boys, into adolescent girl programming, to increase the programme's feasibility and acceptability as well as to transform harmful social norms.

4. Donors and practitioners should invest in mentorship approaches, and consider recruiting young women from the community and graduates from the programme as mentors.

5. Donors, GBV service providers and other relevant stakeholders should ensure that adolescent girl-friendly services are available and accessible.

6. Practitioners should ensure staff implementing adolescent girl programming have GBV knowledge and skills, and receive training on how to work appropriately and effectively with adolescent girls.

7. Donors, practitioners and other relevant stakeholders should ensure holistic programming exists that tackles wider harmful norms.

8. Academics should engage in further in-depth enquiry to understand the dynamics of household relationships and their influence on the lives of girls.

9. Donors, practitioners and academics should prioritise the following areas of study in order to generate more learning on strategies and interventions that reduce exposure to GBV for adolescent girls:
   - The impact of programming like COMPASS on mentors who are involved in the programme.
   - The specific barriers that adolescent girls face in accessing GBV services provided in humanitarian contexts, with a particular focus on identifying the groups with the largest barriers to access.

“In the centre, we were taught that girls and boys have same rights and we should consider them the same. Now I understand this and I treat them equally.”

Mother, evaluation interview
Adolescent girls in humanitarian settings require tailored programming, as the combination of their age, gender and environment leaves them extremely vulnerable to gender-based violence (page 1).

The COMPASS programme sought to address this need, by: creating safe spaces for adolescent girls; delivering a life skills curriculum through young adult female mentors; working with female parents/caregivers to facilitate a supportive environment; and working with service providers to facilitate access to quality adolescent-girl friendly care (page 4).

Columbia University and the International Rescue Committee (IRC) worked together to generate rigorous evidence on the feasibility and acceptability of COMPASS programming and pathways to improving girls' social and health outcomes for adolescent girls (page 5).

COMPASS targeted displaced families in three districts in Khyber Pakhtunkhwa Province, following displacement from North Waziristan (page 7).

Introducing the Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces Programme (COMPASS):

- Adolescent girls in humanitarian settings require tailored programming, as the combination of their age, gender and environment leaves them extremely vulnerable to gender-based violence (page 1).
- The COMPASS programme sought to address this need, by: creating safe spaces for adolescent girls; delivering a life skills curriculum through young adult female mentors; working with female parents/caregivers to facilitate a supportive environment; and working with service providers to facilitate access to quality adolescent-girl friendly care (page 4).
- Columbia University and the International Rescue Committee (IRC) worked together to generate rigorous evidence on the feasibility and acceptability of COMPASS programming and pathways to improving girls' social and health outcomes for adolescent girls (page 5).
- COMPASS targeted displaced families in three districts in Khyber Pakhtunkhwa Province, following displacement from North Waziristan (page 7).

Responding to an urgent need

Adolescence is a distinctly challenging and critical time for girls, during which they face immense social barriers that limit them from leading safer, healthier and more self-sufficient lives. Nearly half of all sexual assaults across the world are committed against girls younger than 16 years.ii

Humanitarian crises, which rupture existing key community and state structures such as health care, education and social services, and break up or displace families and communities, render adolescent girls even more vulnerable. Adolescent girls living in conflict-affected communities, including refugees and displaced persons, are at increased risk of gender-based violence (GBV), including sexual violence and exploitation, intimate partner violence and early and forced marriage.iii

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ii According to UNICEF, early (or child) marriage is defined as a formal marriage or an informal union that happens before the age of 18 years.

iii Humanitarian crises, which rupture existing key community and state structures such as health care, education and social services, and break up or displace families and communities, render adolescent girls even more vulnerable. Adolescent girls living in conflict-affected communities, including refugees and displaced persons, are at increased risk of gender-based violence (GBV), including sexual violence and exploitation, intimate partner violence and early and forced marriage.
Ensuring safety from violence is critical for adolescent girls to develop and live full and productive lives.

GBV is a direct attack on girls’ mental and physical health, and future aspirations and prospects. It has implications on girls’ access to education, participation in society, employment prospects and family life. Although there is a growing body of information on the prevalence of GBV against girls, there is still little evidence available specific to adolescent girls in humanitarian settings. In addition, programmes focusing on GBV prevention and response in humanitarian settings often focus on adult women rather than adolescent girls. As a result, there is a lack of rigorous evidence on effective strategies for protecting adolescent girls in humanitarian settings.

Given the limited available evidence, the IRC has been carrying out programming and evidence generation to establish what works to improve the wellbeing of adolescent girls in humanitarian settings across the world. As part of this effort, the IRC and Columbia University developed, implemented and evaluated a pilot programme entitled Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS). The three-year programme (2014–2017) was funded by the UK Department for International Development (DFID) and took place in Pakistan, DRC and Ethiopia. It sought to test effective strategies and interventions for protecting adolescent girls from GBV in humanitarian settings. It also aimed to generate much needed evidence on the acceptability and impact of such interventions. In Pakistan, the IRC worked in three districts of Khyber Pakhtunkhwa province: in five COMPASS centres in communities and four COMPASS centres in a temporarily displaced persons camp (Jalozai camp).

The report provides a comprehensive overview of learning from COMPASS in Pakistan, to inform policy and practice for adolescent girls’ programming in humanitarian settings. In the introduction, there is an outline of the COMPASS programme and partners, a summary of data sources and methods, and an overview of the context and the adolescent girls who participated in the programme.

Chapter 2 outlines findings from the study conducted at the beginning of the programme on adolescent girls’ experience of GBV, attitudes towards gender, support networks and knowledge of service providers and girls’ self-esteem and expectation.

Chapter 3 presents the findings from the pilot COMPASS programme and study in Pakistan. They focus on the feasibility and accessibility of programming in this context, the impact the programme had on adolescent girls, parents/caregivers and GBV service providers and what was learnt from implementation.

Finally, the report concludes that there is an urgent need for tailored adolescent girl programming in humanitarian settings. It also recommends the good practice and future study needed to develop and implement strong, effective and relevant programmes which will improve the lives of such a critical yet overlooked population.

The COMPASS programme

The IRC developed and implemented the interventions used in COMPASS by building on existing global knowledge, programming and resources on adolescent girls and GBV, adapting for the complex contexts of diverse humanitarian settings. Before launching the programme, a theory of change was developed by identifying the ways in which adolescent girls are exposed to GBV and the interventions needed to prevent this exposure. This theory of change is based on the hypothesis that multi-sector interventions are required on an individual/girl, family and systemic level to improve how individuals and society prevent and respond to GBV against adolescent girls in humanitarian contexts. The theory of change diagram is included in Annex 3.

COMPASS was implemented three times with three different cohorts of adolescent girls (programme cycles). Learning from all three cycles of the programme is presented in this report.

COMPASS included the following core interventions:

- Adolescent girls’ life skills sessions: weekly discussions with groups of adolescent girls in allocated safe spaces. These were facilitated by young female mentors.
- Parent/caregiver group discussions: monthly discussions with female parents/caregivers of participating adolescent girls.
- Service provider support: targeted training and ongoing support to develop knowledge, capacity and skills regarding the specific needs of adolescent girls, and particularly those who have experienced GBV.

Chapter 1: Introduction

The COMPASS theory of change

COMPASS impact goal:
Adolescent girls in humanitarian settings are safer from violence and the threat of violence.

COMPASS outcome goal:
Improved prevention of and response to violence against adolescent girls in humanitarian settings, particularly in Ethiopia, Pakistan and DRC.

COMPASS output goals:
1. ADOLESCENT GIRLS have increased human, social, physical and financial assets to protect themselves from GBV and respond to threats or incidents of GBV.
2. PARENTS AND CAREGIVERS in adolescent girls’ lives have improved attitudes, knowledge and skills to protect these girls from GBV and help them keep themselves safe from GBV.
3. SERVICE PROVIDERS have increased capacity to provide safe, girl friendly and lifesaving services.

1. These COMPASS centres are referred to as “safe spaces” in the rest of the report.

3 Chapter 1: Introduction
**Programme interventions:**

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<th>Intervention</th>
<th>Purpose</th>
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<td>Adolescent girls’ life skills sessions</td>
<td>To increase adolescent girls’ self-esteem and leadership skills</td>
<td>In total, 978 adolescent girls were organised into groups of 25–30 girls of a similar age (13–14 and 15–19 years old), marital status and language. In groups facilitated by a female mentor aged 15–26, adolescent girls met weekly in a designated “safe space” in the women’s community centre, to take part in life skills sessions. The same group of adolescent girls met weekly with their mentor to discuss programme content, which ranged from decision-making and disagreement resolution, to reproductive health, puberty, gender norms, cultural pressures, healthy relationships, savings plans, life goals and safety planning.</td>
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<td>Parent/caregiver discussion groups 8</td>
<td>To create spaces for parents/caregivers to talk about</td>
<td>The parent/caregiver group discussions were structured conversations held twice a month with mothers and female caregivers of the adolescent girls participating in the life skills sessions. The curriculum focused on positive relationship building, empathetic communication, non-violent discipline methods and specific developmental and cultural issues experienced by adolescent girls. One mother/female caregiver per girl was invited to participate in the programme; they were selected by the adolescent girl.</td>
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<td>Service provider support</td>
<td>To ensure the provision of professional services to adolescent girls.</td>
<td>Targeted training and ongoing support were provided to professional service providers, such as the education and legal sectors engaged in GBV response, to ensure they had specific knowledge, capacity and skills to respond to the specific needs of adolescent girls who experience GBV.</td>
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**Programme learning:**

Through the external evaluation and routine programme monitoring, COMPASS sought to generate learning in the following areas:

- **Feasibility and acceptability:**
  - How programming can be carried out in humanitarian contexts, with adolescent girls having safe, consistent access and the ability to participate
  - How acceptable this programming is to adolescent girls and their families, with regards to their openness to learning information and skills relating to the programme’s topics, as well as what wider community support there is for the participation of adolescent girls
  - Perceptions of adolescent girls, families and the wider community about programme content and delivery

- **Effectiveness and change:**
  - Extent to which the programme builds adolescent girls’ human and social assets
  - Aspects of programme implementation which most contribute to this change

- **Pathways to change:**
  - Analysis and understanding of how adolescent girls’ assets were built
  - Study of how programme implementation contributed to changes in the adolescent girls

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8. Only mothers and female caregivers participated in the group discussions in Pakistan. From this point on in the report, female parents/caregivers are referred to as ‘mothers,’ although it should be noted that this group includes other female caregivers including grandmothers, aunts and other relatives.
Chapter 1: Introduction

The GBV IMS was created to harmonise data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyse communities.

The GBV IMS allows users to:

- Collect data on GBV incidents
- Store data in a centralised database
- Analyse data to identify patterns and trends
- Share data securely with other organisations
- Generate reports and visualisations

The GBV IMS is designed to be user-friendly and scalable, allowing it to be implemented in a wide range of humanitarian settings.

The GBV IMS is a tool for monitoring, evaluation, and learning. It helps organisations to:

- Improve their responses to GBV
- Ensure that GBV services are accessible to all
- Protect the rights of GBV survivors

The GBV IMS is a valuable resource for organisations working to prevent and respond to GBV in humanitarian settings.

Generating data: data sources and study methods

The learning presented in this report is drawn from the evaluation study led by Columbia University, as well as from monitoring by IRC WPE programme staff throughout implementation.

External evaluation design

Columbia University Mailman School of Public Health led a mixed-method evaluation to assess the feasibility and acceptability of the programme to adolescent girls and mothers in this context, and measured changes in girls’ social and health outcomes over the course of the programme. The hypothesis under evaluation was that adolescent girls and mothers were able to access and participate in the COMPASS programme, and that participation would lead to improved knowledge, attitudes and practices among adolescent girls. The study approach is therefore based on an analysis of change over time, including perspectives of the adolescent girls and mothers.

The programme ran for three cycles, with the evaluation study conducted on the second cycle. The study included a single group-pre and endline evaluation, with 192 adolescent girls participating in the evaluation at the beginning of the programme in February 2016, and 78 adolescent girls participating at the end of the programme in December 2016, following completion of the second programme cycle. During the course of the evaluation, IRC activities were temporarily suspended, resulting in disruption to some activities. However, it was possible to continue the programme and study in partner sites.

In addition, in-depth interviews were completed with 15 adolescent girls and 15 mothers at the end of the programme. The interviews focused on understanding experiences with the programme and any positive or negative effects of participation in the sessions; perspectives on hypothetical scenarios involving physical and sexual violence (e.g. verbal harassment, touching and soliciting a relationship without marriage) perpetrated against adolescent girls; and understanding how adolescent girls’ lives could be improved in their communities.

Programme monitoring data sources

Throughout programme implementation, monitoring data were collected with adolescent girls, mothers, mentors and service providers to assess progress, improve programming, generate learning about best practice and help understand what works for adolescent girls. The following sources of monitoring data are included in this report:

- attendance rates for life skills sessions for adolescent girls and mothers’ group discussions
- feedback from implementing teams (the IRC and implementing partners) on their experiences delivering the curriculum
- a check-in exercise with a sample of adolescent girls, to ascertain levels of knowledge on specific key topics of the curriculum
- focus group discussions held in each of the communities surrounding the centres and with men whose female family members had participated in the programme
- observations of adolescent girls’ life skills sessions
- feedback from beneficiaries of programmes run by women’s community centres in all three districts
- feedback of survivors on satisfaction of IRC GBV case management services
- monthly and pre and post programme feedback from eight mentors who took part in the third cycle
- GBV information management system data (GBV IMS)
- quarterly narrative progress reports.

Programme Context

In June 2014, the government of Pakistan launched a large-scale military operation against militants in North Waziristan, resulting in an influx of temporarily displaced persons into neighbouring areas. In 2014, reports suggested that counter-insurgency operations in federally administered tribal areas resulted in over 900,000 people fleeing their homes in North Waziristan and Khyber Pakhtunkhwa. In total, there were an estimated 1.8 million displaced people living in Pakistan by July 2016, with the vast majority of those living in host communities in Khyber Pakhtunkhwa.

During efforts to return families, there was a new wave of displacements from North Waziristan, as people were forced to leave their homes following security operations in 2014. The new influx of displaced persons not only exacerbated the overcrowding conditions in host communities, they also put a significant strain on the already limited resources of overwhelmed local organisations. Heightened security situations tended to make women and girls harder to reach, as their mobility became more restricted with the uncertainty and displacement.

The displacement from North Waziristan started to level off by the end of 2014, and in 2015, the Pakistani government implemented a programme of returning displaced persons from Jaloza displacement camp to their place of origin. In April 2016, the closure of Jaloza camp was announced. Many displaced persons now live within local communities in the province.

Levels of GBV among women and girls are reportedly high in Pakistan. According to the Demographic and Health Survey 2012–13, 39% of ever-married women aged 15–49 report having experienced physical and/or emotional violence from their spouse during their lifetime, and 52% of Pakistani women who have experienced violence didn’t seek help or tell anyone about the violence they had experienced. Importantly, the levels of GBV in emergency areas may be even higher, given the heightened insecurity. Almost half of women living in Jaloza camp have reported experiencing intimate partner violence, and an estimated 18% of displaced children have been sexually abused.

Adolescent girls in displacement are particularly vulnerable to violence such as early and forced marriage, restriction of movement and honour killings. Previous IRC programme studies among displaced girls indicate that violence in the home is a daily experience. Study findings also suggest girls have restricted movements, and avoid leaving their tents due to concerns of GBV. Insufficient infrastructure for women to bathe has been linked to sexual harassment, and some girls reported that male family members beat them after hearing about the harassment they had experienced. Women, girls and camp service providers have identified unmarried adolescent girls as the population at greatest risk of GBV in emergencies. The concept of protection for both women and girls against possible kidnapping. Such findings have called attention to the vulnerability of adolescent girls to GBV in this setting, underscoring an urgent need for evidence-based programmes that address GBV against adolescent girls.

9. The GBV IMS was created to harmonise data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect, store and analyse their data, and to enable the safe and ethical sharing of reported GBV incident data. Learn more here: http://www.gbvims.com
### Demographics of adolescent girl participants

A total of 978 adolescent girls aged 10–19 and 481 of their female parents/caregivers participated in COMPASS across the three cycles. COMPASS was targeted at displaced populations, although adolescent girls from host communities could participate too.

As part of the second cycle of the programme, 192 adolescent girls completed the baseline study and 78 completed the endline study. The average age of adolescent girls in the second programme cycle was 15, and the majority were unmarried and lived with at least one parent. While most had attended school at some point (74%), less than a third had enrolled in school in the past year (32%). The majority of adolescent girls who enrolled in the programme were displaced at the time of the study (76%), while others came from host communities. Demographics of the population of girls who took part in the endline study are included here.

<table>
<thead>
<tr>
<th>District of Residence</th>
<th>Married or Widowed</th>
<th>Ever attended school</th>
<th>Living with at least one biological parent</th>
<th>Ever worked for money or other payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kohat</td>
<td>2</td>
<td>62</td>
<td>73</td>
<td>10</td>
</tr>
<tr>
<td>Peshawar</td>
<td>53</td>
<td>16</td>
<td>76</td>
<td>68</td>
</tr>
</tbody>
</table>

*Figure 1: Demographics of adolescent girls, according to the baseline study*

### Summary of introduction

The COMPASS programme sought to fill the gap in programming and evidence around adolescent girls in humanitarian settings, including what can prevent their exposure to GBV and what can help them if they experience GBV.

In Pakistan, the COMPASS programme was targeted at displaced populations, in camps and host communities in three districts in Khyber Pakhtunkhwa province. The COMPASS programme brought together adolescent girls, most of whom were unmarried, living with parents and had low levels of education.

The IRC and Columbia University formed a partnership to evaluate a multi-sectoral intervention targeted at adolescent girls, their parents/caregivers, wider members of the community and service providers.

As part of an external evaluation, quantitative and qualitative interviews were conducted to assess the acceptability of the programme and measure changes over time. Programme monitoring was also conducted throughout implementation to assess what aspects of the programme were feasible and acceptable for adolescent girls, and to adapt the programme accordingly.

This report presents findings from our baseline study and learning from implementing and evaluating the programme. In particular, the report focuses on the feasibility of programming and the acceptability of COMPASS to adolescent girls and communities; changes to adolescent girls’ outcomes, parents/caregivers’ knowledge and attitudes, and service provision; and lessons learned during implementation.
Before beginning COMPASS, many girls lacked confidence and did not believe they should have equal life opportunities to boys. After the programme, their self-esteem increased, and they had higher expectations for their futures.

Key findings from the baseline study:

- Adolescent girls had very restricted movement outside of their home, though they felt safe in the places they did go to (page 12).
- Most adolescent girls had friends outside their family and someone to talk to in cases of a violent incident, though a third of them thought their family would blame them if they were harassed or had problems in their marriage (page 12).
- Adolescent girls had average self-esteem, but many believed they did not deserve the same opportunities as boys (page 13).

In this chapter, key findings are presented from the quantitative and qualitative evaluations carried out at the beginning of the programme cycle, which provide an insight into adolescent girls’ lives prior to engaging with COMPASS, in terms of their confidence and aspirations, sources of support and perceptions of safety. Nearly 200 girls participated in the baseline study, but only 78 participated in the endline. Data presented in this section relates to the girls that participated in both studies.

10. The primary reason for this was due to participant relocation following the Jhalozai refugee camp closure.
Adolescent girls had very restricted movement outside of their home.
The vast majority of adolescent girls felt safe in locations such as their home, school and homes of their relatives, which indicates that most adolescent girls had at least one place where they felt safe. Adolescent girls were asked about places they had gone to outside of their home, and approximately half of the sample indicated that they had visited the women’s community centre or a relative’s house in the previous month; but few had gone to a friend’s or neighbour’s house, school or market.11 15% reported that they had not visited any place outside of their home, highlighting the serious restrictions of movement for adolescent girls.

Adolescent girls lacked social networks to provide them with guidance and support.
Most adolescent girls reported having an adult in their life who provides guidance and moral support and gives good advice (89%). Most commonly, this adult was their mother (39%), but some adolescent girls stated that their father or another male or female relative was the primary source of support and advice. The extent to which adolescent girls felt comfortable discussing different issues with these supportive figures varied. The most frequently discussed topic was family problems (75%), followed by plans for the future (47%). Less than 10% of adolescent girls reported discussing health or school issues, conflicts with friends, neighbours or siblings, or financial plans. The least discussed topics were peers at school (only 32.3% had enrolled in the past year), financial plans, and conflicts with male intimate partners or men. This is consistent with the topics adolescent girls felt comfortable discussing with their mothers: many adolescent girls felt comfortable discussing earning a living and education (81%) and 80%, respectively), while fewer felt comfortable on topics of puberty (50%) or marriage (36%). Nearly two-thirds of participants reported having a person to talk to if “something perceived as dishonourable happened to them” (61%). This may be related to the fact that most respondents indicated that they had friends age outside of the family (63%), friends they can speak to about important things (78%), and friends with whom they can share happy and sad moments (87%). Adolescent girls were asked two questions about how they thought their family might react in hypothetical cases of harassment and intimate partner violence. Approximately one-fifth of adolescent girls thought they would be blamed in cases of harassment, and one-third of adolescent girls thought they would be blamed for experiencing harassment or problems in their marriage, and few knew of a place where adolescent girls could go for help. Less than three in ten (28%) adolescent girls knew about services they could access in cases of sexual violence, and less than four in ten (38%) were aware of an available resource for survivors of physical violence.

Adolescent girls had average self-esteem, but many did not believe they should have the same life opportunities as a boy.
In general, adolescent girls had average levels of self-esteem (compared to global studies).12 They had average levels of hope, conceptualised as the belief in one’s ability to initiate and work towards goals.13 Regarding expectations for the future, almost all of the adolescent girls thought that every girl should be afforded the opportunity to go to school; but only just over half (56%) thought they should be given the same life opportunities as a boy. The majority of adolescent girls considered ‘18 years old or older to be an appropriate age for marriage, and slightly more than half of adolescent girls believed earning money outside of the home was acceptable, even after marriage (Table 1).

Summary of the state of adolescent girls in Pakistan
The baseline study revealed that adolescent girls had average levels of self-esteem compared to global levels. Nearly half did not think adolescent girls should be given the same opportunities as boys, and most thought adolescent girls should marry before the age of 20.
Most adolescent girls had some support networks, including family and friends, but they were generally not comfortable talking about topics such as puberty and marriage. Approximately a third of adolescent girls thought they would be blamed for experiencing harassment or problems in their marriage, and few knew of services or places to go to in cases of physical or sexual violence.
Adolescent girls felt unsupported on topics considered most difficult to talk about. They expected to be blamed if they were exposed to GBV. They also had little knowledge of professional services and few other options for support. In addition, adolescent girls’ movement was limited to a small number of places, with some not leaving their home at all.
These findings point to the need for a women and girls only safe space, where adolescent girls can access services, build relationships with peers and adult women, and reflect on the value of girls in society and their own futures. The next chapter addresses what difference such a facility made to adolescent girls.

Figure 2: Adolescent girls’ perceptions of support for survivors of violence

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believe family would blame them for harassment by men.</td>
<td>22%</td>
</tr>
<tr>
<td>Believe family would blame them for problems in a girl’s marriage</td>
<td>31%</td>
</tr>
</tbody>
</table>

Figure 3: Adolescent girls’ agreement to statements on life opportunities for girls, at baseline

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree girls should have the same opportunities to attend school</td>
<td>91%</td>
</tr>
<tr>
<td>Agree girls can have a job outside the home after marriage</td>
<td>84%</td>
</tr>
<tr>
<td>Agree girls should have the same opportunities as boys</td>
<td>55%</td>
</tr>
</tbody>
</table>

11. Note many of the girls were engaged with the women’s community centre prior to starting COMPASS life skills sessions.
12. Self-esteem was assessed through the Rosenberg self-esteem scale (Rosenberg, 1979). The 10-item Likert scale has been used in over 50 countries, and higher scores indicate greater self-esteem (Rosenberg, 1979; Schmitt & Allik, 2005). Hope was measured by the Children’s Hope Scale. An average score above 4.67 indicates a strong positive perception of his or her own capacity to achieve goals, and a score below 3.0 indicates low perception of self-capacity.
13. Measured by the Children’s Hope Scale. An average score above 4.67 indicates respondents have a strong positive perception of his or her own capacity to achieve goals. A score of 2.0–4.67 indicates moderate perception of self-capacity to achieve goals, and a score below 2.0 indicates low perception of self-capacity. Adolescent girls in this study scored 5.07 on average at baseline.
Key findings from COMPASS at the end of the programme:

- After overcoming challenging operating environments and some community resistance to adolescent girl programming, demand for COMPASS was high (page 17).
- Upon completion of the programme, adolescent girls had more places to visit outside of their home, had more friends and trusted adults to talk to, and had higher self-esteem and hope (page 24).
- Adolescent girls and their female parents/caregivers reported improvements in their relationships with each other following the COMPASS programme (page 28).
- Adolescent girls were more likely to know a place to go for help if they experienced physical violence; service providers had improved knowledge of and attitudes towards adolescent girls; adolescent girl survivors of GBV had high levels of satisfaction with services (page 32).
- Mentorship through young local females was effective, but only possible once they had graduated from COMPASS themselves (page 35).

This chapter presents learning from implementing and evaluating the COMPASS programme according to: (i) feasibility and acceptability of programming, (ii) evidence of change in adolescent girls, parents/caregivers and service provision, and (iii) lessons from implementation.
**Feasibility and acceptability**

By definition, displaced populations are often highly mobile, and live lives characterised by uncertainty and instability. In addition, programming specifically targeted at adolescent girls and focused on topics such as puberty, sexual health, healthy relationships and violence can be controversial. With these factors in mind, the IRC and Columbia University explored the feasibility and acceptability of providing safe spaces and a life skills curriculum for adolescent girls living in host communities for temporarily displaced people in Khyber Pakhtunkhwa province. Feasibility refers to adolescent girls having safe, consistent access and the ability to participate. Acceptability refers to adolescent girls, families and communities being open to acquiring knowledge and skills relating to programme topics, and community leaders, authorities and other influential actors supporting their participation.

**Operating in challenging environments**

In 2015, the Pakistani government implemented a programme of returning displaced persons from Jalozai camp to their place of origin. The IRC was running five women’s community centres for COMPASS activities in Nowshera district: four centres within the camp and one located in the area just outside. In September 2015, the acceleration of the returns from Jalozai camp resulted in the closure of two of the centres located in areas where mass returns were taking place. These centres were relocated outside the camp. Adolescent girls who had been attending these two centres were encouraged to join one of the remaining centres to complete the curriculum cycle. In April 2016, the closure of Jalozai camp was announced and the remaining centres were relocated to surrounding areas, prior to the start of the second programme cycle. The move away from Jalozai camp into community-based sites brought challenges; in particular, the team reported finding that some of the participants’ new host communities were less supportive of the idea of women and girls-only spaces. The IRC WPE staff intensified engagement and communication efforts in response, engaging religious leaders and men in the community.

During 2015, all international non-government organisations were required to obtain a new Memorandum of Understanding with the government. In August 2016, the government requested that the IRC suspend activities in Khyber Pakhtunkhwa province until the Memorandum of Understanding had been finalised. The safe spaces run by the IRC in Nowshera district were temporarily closed down in response, though programming implemented by partners in the other two districts continued.

The fluid nature of the targeted populations and the ongoing changes in the political and operational context made it difficult to plan and implement the programme, particularly in relation to retaining contact with the adolescent girls. Working with local partners was an important aspect of programme implementation, as it secured invaluable contextual knowledge and experience, and allowed the programme to continue even when IRC activities were on hold.

**Enrolment of adolescent girls**

Enrolment gives an indication of the demand from adolescent girls and their mothers for this kind of programming, the accessibility of the programme, and their communities’ acceptance of it. At the outset of the first programme cycle, the IRC and partner staff faced difficulties enrolling adolescent girls. The teams conducted events to sensitise community members on the programme and encourage enrolment, but were repeatedly faced with questions from men, women and boys on why adolescent girls were the focus.

The concept of adolescent girls having a place to go where they were allowed to spend time with their peers was new for communities. To raise awareness, communication strategies included house-to-house visits, as well as outreach activities to engage male community leaders and male family members, whose permission was needed for girls to attend the COMPASS centres. This resulted in the enrolment of 555 adolescent girls for all activities held at the centres during the first programme cycle, of which 182 participated in life skills sessions. In addition, 161 mothers and female caregivers took part in the group discussions; according to implementing partners, mothers who attended the centres struggled to accept the importance that was being given to adolescent girls. This enrolment process became easier in subsequent cycles, as communities were already familiar with the programme and information about it was shared between families. By May 2017, a total of 978 adolescent girls and 481 female parents/caregivers had been reached by the COMPASS programme.

Vocational activities were offered at the women’s community centres from the outset. This was due partly to the fact that women and girls had expressed interest in learning these new skills, and partly because these activities were an acceptable entry point for women and girls to become involved in the programme. Skills taught at the centres included sewing, embroidery, beading courses and cooking, as well as basic numeracy and literacy.

There were some challenges to ensuring an equal number of adolescent girls from the host and displaced communities enrolled in the first programme cycle. Though displaced populations were the primary target, host communities were also keen to have their girls participate. For all cycles of the programme, IRC field teams considered it prudent to include a proportion of host community girls in the programme to strengthen wider community engagement and support for the programme. In centres which were re-established in response to the camp closures, this was particularly important: these areas had an influx of displaced persons, creating potential for competition for scarce resources and community tensions. Strong mobilisation and male involvement in sensitisation activities overcame this, resulting in high levels of interest and participation in the centres.

Overall, enrolment was successful, thanks to ongoing mobilisation and engagement with all community members, particularly men, as well as the strategy of using vocational skills training as an entry point. Engaging adolescent girls in vocational training increased acceptability of their participation, both for themselves and for their families and communities.
I feel safe because the centre vehicle provides pick up and drop off, and that’s the reason that I feel safe.

Adolescent girl, 19 years old, in-depth interview

Adolescent girls’ attendance and drop-out rates

Attendance and drop-out rates varied across the three programme cycles, with important differences occurring based on location and external factors beyond the control of the programme. For example, in cycle 1 dropout rates were high. 182 girls started the curriculum but only 126 were present in the final session. The most common reason for dropout was that girls had left the area permanently. As outlined earlier, the returns of displaced people living in Jalozai camp is likely to have increased dropout rates, as well as resulting in the closure of two of the centres in the camp. Adolescent girls transitioned to another centre wherever possible, and reports from the programme team suggest that those girls affected by the closures went to great lengths to continue attending, including walking long distances or paying for transport themselves, demonstrating their commitment to keep participating.

Overall, attendance rates in programme cycle 1 were high in the camp prior to the centre closures, with an average rate of between 84%–99% in each of the four centres. In community-based sites in Peshawar and Kohat districts, rates of attendance were much lower (around 60%–70%). However, this improved, and in the second and third programme cycles, adolescent girls’ attendance of life skills sessions was very high in all the districts, with an average attendance of 87% (not including dropouts). In general, the main reasons given for non-attendance were: sickness, lack of time, departure from the area, parents/caregivers forbidding participation – see figure 4 cycle 1. There was difficulty accessing sites in some areas, but for programme cycle 2, transport was provided. In interviews, adolescent girls reported that transportation was a key factor in making them feel safe and enabling them to participate. There was also less resistance from mothers in cycle 2, possibly due to increased awareness and acceptance of the programme.

During the second programme cycle at partner sites in Kohat and Peshawar, 20% of adolescent girls dropped out of the life skills sessions. Half of those drop outs were because the girl had left the area, which underlines the challenges of implementing a curriculum over a set period of time while anticipating and managing dropouts. The second most common reason for dropout was that a girl’s mother or husband forbade participation (13%), suggesting further efforts may be required to transform gender attitudes of parents/caregivers and husbands/partners to maximise girls’ access to similar opportunities.

Figure 4: Reasons for absence of adolescent girls, as % of total absence (not including dropouts), programme cycle 1 & 2

<table>
<thead>
<tr>
<th></th>
<th>Cycle 1</th>
<th>Cycle 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick</td>
<td>29%</td>
<td>51%</td>
</tr>
<tr>
<td>Lack of time</td>
<td>18%</td>
<td>4%</td>
</tr>
<tr>
<td>Left area</td>
<td>16%</td>
<td>13%</td>
</tr>
<tr>
<td>Difficulty accessing safe place</td>
<td>12%</td>
<td>3%</td>
</tr>
<tr>
<td>Parent/caregivers forbid participation</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
<td>25%</td>
</tr>
</tbody>
</table>

15. Based on data from all sessions for nine groups in cycle 1, and data for some sessions from 17 groups in cycle 2, due to suspension of activities. Counts of ‘don’t know’ were removed from the analysis.
Adolescent girls’ perception of the sessions

Vocational skills such as sewing, embroidery, and beadwork courses were offered as an entry point for the programme, to increase the acceptability and appeal of the programme to adolescent girls and their families. When asked about the programme during interviews, adolescent girls usually started by talking about how valuable these vocational skills were and the impact they had on themselves and their families. Girls also valued the life skills sessions, which improved knowledge on topics like safety and decision making.

In the first cycle, implementing teams reported that adolescent girls were initially very shy about participating in activities, had low levels of attendance and rarely arrived on time for a session. Girls became more responsive and engaged as the sessions continued. Generally, most content was acceptable to the girls, though some topics were challenging to understand. The session on GBV and abuse was difficult: issues on sexual abuse, rape and sexually transmitted infections were new to girls, and they felt shy and struggled to engage with the concepts.

Throughout the programme, adolescent girls were asked about their knowledge on a number of topics outlined in the curriculum. During check-in discussions, girls demonstrated a fairly strong knowledge of these topics, as demonstrated in the box below.

Adolescent girls and mothers provided very positive feedback on the women’s community centres, with all purposes: 65% of those studied in May 2016 reported of the adolescent girls, the centres served multiple feedback on the women’s community centres, with all

Adolescent girls’ knowledge of topics

In order to confirm that COMPASS participants were understanding and absorbing the programme, check-in discussions were conducted with groups of adolescent girls on topics related to the curriculum. Some of the key areas discussed included:

- Puberty – adolescent girls accurately identified physical changes, and to a lesser extent, behavioural changes associated with puberty, such as anger or thinking differently. A small number of girls mentioned social changes, such as restricted movement or change of dress (taking more care to ensure they were well covered).
- Early marriage – most adolescent girls identified an age of 18 or older as a suitable time for marriage. Many girls talked about the characteristics required for marriage, including “feeling responsible” and being able to care for a household and children, maturity, and being physically fit and able. Girls also talked about the importance of being educated before marriage.
- Safety planning – most adolescent girls talked about safety planning in terms of identifying risks, planning journeys, asking for other people’s help and support (a safe person), and talking to service providers.
- Problem solving – adolescent girls were asked how they would respond to a scenario of a girl being harassed by boys. Girls were most likely to say that this should be reported to her family, followed by discussion with another trusted adult or a friend. Some said she could avoid the place where this is happening or have a male counterpart with her.

Perspectives from mothers and the community

Mothers’ participation and support

Mothers of participating adolescent girls were invited to participate in the corresponding parent/caregiver group discussions. Attendance of mothers was high, ranging from 76%–98% in the different districts in cycle 2 and 3. In total, only 14 of the 586 mothers and female caregivers (5%) dropped out of cycles 2 and 3, most commonly because they had left the area.

In one site there were topics in the mother/caregiver group discussions which caused concern, most notably sessions on changes in girls’ bodies (puberty) and traditional practices (early and forced marriage and Saur). Mothers said they did not want to discuss these subjects in the group discussion or with their daughters, or objected to the premise that such practices were harmful. However, in general, mothers expressed gratitude for the centre and the opportunity it provided them and their daughters. They said they discussed the benefits of the centres with others, and they recognised the value in the topics learned in group discussions and the services provided by centre staff. They also talked about the benefits of meeting and socialising with others, to help release tension and forget their problems.

Family support for adolescent girl participation

Discussions with men found attitudes to be largely in favour of the women’s community centres, with men valuing the support they provided to women and girls in their families. In these group discussions, men primarily focused on the vocational side and the financial benefits for families (and future in-laws) if women and girls learned a marketable skill. This acceptance by male community members suggests the sensitisation work and strategies for making the centres acceptable in communities (i.e. the inclusion of vocational activities) were effective.

Adolescent girls also talked about how vocational skills at the centre increased acceptability of the programme. Initially, some family members objected to girls leaving the house for the centre, but later they saw the value in the skills the girls could learn, and particularly vocational skills.

Wider community engagement

During interviews at the end of the programme, most mothers said they were happy to share what they had learned at COMPASS with their families and communities, and that members of their communities saw the value of the programme and were impressed by what the girls had learned. Some said they knew other families that were also trying to get their girls enrolled.

However, there were a few exceptions: some mothers recounted stories of family or community membersshowing disapproval of the centre.

Monitoring from the first cycle also suggested that there was some resistance to the methods used during COMPASS. Facilitators reported that mothers and other women in the community objected to physical movement within the curriculum, such as games, on the basis that they were not acceptable activities for adolescent girls. To combat these perceptions, the IRC team implemented a number of information and engagement activities with wider community members, focused on the COMPASS programme as well as the rights of women and girls more generally. This helped to increase understanding about the programme, contributing to acceptance within the communities.

Figure 5: Adolescent girls’ responses to the question: What do you like most about the centre?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>81%</td>
<td>Learning new/useful things</td>
</tr>
<tr>
<td>24%</td>
<td>Spending time outside comfortably</td>
</tr>
<tr>
<td>57%</td>
<td>Spending time with girls/women</td>
</tr>
</tbody>
</table>
In our family there were a few people who stopped us from coming to the centre and said, ‘learn these things at home and don’t go outside.’ But now, they saw that we have learned different skills, like in the beautician course. They realised that this is a good thing, because such things could not be learned at home.

Adolescent girl, 14 years old, in-depth interview

Awareness raising activities included:

Outreach activities focused on the content of COMPASS and support services offered by the IRC and partners on issues such as legal concerns, GBV, etc.

Women volunteer meetings and focus group discussions on COMPASS and support services offered, as well as GBV and safety planning.

Large events targeting both male and female community members (during International Women’s Day and 16 Days of Activism) to discuss the importance of adolescent girls having life skills and an education, and the value and contribution of women and girls to their communities.

A radio drama, Da Saba Zery (A Better Tomorrow), to bring attention to the benefits of women and girls having an education and life skills training. This was aired on three different radio stations covering the three target districts.

Ad hoc sessions for men and boys to discuss topics covered in life skills sessions such as communication, empathy and harmony at home. Group discussions with men which provided opportunities for WPE staff to respond to their concerns about the centres and the services.

Audio messages on different topics from the life skills curriculum, played at community engagement events.

Summary of feasibility and acceptability

The IRC faced many challenges in the implementation of COMPASS in Pakistan, largely due to contextual and operational factors. Many adolescent girls moved away from the area and the displaced persons camp (Jalozai camp) was closed. Both of these issues demonstrate the need for programmes to be adaptive and responsive to changing environments.

Despite these challenges, there was a high level of interest in COMPASS from adolescent girls, demonstrated through high enrolment and attendance levels. Parents/caregivers and communities showed some initial resistance to the idea of adolescent girl programming. However, COMPASS used vocational skills training as a pull factor, and provided continual engagement through parent/caregiver group discussions and meetings with community groups. This improved acceptability of the programme and helped with the dissemination of information to change knowledge of and attitudes towards adolescent girls. The provision of other support specific to the context, such as transport in some sites, also enabled safe and acceptable participation.

Though the operational issues were challenging and presented a barrier to delivery of services for adolescent girls in some districts, these were wider contextual challenges not specific to adolescent girl programming. In part, these issues were overcome by working with local implementing partners. However, the number of programme dropouts does highlight the need to recognise the needs of transient populations: adolescent girls must be provided with sufficient knowledge and information before they move on, and, when possible, given assistance to help them access services in their new location.

Overall, learning from COMPASS suggests that adolescent girl programming is feasible and acceptable in this context. Despite a very restrictive environment, adolescent girls had interest in and the ability to attend the COMPASS programme, their mothers were engaged, and wider communities showed acceptance of their participation.
We do not go outside alone, that is why I feel safe.

Adolescent girl, 14 years old, in-depth interview

Evidence of change: adolescent girls, caregivers and service providers

COMPASS included three core intervention activities which focused separately on adolescent girls, their parents/caregivers and professionals providing GBV prevention and response services. This section presents findings on effectiveness and change for each of these groups. Due to the study design, it is not possible to attribute these changes directly to COMPASS, but the findings do provide information on trends and changes over the duration of the programme.

Changes in Adolescent Girls

Adolescent girls had a safe space to go to outside the home to make friends, play and learn. COMPASS safe spaces provided adolescent girls with a place to visit outside of their home. Girls were asked at the beginning of the programme whether they had visited places in their community in the past month, such as school, a friend’s, neighbour’s or relative’s house, the market or the women’s community centre. The results showed that adolescent girls had on average just one place to visit outside the home, and that when they visited this place, it was important that they be accompanied at all times. The inclusion of safe spaces as part of the programme ensured that the average number of places adolescent girls visited outside the home rose from one to two, and provided a unique opportunity for girls to learn, play, and make friends without accompanied from a relative or partner. This opportunity was greatly valued by adolescent girls, who said they felt safe in the safe space.

Beyond the safe space, adolescent girls continued to associate safety with limited movement and cultural norms about being a ‘good’ or ‘modest’ woman. Adolescent girls expressed that they felt safer if they did not travel alone outside, and that they feared encountering men and being subjected to harassment. In addition, adolescent girls highlighted that their mothers did not allow them to travel alone. The findings suggest that feelings of safety are to some extent a learned behaviour: because female adults do not feel safe outside, they also encourage their girls to stay at home.

At the end of the programme, adolescent girls talked about violence against adolescent girls as common in their communities and their homes. Many of the adolescent girls still condoned violence perpetrated by a husband against his wife, or justified it as the wife’s fault. One 17-year-old girl explained that a woman must put up with violence because she “does not have any power nor is she strong”. But another 17-year-old participant also highlighted that violence is not acceptable because a “wife also has some rights”. The two comments suggest that although negative norms around marital violence may be strong in these communities, some adolescent girls may have alternative ideas about what is acceptable. There was little indication that these attitudes had changed as a result of the programme.

COMPASS helped adolescent girls develop their social networks.

Encouragingly, adolescent girls had improved social support networks after completing COMPASS. At the end of the programme, 91% of girls said they had friends to discuss important things with, compared to 78% before the programme. In addition, 70% said they had female friends. Their own age outside the family, up from 63% before the programme, and 34% said they had a female adult to confide in, up from 20%.

Adolescent girls also reported that the quality of their friendships had improved as a result of what they had learned in the programme. The time they spent with peers at the centre, and the opportunity to work with girls on other projects. Adolescent girls were more likely to report having a trusted female adult to talk to who was not a family member by the end of the programme, which may be a result of their relationship with their mentor. They reported that their mentor was good for giving advice, even if the mentor could not directly solve their problems. In one instance, a girl talked about a mentor intervening on behalf of a 16-year-old girl whose parents did not allow her to go to school:

‘Baji [mentor] went to her home and discussed with her parents. After discussion, they agreed to Baji and she got admission in the school’.

Adolescent girl, evaluation interview

Overall, adolescent girls said they felt comfortable discussing concerns about the programme and family issues with the mentors. Despite this positive finding, there were no significant changes by the end of the programme in the number of adolescent girls who reported having a trusted person by the end of the programme, which may be due to variability.

63% before the programme, and 34% said they had a female adult to confide in, up from 20%.

Adolescent girls who reported having a trusted person to discuss important things rose from 40% to 47% at the end of the programme. In interviews, adolescent girls said they received positive changes in both themselves and their parents.

At the beginning of the programme just over half of adolescent girls thought they should be given the same life opportunities as a boy (58%). After completing the programme, 89% agreed that adolescent girls should be given the same life opportunities (p = 0.04). Adolescent girls thought they should be given the same life opportunities as a boy (58%). After completing the programme, 89% agreed that adolescent girls should be given the same life opportunities (p = 0.04).

40.18 In interviews, adolescent girls said they perceived changes in terms of their perceived capacity to achieve their goals. Considering the literature that identifies hope as key to adolescent girls’ resilience and ability to recover from GBV, these are positive findings and underline the feasibility of supporting adolescent girls in humanitarian settings to feel more positive about their future.

Self-esteem also rose significantly among all adolescent girls, from a median of 30 points to 34 out of a possible 40. In interviews, adolescent girls said they perceived positive changes in both themselves and their parents.

Adolescent girls’ hope, self-esteem and expectations for the future improved.

Following completion of COMPASS, adolescent girls reported significant improvements in feelings of hope, in terms of their perceived capacity to achieve their goals. Considering the literature that identifies hope as key to adolescent girls’ resilience and ability to recover from GBV, these are positive findings and underline the feasibility of supporting adolescent girls in humanitarian settings to feel more positive about their future.

Self-esteem also rose significantly among all adolescent girls, from a median of 30 points to 34 out of a possible 40. In interviews, adolescent girls said they perceived positive changes in both themselves and their parents.

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Adolescent girls also talked in interviews about the positive influence of the programme on their aspirational attitudes, and many girls reported learning about early marriage and girls’ agency around marriage.

Adolescent girls participating in interviews also demonstrated a positive shift in attitudes about having the opportunity to attend school. Although this shift in attitudes is important, it did not appear to reflect the realities of the girls: all adolescent girls interviewed reported that they were not currently attending school, with the most common reasons relating to cultural objections and resistance from families and communities, restriction of girls’ movement, and a lack of interest from the girls themselves.

### Changes identified by adolescent girls

During programme monitoring discussions, adolescent girls were asked about changes they saw in themselves as a result of COMPASS. Answers included:

- Feeling more positive about themselves, improved confidence, self-awareness and problem solving.
- Better at looking after themselves, such as during their periods.
- Improved relationships with their parents, through talking directly to them, having more respect for them, and having a better understanding of their parents.

They also identified changes in their parents, including:

- Mothers understood the importance of the programme, and through attendance of sessions, were able to convince male members of the family that it was important for the adolescent girl to attend.
- Mothers understood the importance of their daughter, including that they were equal to her sons (some of the girls said their mothers already appreciated that they were equal).

### Summary change for adolescent girls

Adolescent girls’ movement is very restricted in these sites, due to cultural norms and safety concerns. Adolescent girls stay at home or only visit selected places when they are accompanied. Exposure to harassment and violence in public spaces is a primary safety concern, which limits girls’ freedom of movement in their communities. This emphasizes the importance of promoting and securing adolescent girls’ safety in public spaces, both to reduce violence and to increase girls’ freedom of movement.

COMPASS provided a safe place where adolescent girls could learn and socialise with peers. As a result, adolescent girls’ human and social assets improved. Girls had improved friendships with peers and better social networks, which included their mothers and unrelated adult females.

Adolescent girls also had higher levels of self-esteem and hope as a result of completing the programme. However, adolescent girls continued to accept and often justify violence. This is unsurprising, given that these ideas are deeply entrenched in society and the reality of the world in which the adolescent girls live. Transforming these social norms was beyond the scope of this programme. This finding nevertheless reinforces the importance of comprehensive, long-term approaches which focus on transforming attitudes towards gender in families and communities.

### Changes in mothers: views and relationships

**Mothers still considered limiting girls’ movement as essential to guarantee their safety.**

Mothers’ and female caregivers’ attitudes towards safety and movement were still characterised by deeply entrenched gender norms following completion of the programme. When asked about personal safety, mothers talked about the dangers of being outside the home and the risks posed by unknown men and boys. While this suggests that some of the strategies for keeping safe taught by COMPASS were accepted, mothers also said that girls should cover themselves properly when they go outside, to protect them from men and boys and to protect their honour and reputation. Staying safe outside also depended on girls being ‘good’: not talking to men and boys, and not laughing or loitering around. This indicates that adolescent girl programming must engage with broader issues of gender inequality to ensure that girls are empowered, as well as protected.

Regarding intimate partner violence against adolescent girls, mothers said they would advise the girl either to accept the violence or divorce her husband, while recognising that life would be difficult for a divorced girl or woman.

Parents/caregivers also talked about how a wife should “bear it” if her husband is violent towards her, either because it was the fault of the wife or because she has few other options. This attitude of acceptance and victim blaming is deeply entrenched in social norms; tackling it requires longer term programming focused on overcoming attitudes towards gender inequality and violence against women and girls.

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**By coming here she has got an opportunity to come out from home and meet different people. It released her tensions, like she does not think about the conflict and the demolished house in our village.**

Mother, evaluation interview

**In our culture, from childhood we teach them to stay at home and not to go outside. I also don’t have the habit to go outside too much. My daughters observe this and they follow me; that’s why they also don’t like to go outside.**

Mother, evaluation interview

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<table>
<thead>
<tr>
<th>Change</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have friends to discuss important things</td>
<td>91%</td>
</tr>
<tr>
<td>Have female friends of their own age outside family</td>
<td>79%</td>
</tr>
<tr>
<td>Have a female adult to confide in</td>
<td>34%</td>
</tr>
</tbody>
</table>
Relationships between adolescent girls and their mothers improved after the programme.

Overall, many adolescent girls believed that relationships with their mothers improved after the programme. Both adolescent girls and their mothers talked about having more respect for each other and controlling their anger. Adolescent girls said they felt comfortable sharing what they had learned in life skills sessions with their mothers, although they still had difficulty discussing certain issues, including puberty and marriage. While some mothers said group discussions helped them better care for their daughters and better understand the changes they experience during adolescence, others attributed improved relationships to the girls’ willingness to do more household chores. This again demonstrates that positive changes still occurred in the context of deeply entrenched gender norms.

Before and after the programme, adolescent girls were asked whether they thought family members would blame them if they experienced harassment from men or problems in their marriage. Following COMPASS, girls were less likely to agree with these statements, (see Figure 7).

Although it was not within the scope of the programme to transform entrenched gender norms, there was evidence that group discussions helped some mothers to treat boys and girls equally.

In addition, some of the mothers were very open in expressing the value of their daughters and the contribution they make to their household and lives. In some cases they said that their girls looked after them; older girls could also support the family financially, through money they earned as a result of vocational skills they had learned in the safe spaces.

Some mothers said adolescent girls could make decisions for themselves, and acknowledged that it was important to listen to their girls. However, many still said after the programme that parents or male relatives should make all the decisions for adolescent girls. This suggests that more work is required with this group on the role of adolescent girls and on how they contribute to making decisions about their own lives.

I would tell her to bear the situation. Even if you are hungry or thirsty, please bear it. Women have to bear difficulties.

Mother, evaluation interview

During menstruation she used to get rude whenever I asked her to do anything for me. I was not aware about the change in mood during menstruation. I was not aware that she would be having pain in back or lower abdomen. Now I know these things and I don’t ask her to do work during those days.

Mother, evaluation interview

Figure 7: Adolescent girls’ agreement to statements on life opportunities for girls

<table>
<thead>
<tr>
<th>Statement</th>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>All girls should have the opportunity to attend school</td>
<td>91%</td>
<td>99%</td>
</tr>
<tr>
<td>Appropriate age of marriage is 18+</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Girls can have a job outside the home after marriage</td>
<td>55%</td>
<td>77%</td>
</tr>
<tr>
<td>Girls should have the same opportunities as boys</td>
<td>58%</td>
<td>82%</td>
</tr>
</tbody>
</table>

They have taught us that how to take care of our children. We should take care of our children’s choice in food, clothes, etc. We should not get angry with them. We should always talk to them politely. We should avoid cruelty with them.

Mother, evaluation interview
“In the centre, we were taught that girls and boys have same rights and we should consider them the same. Now I understand this and I treat them equally.”
Mother, evaluation interview

“We don’t have sons but we never felt absence of sons in our lives because of our daughters.”
Mother, evaluation interview

“I don’t like early marriages because it is difficult for a girl to do all household chores and give birth to children.”
Mother, evaluation interview

“Often they can’t raise their voices for girls because in their social settings women are used to bearing violence of their male relatives and in-laws, which make them think that obeying them is the way of their life. They remain silent on the abuse and violence which directly or indirectly becomes learnt behaviour for adolescent girls.”
Facilitator, monitoring report, first programme cycle
Some mothers had positive expectations for their girls, despite their own limited opportunities

Some mothers mentioned that girls should receive a good education, though none of the mothers interviewed had ever been to school themselves. Many also talked about learning skills, such as those taught in the COMPass centre, so girls had the ability to earn money if they ever fell into financial difficulty after getting married. Only a small number said they had no expectations for their adolescent girls at all.

When asked about early and forced marriage, all the mothers interviewed said they recognised that it was damaging, even if they themselves were married early or other daughters had been married young. Some said they learnt these principles at the centre. While a few mentioned the dangers of childbirth at a young age, most said that a girl should not get married early because she wouldn’t know enough about how to look after her household and manage the chores. This reinforces the finding that positive changes observed at the end of the programme were not indicative of a transformation in deeply entrenched gender norms.

Despite these positive reports, there were some challenges with converting this knowledge into behaviour that directly improved adolescent girls’ lives. COMPass programming was conducted only with female parents/caregivers, and facilitators reported that though parents/caregivers often appeared to agree with messages during a session, they were unlikely to apply the learning in practice at home. This is could be due to cultural restrictions or unsupportive environments; women themselves are relatively powerless in their communities and households in these settings. It is also notable that the COMPass curriculum was implemented over six to eight months for each cycle, and it is unlikely that significant behaviour changes would occur within this period. This shows a need for programmes that specifically target male parents/caregivers and take a more comprehensive approach to tackling gender inequality in order to transform harmful gender norms.

Some mothers had positive expectations for their girls, despite their own limited opportunities

I don’t like early marriages because it is difficult for a girl to do all household chores and give birth to children.

Mother, evaluation interview

Summary of changes in parents/caregivers

Many positive changes were observed in parents/caregivers following the programme, although this was not indicative of a broader transformation in attitudes towards gender inequality. Mothers still associated safety with adolescent girls’ “honour” and limited movement. Adolescent girls and their mothers reported improvements in their relationships as a result of their participation in the programme, though some attributed this to adolescent girls modifying their behaviour and being more willing to do household chores. Mothers said they valued their daughters, though many were still unwilling to allow them to make decisions about their own lives. Mothers acknowledged the importance of education and dangers of early/forced marriage, but had limited ability to put this learning into practice in the home.

These findings highlight the importance of engaging mothers in programming. Improved relationships, better understanding of their daughters and increased value of them are all important to an adolescent girls’ development and wellbeing. However, ensuring this progress leads to further protection and empowerment of adolescent girls would require further engagement with men and boys in their households and wider community, as well as broader engagement with harmful gender norms and acceptance of gender inequality and GBV.

We are [an ethnic group] and this is our custom. If we let our daughters [make decisions about their lives], then people will laugh at us. In our family, boys can take decision but girls cannot take any decision.

Mother, evaluation interview
Changes in service providers: access and quality of response services

COMPASS developed GBV service provider capacity

In the first year of operation, the COMPASS team worked with GBV service providers and local organisations to evaluate existing capacity, as well as to develop a referral pathway so partners could refer survivors to appropriate services. The IRC and partner staff working on case management were trained in an effort to strengthen the referral pathway, and in particular to improve adolescent girls’ access to services. The IRC’s technical partner Rozan provided monthly in-person coaching sessions to strengthen expertise. External service providers were also included in some activities, including doctors, female health workers, lawyers, psychologists and GBV practitioners.

Service providers were assessed on their knowledge of and attitudes towards adolescent girls at specific points during the programme. Wherever possible, the same individual was assessed each time to measure progress, though due to staff turnover and occasional absence, this was not always possible. Caseworkers who were regularly evaluated showed a general improvement in both knowledge and attitude levels; by November 2016, 86% of case workers met minimum standards set by COMPASS.

In addition to these evaluations, feedback was gathered from GBV survivors on their experiences with service providers (between June and October 2016). Survivors reported having no problem accessing services. This was important, as these services were the only ones available in the area for girls and women who had experienced harassment, violence or abuse.

The majority of adolescent girls visited the centres for psychosocial support and counselling, help accessing health services or support with acquiring official documents. The IRC also offered mental health services. All survivors reported being very satisfied with the performance and attitudes of their caseworkers, and reported feeling comfortable and respected in sessions. They also trusted their caseworkers with the information they were sharing.

Many reported that the caseworkers had supported them in developing psycho-social skills and tools to resolve an issue or conflict within their family. Caseworkers frequently referred survivors to other services at the centre as well, and women and adolescent girls often joined life skills and vocational classes as a result.

Survivors reported that in addition to the services they received, women’s community centres provided them a safe, comfortable and confidential environment where they could get together to openly share their views and experiences, which helped to relieve stress and enhance their knowledge.

Adolescent girls’ knowledge of professional services improved.

Adolescent girls were 95% more likely to know where to go to if they had experienced physical violence at the end of the programme, compared to the beginning. Adolescent girls explained in interviews that girls could report physical abuse to a police officer, friend or family member, although this depended on whether the husband or wife was considered responsible for the act of physical violence. Participants also named places adolescent girls could access services, such as the hospital and the programme centre.

However, when it came to sexual violence, there was no significant change in adolescent girls’ knowledge of services between the beginning and the end of the programme. When girls were asked about hypothetical scenarios of sexual violence, such as verbal harassment, touching or insisting on a relationship without marriage, the majority of adolescent girls stated that they did not know a place to access help. Some girls did indicate that they would report a hypothetical case of verbal harassment in the street to their family members or community elders, so they could intervene on their behalf.

Access to services is hindered by a combination of traditional community-centred methods of managing issues around violence, a lack of knowledge among families of where to access professional help, and limited availability of such services.

Despite this, data from the GBV Information Management System show that over the course of the programme, the number of adolescent girl survivors accessing services increased. In the first six months of the programme (up to May 2015), 34 adolescent girl survivors accessed health or case management services from the IRC or COMPASS partners; by January 2016, this number had risen to 236. Though these data are drawn from all girls aged 10–19 accessing services in these areas, not just those attending COMPASS life skills sessions, this increase suggests that continued awareness-raising activities with adolescent girls and their mothers, coupled with efforts to strengthen the quality of these services, led to an increase in the use of available services.

Summary of responding to GBV

Through intense training and ongoing monitoring and support, COMPASS developed the capacity of service providers. This led to an improvement in their knowledge of and attitudes towards adolescent girls.

Adolescent girls accessing services reported high levels of satisfaction, and often became engaged in other activities at women’s community centres after accessing these services.

By the end of the programme, adolescent girls were more likely to know a place to go if they had experienced physical violence, but their knowledge of where to go to if they had experienced sexual violence did not increase. Community or family measures commonly dealt with acts of sexual violence, with violent retribution potentially taken against the perpetrator and survivor. However, the number of adolescent girls accessing services over the duration of the programme did increase considerably, suggesting an increase in knowledge and acceptance of available professional help.
Lessons from Implementation
Implementing the programme with transient programming handovers. The poor quality of some of the sessions, the need to improve capacity in all areas, the delays in programme implementation, and the difficulties in sustaining the programme and ensuring its quality, all highlighted the importance of strong partnerships. In addition to the strong partnerships, the programme also benefited from the support of the IRC, which brought a wealth of expertise and experience to the implementation process.

Working with local partner organisations
In Pakistan, the IRC implemented the programme directly in one district and through partners in two other districts. In addition, the IRC worked with a technical partner to improve implementing partners' knowledge on GBV and to build their capacity to support adolescent girls. These partnerships were effective in achieving their aims and benefitted the programme as a whole. In addition, implementing partners brought a number of specific qualities to the programme, such as:

- contextual and local knowledge
- strong community and service provider relationships
- experience and expertise of providing programming for women and girls in the region
- ability to integrate COMPASS activities into existing programming
- operational presence in more remote districts, which enhanced the reach of COMPASS
- independence from the IRC, which allowed work to continue when IRC activities were suspended and enhanced sustainability more generally.

To ensure partners aligned with standards set by COMPASS, specific support was required in some areas of work, and particularly the administration and financial management of the programme. Capacity in these areas did improve over time, with partners' financial forecasting and spending getting better; after some initial challenges, all partners met the demands set by a global programme.

Curriculum development
The COMPASS life skills curriculum and accompanying mother/caregiver curriculum were developed at a global level, and then adapted to the relevant context. In Pakistan, the contextualisation process started in November 2014 and was completed in March 2015. Both the life skills and mother/caregiver curricula were heavily contextualised to facilitate cultural acceptance, while ensuring key elements were consistently addressed. This was done by drawing on the IRC's expertise in WPCE, health education, and as well as gathering feedback from women and adolescent girls in target communities. All written materials were translated into Urdu, and an image book was developed to complement the written material and enhance understanding. Audio messages in Pashto were adapted for radio broadcast and sharing at community events.

Following the first cycle of the curriculum, a comprehensive review was conducted, identifying challenges and successes regarding the implementation of the curriculum so far. The curriculum was adapted in response to this review, which included developing a mentorship guide for supporting mentors for the second programme cycle. One of the main changes was a reduction in the number of sessions from 40 to 26, to minimise repetition and make the messages more concise. It was found that further shortening was not effective; in cycle 2, some sessions were moved to ensure completion before Ramadan, and it was expected that this shortened version may be more appropriate for transient populations. In reality, girls found the sessions too long and too dense – the programme team found that the full 26 sessions were more appropriate.

In addition to the life skills curriculum, the IRC and partners ran literacy and numeracy classes, documentation services and vocational skills courses. They also held informal ‘tea sessions’, which provided an opportunity for women and girls to socialise without any particular agenda or theme.

Mentors
The COMPASS model is founded on the idea that young women from the same communities as the adolescent girls are the best choice for mentors who facilitate life skills sessions. This is because there is high potential for a strong connection to be made and an ongoing relationship to develop. However, many of the topics included in the curriculum for this context were likely to be new and/or very difficult for young women to cover. For this reason, life skills sessions for adolescent girls in the first programme cycle were delivered by the IRC and partner staff. Older girls (aged 18–19) who successfully completed the first programme cycle and showed strong skills and interest were then recruited to be mentors for the second cycle. In COMPASS centres that were relocated, IRC staff continued to facilitate sessions, as none of the girls in the new areas had gone through the curriculum themselves.

The advantages of COMPASS graduates becoming mentors were many: there was a high level of acceptance and trust, especially as the mentors could easily relate to the life experiences of the adolescent girls, and could provide practical and relevant advice. They could also visit adolescent girls at home, as they belonged to the same community. The mentors reportedly felt empowered by the opportunity. However, there were also challenges: the low literacy level of mentors required extra efforts to ensure understanding of the curriculum content and delivery methods. Coming from the local community, mentors shared many of the same social and gender norms as the adolescent girls and their families, and extensive capacity building and training was required to challenge harmful attitudes and ensure mentors delivered intended COMPASS messages.

In the second programme cycle, a total of 23 older adolescent girls were recruited to serve as mentors (approximately two per centre, plus alternates). Supervised by experienced psychosocial officers, the mentors prepared sessions and relevant materials for the groups in advance of each session. This was because it was difficult for them to retain information on multiple sessions, and many had low literacy levels themselves. Mentors were committed to the tasks and were successful in making the content relevant to the adolescent girls’ lives. Ongoing support and monitoring was provided by supervisors to improve mentors’ time management and participatory facilitation skills.

Staff, facilitators and the mentors found some sessions difficult to deliver. Facilitators were uncomfortable talking about some topics such as sexual health, particularly because they were unmarried, and also because the topic seemed inappropriate to them and was difficult to explain. Session observations also revealed varying quality in the delivery of the curriculum; facilitators were not always adequately prepared, and used didactic methods for teaching. Key COMPASS messages were sometimes missed out, particularly when they were sensitive, or were misinterpreted by mentors, mothers and adolescent girls. For example, there was evidence that messages around safety were used to justify further restrictions to the movement of girls.

When asked about their own attitudes and capacities, mentors showed positive attitudes from the outset. They demonstrated strong social networks and self-esteem levels, with all agreeing that they had trusted friends, they did not get discouraged and they asked for help when they needed it. The mentors were comfortable talking to the adolescent girls and motivated to run the sessions. Again, there were some disparities in terms of attitudes to gender and violence: on average, by the end of the programme mentors thought girls should be at least 20 before getting married, compared to 29 for boys. There were views on male and female roles in the household and a high tolerance of violence, with many agreeing that “women should tolerate violence to keep the family together.” As mentors come from similar geographical and social backgrounds as the adolescent girls, there were some concerns that they may reinforce harmful social norms, instead of challenging them. This may have contributed to the lack of change in adolescent girls’ attitudes to gender and their continued acceptance of violence.

Mentors were trained directly on the adolescent girls’ life skills curriculum, but there was no specific training curriculum for mentors, including for example, an introduction to GBV, gender norms and attitudes, power or facilitation techniques. This may have impacted upon the quality of the information passed onto adolescent girls and how mentors responded to questions during sessions.

Mentors expressed enthusiasm for working with the girls and saw the importance of supporting them in learning COMPASS topics, including keeping themselves safe from GBV, learning what to do if they face GBV, and learning to have more respect for others. This demonstrates that the core purpose of the curriculum was clear to the mentors and that they were proud to share these messages.
CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

This chapter summarises the key conclusions from the implementation and evaluation of the COMPASS programme and makes recommendations to donors, practitioners, academics and other relevant stakeholders on supporting a robust programming and learning agenda for adolescent girls in humanitarian settings.
Adolescent girls from displaced families in North West Pakistan have experienced restricted movement, blame for violence against them, and have limited social and professional support.

- Before the programme, girls had on average just one place they could go to outside the home. This was due to cultural and social norms, but also to genuine fears for their safety. 18% of girls reported not visiting any place outside the home in the past month.
- Adolescent girls believed that in order to stay safe, it was necessary to stay in the home, move in groups, stay away from men outside the family, and avoid disagreeing or arguing with their husbands. This stemmed from wider attitudes, held by adolescent girls and their mothers, that girls were solely responsible for keeping themselves safe, and would be blamed if they experienced violence.
- Importantly, adolescent girls also reported having limited access to social or professional support, and feeling uncomfortable when it came to sensitive issues. The baseline study therefore demonstrated that, in case of GBV, adolescent girls in Pakistan have few places to go to or people to turn to, and are at risk of being isolated in their recovery, or believing that they themselves were at fault.

COMPASS proved to be feasible and acceptable in north-west Pakistan. Community engagement and culturally acceptable activities were essential to ensuring that this demand was accepted by girls’ families and wider communities.

- High levels of enrolment and attendance demonstrated that adolescent girls were able to and enthusiastic about participating in life skills sessions.
- Their participation was, in general, accepted by their families and wider community members, following concerted efforts by the programme to sensitise these groups, and keep an open dialogue to hear and overcome their concerns.
- Engaging from the planning stage of programming with men in particular, who play an influential role in adolescent girls’ lives, resulted in better participation of adolescent girls and their mothers. COMPASS continued to share positive messages about the centre and the value of adolescent girls in general throughout the programme.
- Vocational training offered alongside the life skills sessions at the women’s community centres made the programme more appealing for adolescent girls, provided a culturally acceptable entry point to the sessions, and made girls’ participation acceptable to parents and others in the community. Income generating and literacy skills training courses in particular had clear appeal.
- Once they were registered with the centre, adolescent girls participated enthusiastically in the life skills sessions.

Working with local partners and adolescent girls was essential to ensure programming was relevant, responsive, and addressed the needs of adolescent girls from diverse backgrounds and in changing environments.

- The IRC and Columbia University worked alongside local implementing and technical partners. These partners provided local knowledge, which was essential to the adaptation of the approach and content so it was relevant, appropriate and acceptable to adolescent girls, their families and their communities.
- Local partners also made it possible to respond to changing environments, such as the closure of the displaced persons camp and the high mobility of the programme’s participants, and increased relevance, reach and sustainability.
- Engaging COMPASS graduates as mentors was another way of ensuring COMPASS messages were made relevant and relatable. These mentors understood adolescent girls’ lives and perspectives, and were also able to build trust with the adolescent girls and develop relationships that continued outside of the centre. This approach was not without challenges, as mentors had low literacy and there was some concern that mentors could replicate harmful gender norms, meaning that additional resources were required to develop their facilitation skills. However, mentors were committed to the tasks, benefitted from them and were successful in making the content relevant to the adolescent girls’ lives.

After participating in COMPASS, girls’ lives improved. The programme gave them a safe place to visit outside the home, helped to develop their social networks and knowledge of professional GBV services, and helped them feel more positive about themselves and their futures.

- COMPASS provided adolescent girls a safe place where they could socialise with their peers, form stronger friendships and learn important information about keeping safe and getting support. After the programme, girls said they visited on average two places outside the home per month, up from one at the beginning of the programme.
- Having this safe space gave girls the opportunity to build their social networks. Adolescent girls were more likely to report having a trusted female adult to talk to who was not a family member by the end of the programme, and said the quality of their friendships had improved. This is essential to ensure girls have someone to turn to for advice or help with their problems, and can help prevent GBV or help girls recover if they experience it.
- In the safe space, mentors delivered a life skills curriculum that helped build the social and human assets of adolescent girls. The curriculum also offered girls clear and safe routes to professional services which aim to prevent GBV and support a girl if she experiences GBV. As a result, adolescent girls were 62% more likely to know of professional services to support them in cases of physical violence by the end of the programme, and there was an increase in the number of adolescent girls receiving GBV services following it.
- COMPASS also improved the capacity of professional service providers, and helped make their service more adolescent girl friendly. 89% of service providers met IRC minimum standards by the end of the programme. Although access to services for GBV survivors remains a significant challenge, the high levels of satisfaction reported by adolescent girls indicates that making GBV services more adolescent girl friendly is feasible and acceptable in humanitarian settings, and leads to more adolescent girls accessing these services.

- Importantly, after completing the curriculum, adolescent girls’ hope for the future and self-esteem significantly increased. Girls had much higher expectations for girls their age: 82% agreed that girls should have the same life opportunities as boys, compared to 58% at the beginning of the programme.

COMPASS has made a valuable contribution to the evidence of what works to promote the health, safety, wellbeing and empowerment of adolescent girls in humanitarian settings. However, further learning is needed to better understand how to challenge acceptance of gender inequality and tolerance of violence against women and girls.

- The evaluation gave some encouraging evidence regarding the change in mothers who participated in group discussions. Mothers said that it was important to have good relationships with their daughters, and said that the discussions had taught them that early and forced marriage was damaging.
- However, acceptance of gender inequality still limited the impact of the programme. Both adolescent girls and their mothers continued to believe that keeping girls safe necessitated restricting their movement, and that women and girls were often to blame in the case of physical, sexual or emotional violence against them. Although girls developed their social networks, they still felt uncomfortable talking about sensitive topics such as sexual violence.

This was unsurprising, as it was not within the scope of the programme to transform deeply entrenched gender norms. In addition, male parents/caregivers, who play a highly influential role in adolescent girls’ lives and their safety and wellbeing in their homes, did not participate in the programme.

Further learning is needed to understand how to challenge these entrenched gender norms in a feasible, acceptable, effective way, in order to maximise the impact of adolescent girl programming.

Based on these conclusions, the IRC has developed a programme model and resource package called Girl Shine. It builds on the positive practices in COMPASS and bridges the gaps identified during the implementation of the programme and by associated learning. Girl Shine is intended to be a practical and flexible resource for practitioners. It includes step-by-step guides on how to design, implement and monitor a life skills programme for adolescent girls and parents/caregivers living in humanitarian settings. It also features a training component for mentors and staff. More information about Girl Shine can be found in Annex 6.
Recomendations

1. Donors and practitioners should invest in safe spaces for adolescent girls, and create an acceptable entry point to enable and encourage girls to participate.

Adolescent girls should be given a safe space, away from threats in the community or the home, which allows them to talk with their peers, develop social networks, understand healthy and unhealthy relationships, know where they can go if they feel unsafe or experience GBV, and learn about themselves and their bodies as a valuable foundation for their future life. These spaces should be separate from women’s safe spaces and children’s mixed-gendered safe spaces. This is particularly important in settings where adolescent girls’ movement is restricted, as these safe spaces could represent the only places girls can visit outside of the home, and the only place where they can develop social networks and get social and professional support. However, programmes must recognise that adolescent girls often face barriers to attending a safe space, or leaving their house at all. An effective way to improve adolescent girl’s access to and participation in safe spaces is to include vocational skills building, or other culturally appropriate livelihoods activities. Vocational training and programming supporting adolescent girls’ livelihoods can also support GBV prevention and response by developing skills which generate income and empower adolescent girls.

2. Practitioners should work with local organisations, groups, adolescent girls and women to design and implement adolescent girl programming and ensure it is appropriate and relevant.

Working with local organisations can increase the relevance and acceptability of adolescent girl programming, and ensure the sustainability of the programme despite a challenging operational context. Where populations are very mobile, programme design should also take into account the average length of stay of a family and the possibility of delivering follow-up in a new location.

3. Practitioners should incorporate strong community sensitisation, particularly with men and boys, into adolescent girl programming, to increase the programme’s feasibility and acceptability as well as to transform harmful social norms.

Parents/caregivers – particularly men – are likely to play a highly influential role in adolescent girls’ lives and their safety and wellbeing in their homes. Given cultural norms around gender and the expected behaviours of adolescent girls in many humanitarian settings, it is essential to engage with male community and family members to ensure girls have safe and consistent access to the centres. From the design stage, a programme should plan how it will engage with the parents/caregivers, particularly with men and boys, at the beginning of the programme and throughout its duration, to ensure adolescent girl have access to life skills sessions. Curriculum content and delivery approach should be relevant, appropriate and responsive to what adolescent girls and their families want, while still pushing boundaries of social norms and gender attitudes and addressing sensitive and difficult topics including sexual health and violence. In addition, further engagement of other family and community members is vital to shift harmful attitudes which perpetuate an acceptance of violence against women and girls. Where possible, targeted curriculum for male family caregivers/family members could be implemented to aim at transforming inequitable gender norms, providing a more robust and sustainable support from men as allies in reducing the specific risks of GBV that adolescent girls face and increasing access to services.

4. Donors and practitioners should invest in mentorship approaches, and consider recruiting young women from the community and graduates from the programme as mentors.

Young women from the community and girls who have graduated from the programme should be considered for recruitment as mentors, as they can form good relationships with adolescent girls and increase adolescent girls’ engagement in the programme. Mentors can easily relate to the life experiences of the adolescent girls, and provide practical and relevant advice. Practitioners should take into account the challenges of working with mentors from the community, including low literacy levels and negative gender attitudes. Extra training and capacity building is necessary to deal with these challenges, and where possible, a specific training curriculum for mentors should be produced. If graduates are recruited as mentors, this would ensure that adolescent girls would continue to benefit after finishing the programme, as demonstrated by the positive feedback received by mentors. This role could also be further broadened as a focal point for engaging with the community and gaining acceptance.

5. Donors, GBV service providers and other relevant stakeholders should ensure that adolescent girl-friendly services are available and accessible.

Where services exist to support survivors of sexual violence, they are rarely adapted to the specific needs of adolescent girls. This, alongside lack of knowledge of services as well as social norms and community structures, may prevent girls from accessing services. Practitioners must identify barriers to access to GBV services at the programme design stage, and must seek to facilitate access for adolescent girl survivors to quality, safe and culturally appropriate services. This could be achieved by directly providing services or developing the capacity of existing services to respond to the specific needs of adolescent girl GBV survivors. It is important to ensure service providers have the knowledge of what a girl survivor needs in specific situations and provide a non-judgmental, approachable and confidential service. Ensuring adolescent girls are aware of what services exist and the support they offer is essential, as well as making sure they receive relevant and appropriate support.

6. Practitioners should ensure staff implementing adolescent girl programming have GBV knowledge and skills, and receive training on how to work appropriately and effectively with adolescent girls.

The impact of programming like COMPASS on mentors who are invited in the programme. The specific barriers that adolescent girls face in accessing GBV services provided in humanitarian contexts, with a particular focus on identifying the groups with the largest barriers to access

7. Donors, practitioners and other relevant stakeholders should ensure holistic programming exists that tackles wider harmful norms.

Despite the positive changes that adolescent girls themselves experience, they continue to operate and survive in a wider environment of systemic discrimination. In order to tackle deeply entrenched harmful norms around gender and violence, targeted adolescent girl programming must be complemented with longer term interventions that focus on shifting attitudes, behaviours and norms that protect and promote the safety of adolescent girls.

8. Academics should engage in further in-depth enquiry to understand the dynamics of household relationships and their influence on the lives of girls.

Parents/caregivers are subject to the impacts of social and gender norms on their lives, and this in turn affects the power they have over their own lives and the lives of their children. Better understanding of how adolescent girls interact with their mothers and fathers, and how parents interact with each other, could play a key role in the development of parenting programmes which challenge household gender dynamics and roles and address the needs of adult women.

9. Donors, practitioners and academics should prioritise the following areas of study in order to generate more learning on strategies and interventions that reduce exposure to GBV for adolescent girls:

- The impact of programming like COMPASS on mentors who are invited in the programme.
- The specific barriers that adolescent girls face in accessing GBV services provided in humanitarian contexts, with a particular focus on identifying the groups with the largest barriers to access
Annex 1: Impact Evaluation Methodology

Methods

Adolescents aged 12–19 living in the Kohat, Nowshera and Peshawar districts of Khyber-Pakhtunkhwa province, Pakistan, were enrolled in the study from 2–18 February 2016. Girls were excluded if they did not speak Urdu or Pashto, had already completed a previous cycle of the programme, or were not capable of responding to the questions in an interview. All study procedures were approved by the Ethics Review Committee of the Collective for Social Science Research, and the IRC’s internal review board (Protocol # WPE1.00.004).

Procedures

The IRC and other NGO staff introduced the intervention to adolescent girls and their parents/caregivers through existing programming at nine women’s community centres throughout the three districts. Adolescent girls who registered for the intervention were invited to participate in the study. In accordance with ethical protocols for studies with minors, consent was obtained in confidential spaces from guardians, married girls, and females aged over 18, and assent was obtained for unmarried girls aged 12–17. Trained interviewers from Khyber-Pakhtunkhwa province administered a paper-based questionnaire in Urdu and Pashto. Interviewers administered the post test approximately 10 months after completion of the baseline study (5–9 December 2016). For in-depth interviews, 15 girls who had completed the quantitative post test were sampled to maximise diversity in age, level of education and marital status. Consent and assent for qualitative activities were requested after completion of the post test in the same manner detailed above, and trained academics with fluency in Urdu and Pashto administered the interview (26 December 2016 to 16 January 2017).

At the beginning of the programme and post test, all staff conducting the evaluation completed a two-week training on procedures for the study, which included ethical guidelines for working with children and how to ask sensitive questions.

Quantitative measures

The primary outcomes of interest were self-reported feelings of safety, movement in participants’ communities and comfort discussing topics from the life skills sessions with parents/caregivers. Adolescent girls reported if they felt safe at their home, school, a friend’s house, relative’s house and neighbour’s house. These binary measures were summed to create a continuous measure of the number of different spaces where participants felt safe (possible range 0–4). Similarly, adolescent girls were asked to report all of the places within their communities that they had visited in the previous month. These places included a school, friend or neighbour’s home, relative’s home, market, an IRC or other NGO’s women and girls’ centre, or another place. Since the sample size of many individual categories were too small for binary analysis, these places were summed to produce a continuous measure of the number of places that participants had visited in the previous month (possible range 0–6). Adolescent girls also reported four binary items on their comfort discussing with parents/caregivers their education, earning a living, marriage and puberty.

Secondary outcomes included girls’ attitudes towards gender, social support networks, perceptions and knowledge of support for survivors of GBV, and psychosocial wellbeing. Ascension to gender attitudes were accessed through agreement with statements on whether girls should have opportunities to attend school, have the same opportunities as boys overall, work outside the home after marriage. Girls were also asked what the appropriate age of marriage is; the appropriate age of marriage was transformed from a multi-level categorical variable to a binary variable indicating appropriate age as less than 18, compared to 18 and above. Social support networks were assessed through three binary items on presence of non-familial friendships, trusted non-familial female adult to regularly consult about problems, and access to a trusted community member to discuss sexual violence.

Perceptions of support for survivors of GBV were assessed through binary items on adolescent girls’ beliefs that family members would blame them for experiencing street harassment and problems in their marriage. Knowledge of support for survivors of GBV was assessed through two binary items on knowledge of services for physical violence and sexual violence.

Psychosocial wellbeing was assessed through quantitative scales on self-esteem and hope. Self-esteem was assessed through the Rosenberg self-esteem scale (Rosenberg, 1979). The 10-item Likert scale has been used in over 50 countries, and higher scores indicate greater self-esteem (Rosenberg, 1979; Schmitt & Allik, 2005). To facilitate comprehension, statements were phrased as questions, and double-negative statements were rephrased into positive statements. Baseline measures for this scale had a Cronbach’s alpha of 0.80, indicating sufficient reliability. Adolescent girls’ feelings of hope and future orientation were assessed through the Children’s Hope Scale, a 6-item scale that measures feelings of agency and perceptions of pathways to achieve goals (Snyder et al., 1997). Baseline Cronbach’s alpha for this scale was 0.69, indicating medium reliability.

Demographic information included continuous measures of adolescent girls’ age at the beginning of the programme and years of education completed, and binary items on ever attending school, working without payment, and attending safe spaces activities prior to starting the programme. Adolescent girls also self-reported school attendance in the previous year (binary). Due to small cell counts in categories of the multi-level variable on marital status, a binary item was used (married or not married/widowed). District of residence was documented through programme registration sheets.

Qualitative interview guide

A semi-structured interview guide was developed to understand the feasibility, acceptability and effectiveness of the IRC violence prevention programme for adolescent girls in Pakistan. Opening questions focused on understanding programme experience and any positive and negative effects as a result of participating in the sessions. The next set of questions was framed by hypothetical scenarios involving physical and sexual (e.g. catcalling, touching and soliciting a relationship without marriage) violence perpetrated against adolescent girls. Closing questions focused on understanding how girls’ lives could be improved in their communities.

Statistical analysis

The estimated quantitative sample size was 180 participants, assuming a 0.05 alpha, 90% power, and no loss to follow-up. In anticipation of a 26% attrition rate, this figure was inflated to 225 adolescent girls.

Quantitative analysis was completed on individuals who completed both the baseline study and post test. Pearson chi-squared tests and t-tests were used to examine independence of baseline characteristics based on attrition. Wilcoxon signed rank tests were chosen to examine pre-post test differences for continuous outcomes because they are well-suited to paired non-parametric data without a control group (Wilcoxon, 1945). McNemar’s tests were used for categorical outcomes, and Exact McNemar’s tests were used when combined cell counts of discordant pairs were lower than 20.

Qualitative transcripts were translated into English and entered into NVivo 11.5.2. Using inductive thematic analysis (Charmaz, 2006), the evaluation team developed a basic coding scheme. The initial descriptive codes were discussed, evaluated and reconfigured by the team. Once there was agreement, a codebook was completed and all the narrative data coded. Data were organised into themes pertaining to the feasibility and accessibility of the IRC programme.
ANNEX 2: COMPASS THEORIES OF CHANGE

Problem
Violence against adolescent girls in humanitarian settings in Ethiopia, Pakistan and the Democratic Republic of Congo inflicts long-lasting physical and emotional harm, violates their rights, and impedes their ability to pursue safe, healthy and productive lives.

Risks
- Lack of safe and empowering opportunities for adolescent girls to increase their resilience to violence
- Negative attitudes and lack of capacity of service providers to meet the needs of adolescent girls at risk of violence
- Negative beliefs, attitudes and behaviours among girls’ family members, partners, etc. that increase risk of violence
- Weak knowledge base on prevention of and response to violence against adolescent girls in humanitarian settings

Interventions
- Provide opportunities for girls to protect against and respond to violence through membership and peer interaction in safe spaces
- Implement capacity building activities to improve the attitudes, skills and practices of service providers
- Conduct targeted engagement (e.g. discussion sessions) with girls’ family members, partners, etc. to change negative beliefs, attitudes and behaviour
- Conduct monitoring and evaluation to produce applicable and transferable learning for the broader humanitarian community

Outputs
- Girls have increased human, social, physical and financial assets to protect themselves from violence and respond to threats of incidents of violence
- Existing service providers (e.g. health, education, case management) have increased capacity to provide safe, girl-friendly and life-saving services
- Influential people in girls’ lives have improved attitudes, knowledge and skills to protect girls from violence and support girls to be safe from violence
- Humanitarian community has improved knowledge of the risks of violence faced by adolescent girls in humanitarian settings and how to respond effectively to those risks

Outcomes
- Improved prevention of and response to violence against adolescent girls in humanitarian settings, particularly in Ethiopia, Pakistan and DRC

Impact
- Adolescent girls in humanitarian settings are safer from violence and the threat of violence
- Improved prevention of and response to violence against adolescent girls in humanitarian settings, particularly in Ethiopia, Pakistan and DRC
- Adolescent girls in humanitarian settings are safer from violence and the threat of violence
- Improved prevention of and response to violence against adolescent girls in humanitarian settings, particularly in Ethiopia, Pakistan and DRC

ANNEX 3: DATA TABLES

Figure 1. Demographics of evaluation participants at baseline (N=78)

<table>
<thead>
<tr>
<th></th>
<th>Baseline (N = 142)</th>
<th>Endline (N = 62)</th>
<th>Difference (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(mean) (sd)</td>
<td>(mean) (sd)</td>
<td></td>
</tr>
<tr>
<td>Age at baseline</td>
<td>15.15 2</td>
<td>15.31 2.2</td>
<td>NS</td>
</tr>
<tr>
<td>Years of school completed (average)</td>
<td>4.14 3.38</td>
<td>4.98 3.75</td>
<td>0.008</td>
</tr>
<tr>
<td>Ever attended school</td>
<td>Yes: 142 (94.3)</td>
<td>No: 50 (26)</td>
<td>NS</td>
</tr>
<tr>
<td>Attended school in the previous year</td>
<td>Yes: 46 (32.3)</td>
<td>No: 96 (67.7)</td>
<td>NS</td>
</tr>
<tr>
<td>Attended safe space activities prior to baseline</td>
<td>Yes: 29 (15.1)</td>
<td>No: 163 (84.9)</td>
<td>NS</td>
</tr>
<tr>
<td>District of residence</td>
<td>Kohat: 75 (52)</td>
<td>Nowshera: 0 (0)</td>
<td>NS</td>
</tr>
</tbody>
</table>

Differences in years of schooling completed were due to attrition of girls from Nowshera, who were lost to follow-up due to camp closure. Baseline to posttest differences in education of girls from the two remaining districts were not significant (OR 1.02, 95% CI 0.90-1.17, p=0.715).
Figure 6. Adolescent girls’ responses to statements on social support networks

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>Endline</th>
<th>%</th>
<th>%</th>
<th>N</th>
<th>OR</th>
<th>LL</th>
<th>UL</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends to discuss important things with</td>
<td>61 78.21%</td>
<td>71 91.03%</td>
<td>78 3.00</td>
<td>1.04</td>
<td>1.04</td>
<td>1.05</td>
<td>0.041</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends to share happy and sad moments with</td>
<td>58 87.18%</td>
<td>72 92.31%</td>
<td>78 1.97</td>
<td>0.56</td>
<td>0.58</td>
<td>0.60</td>
<td>0.180</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has female friends of own age outside family</td>
<td>49 62.82%</td>
<td>62 79.49%</td>
<td>78 1.27</td>
<td>0.55</td>
<td>0.57</td>
<td>0.59</td>
<td>0.455</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female adult to confide in</td>
<td>16 20.78%</td>
<td>26 33.77%</td>
<td>77 1.63</td>
<td>1.02</td>
<td>1.02</td>
<td>1.02</td>
<td>0.441</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult who provides advice</td>
<td>67 89.33%</td>
<td>72 96.00%</td>
<td>75 3.50</td>
<td>0.67</td>
<td>0.68</td>
<td>0.70</td>
<td>0.004</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 7. Adolescent girls’ agreement to statements on life opportunities for girls

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>Endline</th>
<th>%</th>
<th>%</th>
<th>N</th>
<th>OR</th>
<th>LL</th>
<th>UL</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender norms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All girls should have the opportunity to attend school*</td>
<td>71 91.03%</td>
<td>77 98.72%</td>
<td>78 7.00</td>
<td>0.90</td>
<td>3.15</td>
<td>3.58</td>
<td>0.388</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate age of marriage is 18+*</td>
<td>58 84.06%</td>
<td>62 89.86%</td>
<td>69 2.00</td>
<td>0.54</td>
<td>0.57</td>
<td>0.61</td>
<td>0.388</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls can have a job outside the home after marriage</td>
<td>38 55.07%</td>
<td>53 76.81%</td>
<td>69 1.39</td>
<td>1.14</td>
<td>1.70</td>
<td>0.001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls should have the same opportunities as boys</td>
<td>42 57.53%</td>
<td>60 82.19%</td>
<td>73 1.43</td>
<td>1.19</td>
<td>1.72</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data indicate number and percent that responded affirmatively. * Used Exact McNemar’s test when combined cell counts of discordant pairs were lower than 20.

Figure 8. Knowledge of services for survivors of violence

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Total N</th>
<th>No to Yes (T1/T2)</th>
<th>Yes to No (T1/T2)</th>
<th>95% CI</th>
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</thead>
<tbody>
<tr>
<td>Knowledge of services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual violence</td>
<td>68</td>
<td>15 22.06</td>
<td>53 76.81</td>
<td>1.39</td>
</tr>
<tr>
<td>Physical violence</td>
<td>68</td>
<td>21 30.88</td>
<td>47 71.88</td>
<td>1.62</td>
</tr>
</tbody>
</table>

Data indicate number and percent that responded affirmatively. Table presents lower limits (LL) and upper limits (UL) of confidence intervals.

Figure 2. Adolescent girls agreement with statements on gender norms, baseline

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Baseline</th>
<th>Endline</th>
<th>%</th>
<th>%</th>
<th>N</th>
<th>OR</th>
<th>LL</th>
<th>UL</th>
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</tr>
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<td>0.54</td>
<td>0.57</td>
<td>0.61</td>
<td>0.388</td>
<td></td>
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</tr>
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<td>Girls can have a job outside the home after marriage</td>
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<td>53 76.81%</td>
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<td>1.14</td>
<td>1.70</td>
<td>0.001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>60 82.19%</td>
<td>73 1.43</td>
<td>1.19</td>
<td>1.72</td>
<td>&lt;0.001</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data indicate number and percent that responded affirmatively. * Used Exact McNemar’s test when combined cell counts of discordant pairs were lower than 20.

Figure 3. Adolescent girls’ perceptions of support for survivors of violence

<table>
<thead>
<tr>
<th>Outcome</th>
<th>BASeline</th>
<th>Endline</th>
<th>%</th>
<th>%</th>
<th>N</th>
<th>OR</th>
<th>LL</th>
<th>UL</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family would blame for harassment by men</td>
<td>16 21.62%</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family would blame for problems in girl’s marriage</td>
<td>22 30.56%</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 4. Adolescent girls’ reasons for absence, as % of total absence (not including dropouts), programme cycle 1 and 2

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Cycle 1</th>
<th>Cycle 2</th>
<th>%</th>
<th>%</th>
<th>N</th>
<th>OR</th>
<th>LL</th>
<th>UL</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sick</td>
<td>29%</td>
<td>61%</td>
<td>18%</td>
<td>4%</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left area</td>
<td>18%</td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty accessing safe space</td>
<td>12%</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents/caregivers forced participation</td>
<td>11%</td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Husband forced participation</td>
<td>1%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not like the topics</td>
<td>1%</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not feel comfortable in the group</td>
<td>1%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on data from all sessions for 13 groups in cycle 1, and data for some sessions from 17 groups in cycle 2, due to suspension of activities. Counts of ’don’t know’ were removed from the analysis.

Figure 5. Adolescent girls’ responses to the question: “What do you like most about the centre?”

<table>
<thead>
<tr>
<th>Outcome</th>
<th>%</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning new/ useful things</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>Spending time with girls/women</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td>Spending time outside comfortably</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Material benefits</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Psychosocial &amp; legal assistance</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>


ANNEX 5: GIRL SHINE PROGRAMME MODEL AND RESOURCE PACKAGE

The International Rescue Committee is delighted to present Girl Shine, a programme model and resource package that seeks to support, protect, and empower adolescent girls in humanitarian settings. The goal of Girl Shine is to reduce the risk of violence for adolescent girls and provide them the skills and assets needed to ensure their wellbeing as they transition to adulthood. The Girl Shine programme model and resource package can be used in multiple humanitarian settings, including conflict and natural disasters, as well as within the various phases of emergency response. It is based on the latest global evidence on the experiences of adolescent girls facing emergencies, evidence on what works to reduce girls’ exposure to violence and promote better health and social outcomes and builds from proven gender-based violence (GBV) interventions used in the field.  

This Girl Shine programme model and resource package supports practitioners in designing, implementing and monitoring a girl-driven intervention that:

- Engages with the most vulnerable and isolated adolescent girls
- Assesses for the most pertinent risks and dangers for adolescent girls in each context
- Involves adolescent girls in all aspects of program design and implementation
- Strengthens protective mechanisms that include the key stakeholders impacting the lives of girls
- Empowers girls to steer and guide their own wellbeing and safety once the programme is complete

The 5 Girl Shine Programme Model Components:

1. The Girl Shine Safe Space.
   A “girl-only” safe space allows for consistent access to programming and provides a trusted environment where girls can express and be themselves. Girl-only spaces help to reduce risks and prevent further harm during acute emergency responses.  

2. The Girl Shine Life Skill Groups.
   The Girl Shine life skill groups are the heart of the program. Girls participate in a collection of learning sessions that have been tailored to their needs (age range, experience and situation). The learning sessions help to build upon the existing assets that girls have and equip them with key skills to prevent, mitigate and respond to GBV.

3. The Girl Shine Mentors and Facilitators.
   Girl Shine encourages the recruitment of older adolescent girls or young women from the local community to facilitate the Girl Shine Groups. Young women as mentors will expand the safety network for the girls in their communities and allow for sustainability and ongoing solidarity.

4. The Girl Shine Male and Female Parent-Caregiver Engagement.
   Male and female parents and caregivers should be engaged with Girl Shine whenever it is safe and possible. This will help to ensure that girls are not put at greater risk for participating in the programme, and that their new skills and knowledge will be supported and reinforced in their home environment.

5. The Girl Shine Community Outreach.
   Community support of the programme is essential to ensuring that girls who participate are safe. Staff are encouraged to work with the community and service providers to enable girls to access the program and other critical services.

This resource package is presented in four parts:

This provides a detailed overview of how to design effective adolescent girl programming in a variety of humanitarian settings.

Part Two – Girl Shine Life Skills Curriculum.
This is the core curriculum for working with adolescent girls that focuses on 6 topic areas and up to 48 sessions for life skill group meetings.

This is a curriculum that can be used when working with male and female parents and caregivers of unmarried adolescent girls.

Part Four – Girl Shine Training Package.
This is a resource that can be used with mentors and facilitators of the adolescent girl core curriculum to help strengthen the capacity of those working directly with girls.

The four parts of the resource package have been designed to be used together but can be referenced separately as well.

References:

- Population Council 2015

52 ANNEX 5: Girl Shine Programme Model and Resource Package
53
ENDNOTES


xi Female IDPs from Bara interviewed for the protection cluster’s May 2012 study.

xii The IRC’s November 2012 GBV assessment.
