Remote Girl-Centered Intervention in Lebanon

Learning Paper

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BACKGROUND

COVID-19’s impact on adolescent girls globally

The reality facing adolescent girls in fragile contexts is a complex one. They are often exposed to severe risks and disadvantages – primarily related to age and gender – compounded by discriminatory factors associated with disability and ethnicity among others. Discrimination and harmful gender norms starting at birth set limits on what behaviours or opportunities are considered appropriate for girls. These beliefs are often entrenched in laws and policies that fail to uphold girls’ rights. An astonishing 1 in every 20 girls aged 15-19 – around 13 million – have experienced forced sex in their lifetimes, and harmful practices such as child marriage continue to be a concern. Each year 16 million girls in developing countries give birth and most of these pregnancies are unintended. Pregnancy and childbirth are also the leading cause of mortality among girls aged 15-19 globally. Further, each year, 39 million girls aged 15-19 undergo unsafe abortion, and 4 out of 5 new HIV infections within the same age range are among girls.

The COVID-19 pandemic not only reversed progress made in increasing girls’ equitable access to opportunities but also led to heightened risks to their safety. Increased exposure to violence inside and outside their home and further limited access to essential services such as health and education only intensified challenges for many girls already living in unsafe environments and unable to access support services to mitigate the effects of gender-based violence (GBV). Assessments carried out during the pandemic revealed an increase in levels of violence experienced by women and girls, highlighting the importance of lifesaving support services – such as specialized GBV response services including case management, psychosocial support (PSS) and access to clinical care for sexual assault survivors.

As a result, the global GBV humanitarian community was required to adapt their programming in order to still provide much needed services to women and girls. Learning from the quick and creative adaptations made by programs was used to develop global technical notes in order to collate and disseminate emerging good practice. For example, a Women and Girls Safe Spaces (WGSS) technical note supported GBV agencies operating WGSS by outlining recommendations for safe adaptations during the pandemic. Global guidance was also released to highlight the specific barriers and risks faced by adolescent girls – foremost in terms of their access to services and safety – and to share meaningful recommendations for the design and implementation of interventions to protect and empower them.

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2 Ibid.


In line with global trends, during the COVID-19 outbreak GBV risks for women and girls within their homes increased in Lebanon. In addition, the economic crisis coupled with the effects of the 2020 Beirut blast exacerbated the existing inequalities and dire conditions of vulnerable communities.

To respond to these factors, the IRC Lebanon Women's Protection and Empowerment (WPE) team drew on global guidance and technical support from regional and in-country WPE staff to develop a blended approach to service delivery -- remote and face-to-face services and activities in WGSS to allow for operational flexibility depending on the context and phase of the crisis. In addition to other GBV lifesaving services and activities for adolescent girls and women at the WGSS, core to this blended approach was a remote adaptation of the life skills curriculum of IRC's Girl Shine program model.

The Girl Shine program model builds on the potential of girls and supports them as they navigate a safe and healthy transition into adulthood, protected from GBV, supported by their caregivers and peers, and able to claim their full rights. The remote adaptation maintains the core structure with five main sections covering the following topics: Trust; Social and Emotional Skills; Health and Hygiene; Safety; Solidarity and Visioning (the latter two sections were merged into one in the adapted version). Content was delivered over 22 sequential sessions.

The IRC in Lebanon

In Lebanon, the IRC provides both emergency and long-term response to address the urgent needs of refugees through direct assistance; and to support the Lebanese government and host communities to respond to the crisis through social and economic development projects. The IRC implements education, economic recovery and development, protection, child protection, and health programs; and works to respond to and prevent GBV in several areas of Lebanon.
Due to COVID-19, Lebanon was under a total lockdown when the implementation of the first sessions began. This forced all programming to be done online as no in person activities could take place. However, throughout the course of the curriculum movement restrictions would loosen and then tighten. Therefore, depending upon the restrictions the modality of the sessions would change. When movement restrictions were enforced, sessions were implemented on the platform WhatsApp. Prior to the sessions starting a survey was completed with adolescent girls identifying WhatsApp as the preferred platform modality to use. For adolescent girls who did not have access to mobile phones, these girls would meet with WPE outreach volunteers who provided their phone to conduct the sessions. WPE outreach volunteers were provided with phone credit to ensure they had the resources they needed to connect the adolescent girls with the facilitator for the sessions. When movement restrictions were lifted, the sessions would be completed in person at the WGSS. In addition, remote PSS interventions were also adopted due to security incidents linked to road blockages and protests to ensure the safety of the adolescent girls and WPE staff. The adaptation of the sessions was carried out through co-creation and collaboration with the WPE team in Lebanon and IRC technical advisors and was developed using real time feedback and validation. This learning paper shares reflections from girls, parents and staff engaged in the remote adaptation of the life skills curriculum. It includes an overview of key findings, learning points and recommended practices. Diagram 1 below provides an overview of the Remote Girl Shine topic areas, key sessions and objectives.
METHODOLOGY

The learning framework for this research uses four main research categories shown in diagram 2 and described below.

Diagram 2

1. Curriculum Structure and Content – What worked best throughout the curriculum? What should be further improved on to better match the evolving needs of girls?

2. Implementation Modalities – What were the main implementation challenges experienced during the COVID-19 outbreak and other crises in Lebanon? What mitigation strategies proved effective to address those challenges?

3. Dignity and Educational/Recreational Kits – How did the kits support girls and link to the remote Girl Shine sessions?

4. Girl Shine Effect – To what extent did adolescent girls and people around them (e.g. their siblings, caregivers and other family members) benefit from this experience?

The learning exercise methodology used the following activities and steps:

A technical desk review of the Girl Shine Curriculum and secondary sources was conducted. Secondary sources of information were used to refine the contextual background. Research of additional documentation focused on existing gaps in evidence-based learning regarding remote PSS intervention.
The primary data and evidence gathering step included: i) Key Informant Interviews (KIIs) with girls and caregivers who had participated in Girl Shine sessions between May 2020 and July 2021; ii) In person Focus Group Discussions (FGDs) with WPE frontline workers of Girl Shine were carried out in Bekaa and in Akkar, iii) A document review and analysis of the Girl Shine facilitators’ session notes; and iv) Online consultations with WPE staff from Beirut, Akkar and Bekaa to further gather information on their experiences and reflections of the Girl Shine Curriculum. All interviews with participants outside of the WPE team were conducted in Arabic, with WPE staff interviews and consultations completed in both Arabic and English depending on the preference of the participating staff member. Documentation that was collected in Arabic was then translated to English by WPE staff. Tools for KIIs and FGDs can be found in Annex 1.

A total of 32 participants (13 girls, 5 caregivers, 14 staff) were interviewed. More details on participants’ profiles (such as marital status, gender and employment positions within the IRC) can be found in Annex 2.

Girls’ voices were central to and the main driving force of the learning process, in association with inputs from their caregivers. The valuable experience of the IRC frontline and technical staff was also key to identifying good practices to inform approaches to implementation and program development.

Data analysis consisted of data systematization (e.g. data entry and cleaning into Excel; editing transcripts from consultations) and analysis carried out through thematic coding. The coding was based on frequency (e.g. the number of respondents with “similar” answers or who stated similar ideas were labelled by each topic or thematic area of the Girl Shine Curriculum) and triangulation of data. The lists of topics/thematic areas were finalized once saturation was reached. The data visualization tools used to depict results of the analysis in graphs and infographics included Excel and Venngage. Findings were validated through a validation workshop with the IRC WPE Lebanon program staff.

Gathering of primary data took place in Bekaa and Akkar, two locations where the IRC has established WPE activities and where the Remote Girl Shine Curriculum was implemented during the COVID-19 outbreak. With the establishment of emergency operations in Beirut in response to the 2020 port explosion, the curriculum was also adopted there in the context of service provision for adolescent girls. However, it was not possible to expand the data gathering to Beirut for logistical reasons. It was also not feasible to involve IRC WPE’s national partners in the learning exercise – such as the Lebanese Union for People with Disabilities, a Lebanese organization providing services for people with disabilities – because they had not yet started implementation of the curriculum when data collection was being carried out.

With this in mind, it would be important to include insights from activities conducted in Beirut to add value to informing new programming for adolescent girls, and particularly girls from diverse backgrounds such as those living with disabilities and those living in urban or semi-urban settings amongst other groups. It would also be important to learn from national partners’ experience of implementing the curriculum (consent to participate permitting).
FINDINGS AND DISCUSSION

The findings are organized according to the four categories of the learning framework:
1. Curriculum Structure and Content; 2. Implementation Modalities; 3. Dignity and Educational/Recreational Kits; 4. Girl Shine Effect. Each section includes analysis of the data from the research questions in each respective category (as described above). It also highlights learning points, good practices and areas for further consideration.

1. Curriculum Structure and Content - What worked best throughout the curriculum? What should be further improved on to better match the evolving needs of girls? This section looks at the analysis of the strengths, areas for improvement and key learning points in relation to the curriculum content.

2. Implementation Modalities – What were the main implementation challenges experienced during the COVID-19 outbreak and other crises in Lebanon? What mitigation strategies proved effective to address those challenges? This section identifies key features of the remote implementation modalities (in relation to the in-person modalities) and provides a set of good practices that emerged as a result of mitigation measures put in place by the Lebanon team.

3. Dignity and Educational/Recreational Kits – How did the kits support girls and link to the remote Girl Shine sessions? Learning from this process is included in this section.

4. Girl Shine Effect – To what extent did adolescent girls and people around them (e.g. their siblings, caregivers and other family members) benefit from this experience? This section offers highlights of changes identified in the immediate term at different levels (individual, family and community).

1. CURRICULUM STRUCTURE AND CONTENT

What worked best throughout the curriculum? What should be further improved on to better match the evolving needs of girls? This section provides an analysis of feedback on the curriculum structure and content, including key findings and learning points for each section of the remote adapted curriculum: Trust; Social and Emotional Skills; Health and Hygiene; Safety; Solidarity and Visioning based on the feedback from adolescent girls, caregivers and facilitators. These are intended to inform further adaptation of the curriculum in Lebanon to better respond to girls’ evolving needs, and could also help inform implementation in other contexts, where remote working modalities might be necessary due to movement restrictions.

SECTION 1: TRUST

This section includes a combination of sessions to kick off the curriculum and introduce adolescent girls to the concept of trust. Facilitators felt that the content was generally easy
to handle, although much effort was needed to establish a welcoming and reassuring virtual space where every adolescent girl would feel at ease participating. Due to these first sessions being conducted over the phone, neither the adolescent girls nor the facilitator were able to meet face to face. Since they did not know each other, it took some time for them to feel comfortable with one another. To overcome this, facilitators included a lot of activities to build rapport and trust amongst the adolescent girls and facilitator. Adolescent girls who participated also shared reflections on the important of this section for their own learning and participation in the group.

“For me, the trust is everything… The trust is the most important thing and how a girl protects herself.” (Adolescent girl)

“At first, I didn’t trust anyone, but after these sessions I learned to trust some people, which made me feel more comfortable. Yes, it makes me feel good talking to a person I trust.” (Adolescent girl)

“It was complicated when some of the girls didn’t know me personally, so they were shy.” (WPE facilitator)

“We started to give the remote sessions without seeing the girls before. It was difficult at the beginning to make this dynamic of the group. It was easier to build trust when we were on the field site.” (WPE facilitator)

**Learning Points and Suggestions**

- Solid preparation work and follow up with adolescent girls and their caregivers prior to the beginning of the curriculum cycle can help ease the kick-off of the implementation phase, especially in instances when facilitators cannot carry out the recruitment of adolescent girls in person and the relationship mainly or entirely must occur over the phone. WPE field workers noted that it was easier to move through this section when the recruitment of adolescent girls had occurred in-person, while extra effort was required if they had only met the adolescent girls virtually.

- As the opening section to the entire curriculum, it is important to ensure that adolescent girls overcome their initial hesitancy and start to feel comfortable with the rest of the group and the facilitator. Focusing on building positive team spirit and dynamics is critical at this stage.

- Feedback from adolescent girls and facilitators emphasized the importance of including icebreakers and team-building exercises as part of the sessions to encourage engagement and build trust among the group. While a menu of icebreakers is available in the full Girl Shine Curriculum, in some cases these exercises require adaptation to fit remote working modalities.
• Supplementing the implementation of the remote curriculum with the distribution of educational kits containing stationery and useful materials that enhance content delivery is valuable. In Lebanon, adolescent girls were provided with two sets of kits (dignity and educational/recreational kits) – see Dignity and Educational/Recreational Kits section.

SECTION 2: SOCIAL AND EMOTIONAL SKILLS

The Social and Emotional Skills (SES) sessions in Girl Shine seek to provide adolescent girls with valuable knowledge and skills in areas such as understanding feelings, managing stressful situations and creating healthier relationships with family members. Adolescent girls and facilitators pointed to the effectiveness of practical exercises that helped convey core messages in an interactive and engaging manner.

“"There was an activity with a thermometer (My Feelings Temperature) that girls enjoyed. It was like a small game. I heard a lot of feedback from girls that they liked this session. When I asked what they remembered from the sessions before, this is what occurred to them. Also, in the session related to the family relations there was a role-play among the girls, so they were like acting. These ideas stuck in their mind because they were enjoying the sessions.” (WPE facilitator)

How to know if this friend is good for us or not… I used to become friends with every girl I met; however, this is wrong. I must know if this is a good or a bad friend. A good friend is always by your side. This person is your shield. Someone who won’t abandon you.

(Adolescent girl)

Learning Points and Suggestions

• While the structure of the section is relevant to the needs of adolescent girls with diverse backgrounds, more contextualization would be helpful to better reflect real life scenarios as needed for adolescent girls living in non-refugee settings, urban and semi-urban contexts, adolescent girls living with disabilities and adolescent girls discriminated against because of their gender identity and sexual orientation.

• More content on friendships could be included, since this emerged as an area that adolescent girls struggled to navigate. In addition, more role-play and/or case studies are needed for adolescent girls to improve their understanding of how to establish healthy relationships within the family, and to practice these new skills.

SECTION 3: HEALTH AND HYGIENE

The new information session on COVID-19 added to the remote adapted curriculum was highly beneficial by adolescent girls, especially considering information access barriers they might face at home or more broadly in their communities. The quiz format used to open the COVID-19 session was an effective way to engage the group according to facilitators.
Caregivers expressed their appreciation for awareness-raising around COVID-19 preparedness and said that all family members benefited from this.

The distribution of dignity kits including sanitizer, hand soap and facial masks was instrumental not just for infection prevention and control among the adolescent girls, but also to sustain and complement awareness-raising actions and the entire remote Life Skills Curriculum in general. This section also introduces adolescent girls to critical information on how to stay healthy and basic knowledge on reproductive health. The information on reproductive health and puberty were new topics for the adolescent girls. This information is typically not discussed with adolescent girls and is seen as taboo in their community. The adolescent girls were engaged and eager to learn more about these sessions.

“It was easy to deliver COVID-19 topic. However, the girls had some misconceptions.” (WPE facilitator)

“I was afraid to take a shower during my period, but I am not anymore.” (Adolescent girl)

“When you explain the menstrual cycle, I’ve carried out three Girl Shine cycles so far and, in each cycle, you have to explain more around it to deliver the main message. Sometimes when they ask me questions, I have to explain things that are not in the session to crystallize the point.” (WPE facilitator)

“In the sessions on monthly cycle, I opened the sanitary pad to explain how to put it. I’ve noticed that there were girls between 14 to 18 years old that didn’t know how to handle it.” (WPE facilitator)

Learning Points and Suggestions

• When adapting the remote curriculum, there were concerns around how to implement the health and hygiene sessions. In some of these sessions, the information was identified as culturally sensitive and taboo to discuss, therefore could create safety issues and constraints on the adolescent girls. Since the sessions would be done remotely, the facilitator would not be able to discuss these sensitive issues face to face, which may lead to confusion or gaps in important information. Due to the concerns related to lack of privacy and unintentional exposure to safety risks for adolescent girls, the decision was made to remove sensitive information on reproductive health. Although this was a difficult decision to make, through feedback from participants this was the safest decision. Despite detailed information on reproductive health not being included in these sessions, findings highlighted that whenever the adolescent girls were able to attend sessions in a quiet and safe environment, they were eager for more information and, in many instances, asked the facilitators to provide additional details. The interest of adolescent girls focused on understanding body changes, their monthly menstruation cycle (more in-depth) and pregnancy. WPE staff maintained an adaptive approach to session facilitation, giving priority to requests from adolescent girls while ensuring a safe and private environment. If adolescent girls inquire about more sensitive information during remote sessions, the facilitators need to be prepared for this as well as ensure that it is safe for all adolescent
girls to participate in these discussions. From these findings, it is clear that adolescent girls want this information, therefore facilitators will need to think through other strategies on how to deliver this content.

• More is now known about the COVID-19 virus and its transmission than when these sessions were being developed. The COVID-19 quiz, therefore, should be updated, and further information regarding the COVID-19 response should be provided in line with national and global developments.

• Based on the adolescent girls’ interest and feedback, more content on understanding puberty, the Knowing Your Body activity and reproductive health needs to be integrated in the Remote Girl Shine sessions. Similar to the structure of the full curriculum, information should focus on bodily changes during adolescence, menstruation health and management, and pregnancy. Reference to early marriage and its related health implications can also be introduced at this stage. Extra content on reproductive health should be regarded as optional in the curriculum, depending on the safety and privacy environment of the adolescent girls. Facilitators with feedback from adolescent girls should decide whether to cover these topics or not based on a careful assessment of the situation while delivering the remote sessions.

• Given the adapted nature of the curriculum (shorter in length and more flexible to fit remote modalities), information on reproductive health currently maintains messaging that generally addresses all groups of girls. Building on that, it would be helpful to add age-specific guidance for younger adolescent girls (11-14) and for older adolescent girls (15-19), as well as guidance for engaged and married girls.

• Facilitators and frontline staff need to be well trained and technically supported and supervised in order to adequately handle adolescent girls’ requests related to reproductive health, when operating virtually. This aspect should be well integrated in the capacity-strengthening plans of new staff as well as in the support provided to partner organizations trained to implement the remote curriculum.

SECTION 4: SAFETY

To support adolescent girls to expand their sense of agency and protect themselves from risks, this session is rich in guidance around the concepts of safety and risk prevention. Facilitators indicated that these sessions were the most challenging to deliver remotely, considering the greater time and effort needed to convey key ideas, using communication channels too often affected by power outages and weak internet connection. Despite that, adolescent girls referred to this session as essential new learning on how to relate to other people and how to identify safety risks in their daily life.

“I understood what inappropriate touching is about when someone speaks to you or touches you inappropriately. Nobody knew about it until the Miss (WPE facilitator) told us. We believed that was normal. We learned how to protect ourselves and be self-confident.” (Adolescent girl)
“There are girls who don’t know what early marriage is about. My parents arranged my marriage when I was 15. I used to totally ignore what is early marriage or what is marriage. It would have been better if I had known. I wouldn’t have married.” (Adolescent girl)

“Girls aren’t allowed to go out by themselves because of the new generation that has no boundaries and no restrictions. Take me as an example: even though my house is so close to the center, still my mother didn’t let me come by myself. There are also risks in the mixed schools. Parents are always anxious about their girls; this is the main reason for pulling their daughters out.” (Adolescent girl)

“In our society, girls are the most vulnerable. A girl is exposed to verbal assault while walking in the street, her parents can’t leave her home alone and she isn’t allowed to go out without company. Plus, her mother should take care of her and always keep track of her daughter’s menstrual cycle. There are other dangers like rape. Plus, there’s no safety because when a girl goes out, she’s often assaulted. That’s why girls shouldn’t go out alone.” (Adolescent girl)

Learning Points and Suggestions

• Sufficient time needs to be allocated for adolescent girls to advance through the safety sessions and process this information.

• Early marriage was repeatedly mentioned by adolescent girls as one of the most important topics, even though, interestingly, the Remote Girl Shine Curriculum does not contain any explicit content on this (deliberately, in order to avoid unintentional harm for adolescent girls since the sessions are not delivered through the WGSS). Similar to the sessions on health, adolescent girls showed great interest in this topic that they considered so relevant to their daily lives. Also in this case, facilitators provided the needed information as requested, and created the safe and private space for learning among girls.

• Age-specific scenarios, role-play, and interactive activities should be designed to meet the needs of different age groups, in addition information on how to access relevant support services.

• When implemented in regular settings, PSS builds on foundational knowledge about the causes of GBV and gender inequalities. In remote settings, tackling such core concepts is not an easy task. Yet, a few WPE staff pointed to the need to attempt it anyway, by thinking of options to frame such concepts in a girl-friendly, engaging way. This was considered crucial since missing out on key gender concepts might inadvertently reinforce stereotypes and misunderstanding among girls while processing information on risk prevention and mitigation.
SECTION 5: SOLIDARITY AND VISIONING

The concluding set of sessions works towards creating a bond of understanding and mutual support among adolescent girls who share similar experiences, linking individual development with collective growth. Adolescent girls are also introduced to the importance of pursuing aspirations and setting goals in the immediate and longer term. The Remote Girl Shine Curriculum, like other WPE activities, is not meant to be carried out as a stand-alone activity or in isolation from other services. Therefore, adolescent girls benefit from helpful information on additional support services provided by the IRC or other organizations in their community. As many of the adolescent girls attending PSS activities are out of school, it is critical to work in synergy with supplementing educational services.

After completing the Girl Shine sessions, adolescent girls can take their new skills and what they have learned and participate in the Girl Shine Mentorship Program. Girl Shine Mentors can support WPE staff, community members, and be a role model for all girls in their community.

“There are many girls that haven’t attended with us and would like to become more conscious. What we learned and passed to them is not like what they learn from life.” (Adolescent girl)

“One should be able to set a goal and should have the confidence to achieve it.” (Adolescent girl)

“I was a little bit familiar with most of the topics but after these sessions my information was more enriched. For example, I have learned from where to get the help when I’m in need.” (Adolescent girl)

“I had no idea what support was about. We are now aware of it and, thanks to what we have learned, we are able to support one another.” (Adolescent girl)

The best sessions were those when the girls talked about their future and hopes. These sessions sum up everything from the cycle. We were recalling other topics with the girls through these sessions. Even though we were completing the cycle, we weren’t stopping there. The girls were asking for other activities. (WPE Facilitator)

Learning Points and Suggestions

- Completing the Remote Girl Shine Curriculum cycle should be perceived by adolescent girls as a stepping-stone towards new opportunities. Project planning is a progressive step at the end of the full curriculum, which supports adolescent girls to develop and implement small projects by themselves. When conditions allow and field teams can count on the support of community focal points, this is an option that could be explored, with a view to encourage adolescent girls to further practice their skills.
• The introduction to other available services in their community can involve more fun through games and can be supported by informative community mapping materials (leaflets, service note) to be shared with adolescent girls either virtually or with the support of community focal points.
CONSIDERATIONS: WHEN ADAPTING CURRICULUM STRUCTURE AND CONTENT FOR REMOTE IMPLEMENTATION, PRACTITIONERS SHOULD CONSIDER THE FOLLOWING:

1. The trust-building phase is crucial when operating remotely. Ensure that solid preparatory work is carried out prior to delivery of sessions with adolescent girls and their caregivers (with the support of community based focal points as needed), and that all logistics are carefully assessed and dealt with.

2. Increase options for practical activities such as icebreakers, team building exercises, games, quizzes in the curriculum to engage adolescent girls in an entertaining way. This will help build team spirit and is useful for conveying key messages particularly to younger groups. Practical activities need to be adapted to fit virtual work modalities.

3. Case studies and role-play could be further contextualized and inclusive to better reflect the lives of adolescent girls with diverse backgrounds (e.g. adolescent girls living in urban and semi-urban areas, adolescent girls with disabilities, and adolescent girls who are exposed to violence and discrimination based on gender identity and sexual orientation).

4. Based on the findings, topics such as Knowing Our Body and elements of reproductive health, puberty, early marriage, healthy relationships and online safety risks (new topic) should be prioritized. Extra content containing sensitive information could be treated as optional by facilitators, who need to verify first that adolescent girls are connected from a private and safe place. If time is limited, consider merging some sessions to allow more time for other prioritized sessions based on the adolescent girls’ feedback.

5. While sessions contain general messaging that are relevant to all age groups, age-specific guidance might be needed for topics concerning reproductive health, early marriage and safety. Specific support is also required for engaged and married adolescent girls (e.g. pregnancy and maternal health care).

6. Findings showed that the newly introduced materials focusing on COVID-19 was very beneficial to adolescent girls and their families. Ensure that COVID-19-related information is regularly updated in line with national and global developments.
2. IMPLEMENTATION MODALITIES

Implementation Modalities – What were the main implementation challenges experienced during the COVID-19 outbreak and other crises in Lebanon? What mitigation strategies proved effective to address those challenges? This section identifies key features of the remote implementation modalities (in relation to the in-person modalities) and provides a set of good practices that emerged as a result of mitigation measures put in place by the Lebanon team.

What were the challenges faced during your participation in the Girl Shine remote sessions?

In their responses to this question (see diagram 3 below), adolescent girls in Akkar and Bekaa pointed to contextual challenges related to electricity, the internet and telecom systems in the country. This heavily affected the implementation of the Girl Shine Curriculum according to adolescent girls, caregivers and field workers. Another layer of difficulty concerned the lack of private settings (either at their home or a neighbour’s) and in some instances, safety risks (mainly faced by adolescent girls in their communities). One critical barrier was limited access to phones, which are normally owned by adolescent girls’ fathers, brothers or husbands.

Diagram 3

Challenges Reported by Adolescent Girls

- Place too small
- Speaking at the same time
- Availability of phones
- No privacy at home/tent
- Weak internet connection

0 1 2 3 4 5 6 7 8
Diagram 4 below shows feedback from adolescent girls about their level of satisfaction with reference to: (i) The length of sessions and (ii) The date and times when sessions were scheduled.

Adolescent girls were particularly satisfied with how dates and times were selected, as their commitments (school, household duties or work outside the home) were taken into consideration by facilitators. They appreciated that facilitators asked them first about suitable dates and times before scheduling sessions. In terms of length of sessions, 45% of adolescent girls interviewed (mostly single adolescent girls from both locations in Akkar and the Bekaa) said these were too short – each remote session lasted between 20 and 40 minutes depending on the stability of the communication system. They suggested that more time be allocated to talking in-depth about certain topics or to interact with the other adolescent girls:

“*I’m very satisfied, the Miss (WPE facilitator) usually asks us to fix the session time according to our availability.*” (Adolescent girl)

“Yes, I was very satisfied with the dates and the schedule, but I wasn’t satisfied with the time of the sessions because it was too short.” (Adolescent girl)

“I wish the sessions could be longer so we could benefit more from the sessions and understand better.” (Adolescent girl)

“Many times, we couldn’t continue the topic we were discussing because the time was up, so it would be better if you work on extending the time of the session.” (Adolescent girl)
What are the differences between participating in remote sessions compared to in-person?

Overall, adolescent girls expressed that in-person participation was better than remote for group interaction and understanding of discussion topics, and because internet and phone connectivity was often challenging.

**Group interaction and participation**

“When we’re in person, we participate one at a time. Remotely, the internet connection is slow. We all talk together, and we understand nothing.”

“There is a big difference. The in-person sessions are better because we can talk about things with our friends. We were only four girls, and it was private. We enjoyed the remote sessions, and we are grateful for your efforts, but we prefer in-person sessions. I prefer the sessions at the center (WGSS) because we took part in activities and played. It was entertaining.”

“I prefer the in-person sessions because we can understand each other much better, unlike the remote sessions.”

**Better understanding of discussion topics**

“When we were face-to-face with the Miss (WPE facilitator) we received the information more clearly, and we enjoyed seeing her when she was giving us the activities.”

“Remote sessions are good in these circumstances, but we understand better when the sessions are face-to-face with the mentors.”

**Operational challenges**

“In the remote sessions we faced difficulties understanding what the Miss (WPE facilitator) was saying because of the internet, the noises and the daily interruptions.”

“In the remote sessions we weren’t able to hear well what the facilitator was saying because of the poor connection. We had to frequently fix the internet and the sound. When the internet was not working, we used the regular phone line. If nothing worked, we postponed the session. If we could not hear anything the next time the Miss (WPE facilitator) would repeat everything.”
MITIGATION MEASURES: GOOD PRACTICES

This section looks at how challenges of the remote experience were addressed by implementing practitioners, and to what extent mitigation measures were helpful to support the intervention. Several valuable good practices emerged.

Flexible facilitation and adaptive management

The facilitators’ role is central to effective implementation of the curriculum in remote settings. This role requires them to be flexible and adaptable in handling technical issues, addressing feedback, communicating effectively in difficult circumstances, identifying potential risks and solutions while striving to provide quality support to adolescent girls. Some feedback includes:

“There were constraints that had to be adjusted on the fly in order to keep the sequencing of the sessions. The sessions were occasionally rescheduled or had to be separated into two halves. There were obstacles, but the facilitators put up their best effort based on their abilities or what they had on hand.” (WPE facilitator)

“The remote implementation allowed us to reach girls who work outside their homes (mostly in agriculture) after our standard working hours and their working hours (…) so we were able to reach them in the late afternoon or in the evening after 8 pm. We always take into account the availability of the girls, making adaptations accordingly.” (WPE facilitator)

“The time… sometimes for example they wake up early as they have work. The instructors don’t put pressure on them. They wait until the girls are available. The girls gave their time at ease.” (Caregiver)

“We might deal with emergency cases at any moment. In these situations, there is no alternative to our presence in the field. We have to work on the physical and the remote implementation in parallel.” (WPE Facilitator)

All facilitators agreed that one of the most difficult aspects was not being able to read the room as they would in face-to-face sessions. The lack of control over the virtual space in view of potential safety risks was also a concern.

“Although we insisted on some measures, we were not sure whether the girls were comfortable because we were not able to see them. We have to see and hear them.” (WPE Facilitator)

To mitigate this, facilitators worked closely with adolescent girls to set a safety protocol as part of the initial group agreement. All adolescent girls agreed on a code word that they would flag to the facilitator whenever they did not feel comfortable, was not safe to speak or could
not continue attending the session. Beyond group sessions, regular follow-up with adolescent girls on an individual basis was also highlighted as an essential measure.

**Caregivers’ involvement**

The Remote Girl Shine experience led to increased interaction with caregivers as compared to in-person activities. Positive relationships established with caregivers and other family members significantly contributed to creating better conditions for adolescent girls to attend the sessions.

Buy-in from caregivers and other key family members, including husbands of married adolescent girls, was secured through constructive interaction, regular communication, and providing adequate information about the program. This was instrumental to creating the enabling environment necessary for adolescent girls to attend. However, frontline staff also needed to find the right balance between promoting caregivers’ engagement and ensuring that this did not influence current dynamics – such as posing limitations to adolescent girls’ own life skills development and empowerment journey.

> There was a good cooperation and coordination between us and the parents and between parents and their daughters to organize sessions in a safe place with the assistance of outreach volunteers (trained by WPE) in the field. (WPE facilitator)

> The communication with caregivers was enhanced more than before because the phone was the way to communicate with them. I had to communicate with the father or the mother before reaching the girls. The frequent interaction with them has built the trust more and more. It showed the parents to which extent the program was supportive. (WPE facilitator)

> My mother encouraged me to participate in the sessions and she’s the one who provided me the safest way to attend the sessions, even the remote ones. (Adolescent girl)

> We have five daughters, none of whom has access to a phone. There are times when no one at home has a phone. My wife frequently borrows the phone from a neighbour to enable them take part in the sessions. (Caregiver)

> My husband was attending information sessions with your colleague. I used to finish the housework at 11 A.M. then attend the session with the other girls in my house. (Adolescent girl)
Role of outreach volunteers and community-based focal points

When crises disrupt access to field locations and affect working modalities, maintaining ties to local communities becomes crucial. Well-trained and experienced outreach volunteers and community-based focal points can greatly support the remote implementation of activities by:

i) Disseminating information about key services including GBV response (case management services); ii) Conducting safe referrals; and iii) Providing adolescent girls with a safe location for the activity.

Adolescent girls would use a space – usually walking distance – made available by outreach volunteers where they could access the necessary equipment to join the remote sessions in private and safe settings. In the COVID-19 context, these arrangements were made in accordance with necessary preventative measures. In addition to outreach volunteers and girl mentors, they provided valuable support in keeping the adolescent girls engaged through peer-networking.

Logistic arrangements

Addressing operational issues that heavily affect remote working modalities is a priority for service providers. However, the solutions need to be informed by gender and sustainability analysis in order not to reinforce existing inequalities and create unrealistic expectations. The distribution of phones and internet lines to adolescent girls or their caregivers may create safety issues or conflict, therefore getting their feedback is vital. Based on these considerations, the WPE program invested in creating safe places for the adolescent girls with the involvement of outreach volunteers and community-based focal points so that they could safely gather to participate in the remote sessions. Essential assets such as phones, power banks, and communication cards were made available in these places to ensure as smooth a connection as possible. Additional suggestions include provision of tablets, internet routers and small data projectors that might enhance the quality of sessions.

“We faced many challenges at the beginning due to the lack of resources at the girls’ homes, like lack of internet, of phones […] Afterwards, we were able to reach alternative arrangements like gathering girls in the tent of the OV (outreach volunteer), on one phone, one internet router.” (WPE facilitator)

Parents used to tell us that we were giving their daughters useful information that they couldn’t give to them. They used to provide advice from time to time, especially in areas like communication. They wanted their daughters to learn to accept no as an answer. (WPE facilitator)

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9 Girl mentors are girls who have completed the Girl Shine Curriculum and expressed an interest in supporting their peers from their own communities. They are engaged in a mentorship program as part of the WPE program for adolescent girls, which offers a structured approach to building their capacity to be mentors to other girls.
CONSIDERATIONS: WHEN OPERATING THROUGH REMOTE WORKING MODALITIES, PRACTITIONERS SHOULD CONSIDER THE FOLLOWING:

1. A thorough assessment of operational aspects that might undermine service delivery is critical to defining and resourcing contingency plans as needed. To stay relevant and effective as the crisis evolves, contingency measures should be assessed on a regular basis and revised as necessary based on feedback from frontline staff and local communities.

2. Because technology plays a primary role in the delivery of remote support, it is important to identify the most effective means of communication in target areas depending on existing infrastructure, and to consult adolescent girls on what they think is the safest way to communicate (e.g., through phone calls, text messages, platforms such as WhatsApp or Zoom).

3. Communication with both female and male caregivers or other primary family members proved effective to create an enabling environment for adolescent girls and sustain their participation through the Remote Girl Shine cycle. Engaging caregivers from the early stage of the process could be valuable to gain their buy-in and support.

4. As the situation evolves through the different phases of a crisis, the approach to management and facilitation needs to remain highly flexible, adaptable and responsive to the changing context. Priority should be granted to the needs of adolescent girls by adjusting the frequency and the length of the sessions to suit their availability.

5. Community-based focal points/groups such as outreach volunteers, women’s committees, and Girl Shine mentors can play a key role in supporting the implementation of remote interventions. Strengthening their capacity is an investment that can lead to valuable results in the short and medium term. Adequate resources should be allocated to support this objective.
3. DIGNITY AND EDUCATIONAL/RECREATIONAL KITS

Due to COVID-19 and in conjunction with the remote curriculum, each adolescent girl received two different kits – a Dignity kit and an Educational/Recreational kit. The selection of the items contained in each of the two kits was based on the outcomes of FGDs with adolescent girls carried out by WPE staff.

This section presents learning from the question: How did the kits support girls and link to the remote Girl Shine sessions?

All respondents – both adolescent girls and their caregivers – found the distributed kits extremely useful. As the chart shows, the most useful items included hand sanitizer and soap – explicitly linked to the pandemic – as well as personal hygiene items such as sanitary pads, toothpaste and shampoo, which are often deprioritized due to their cost. On average, the personal hygiene items lasted between one and two months. Respondents highlighted that the kits were often shared with other family members, such as younger sisters and/or mothers. Diagram 5 below highlights the most useful items in the Dignity kits.

Diagram 5
We loved them. It was very useful. As you know, nowadays everything is expensive, and those bags that were distributed to us contained things we couldn’t afford. We were very happy that we got them; they lasted for more than a month and were very useful. (Adolescent girl)

This bag was very useful. It contained sanitizers and sanitary pads that were enough for almost one month thank God. We have already used them all. My daughter was very satisfied with her bag. She kept sanitizing her hands every day. They taught them to take precautions, to keep sanitizers in their house and to wash their hands regularly. (Caregiver)

It was beneficial to me. I didn’t have much at home, so everything I needed was in the bag […] We didn’t believe the corona was real at first, but when they told us it was, we started sterilizing and washing with soap. (Adolescent girl)

The sanitary bag was very useful for the girls. They didn’t have to ask their mothers to get them sanitary pads for a while. I felt that they loved these bags especially the pants (underwear), the sweater and the shampoo. Every girl loves to have her private stuff. We benefited from a lot of stuff like the sanitizer, the bathroom disinfectant and the toilet paper. (Caregiver)

Most useful items in the Educational/Recreational Kits

TOYS

From caregivers:

“They played all the winter with these toys."

“The girls considered that the toys weren’t suitable for their age. They are not kids anymore to play with such toys. However, the papers and the pens were more important to them.”

“They tried to play with these toys with their sister or brother, some of them got excited and continued to play and some of them got bored and left the toys to their siblings.”
STATIONERY

From girls:

“We benefited so much from them [...] We benefited from the papers and pens. We used the papers to decorate. We wrote in notebooks with the pens. There was also a game of wood in it that we enjoyed playing with.”

“They gave us bags full of copybooks, pens, erasers and sharpeners, more like stationery.”

The distribution of kits helped reinforce key messaging from the Girl Shine Curriculum (e.g. on health, hygiene and reproductive health) and supported the implementation of the sessions (e.g. sanitizer and soap for hygiene, stationary for participating in the session activities).
CONSIDERATIONS: USING KITS HELP SUPPLEMENT THE GIRL SHINE CURRICULUM PRACTITIONERS SHOULD CONSIDER THE FOLLOWING:

1. The distribution of Dignity and Educational/Recreational kits to adolescent girls is a critical measure that can reinforce and amplify the impact of life skills interventions in many ways. It should be taken into account when designing program interventions aimed at adolescent girls and women, and especially during crises.

2. The selection of items for the kits should be informed by the inputs of adolescent girls, so they are relevant for their needs in the places where they live. Distribution modalities should prioritize the safety of adolescent girls and rely on risk analysis and risk mitigation plans.

3. Adolescent girls and caregivers agreed that sanitary pads and other products related to menstrual hygiene management were among the most useful items, followed by hand sanitizer, soap, toothpaste and shampoo (usually reported as items that are not affordable). Educational kits and primarily stationery items, were also considered very helpful to support adolescent girls in their learning experience.
4. GIRL SHINE EFFECT

“I am 14 years old. Leaving my country and my school was really harsh for me. I had no friends and every word made me cry. I was depressed. When I met the IRC staff that asked me to join the Girl Shine group for psychological support, I was not convinced at all but my mother insisted so I joined.

During the first sessions, I didn’t have the courage to express what I was really feeling. The facilitator was always encouraging us, and I started to feel more confident session after session. After a while, I was finally able to express my feelings and to make new friends with the girls of the group. What makes me really happy is my family’s feedback on how I have changed. I am better at relating with and to others and I feel supported.

My self-awareness and willingness to set new goals in my life grew and I am able to follow through with my plans. As a first step, I convinced my father of the importance to re-enrol into school, and now I am completing my studies. It was not easy for me, but I always remember what the facilitator told us: “When we fall, we’ll become stronger to hold on to our dreams.”

I strongly wish to support other girls who are lonely and feel depressed. I would love to help shape a better future for new generations. A future where women are in solidarity with each other.”

Lamis, adolescent participant of Remote Girl Shine program

In your own words, how would you describe your experience with participating in Girl Shine?

Feedback received from adolescent girls revealed enjoyment, appreciation and interest. The visual in diagram 6 below shows the most recurrent words used by the adolescent girls to describe their own experiences.
Responses provided by the adolescent girls aligned with feedback provided by their caregivers, who generally expressed approval for this experience.

**Responses from Girls**

“Before these sessions we were kind of lost and couldn’t trust anyone, but after participating in Girl Shine, we learned a lot of new things we didn’t know before.

It was an amazing experience. We benefited a lot from this program, and it helped us get closer to each other.

This experience supported us emotionally, we didn’t know about emotional support before.

It was excellent. The Miss (WPE facilitator) kept in touch with us on a regular basis. We were depressed during the Corona phase, during which she supported, guided, and provided us with activities to do at home.”

**Responses from Caregivers**

“Girls have benefited a lot. Before the sessions they were under pressure. I mean the stress of life. But since they have started taking these sessions, they feel much better.

My daughter participated in this group, and she benefited a lot from it. She enjoyed the topics as well. At first, she was hesitating, but after a while she began to love what she was doing. As soon as the girls got out of the session, they looked very happy.”
She was initially tired, and she experienced a difficult situation. I registered her in the program. When the Miss (WPE facilitator) talked to her, she used to leave everything and go to the session.

**Knowledge and Skills**

**What have you/your daughter learned from Girl Shine?**

Overall, adolescent girls felt that the Remote Girl Shine experience contributed to increasing their self-confidence, enhancing their awareness about safety risks and improving their relationship with parents and friends. They also affirmed that they learned about issues they previously knew little or nothing about. For example, they reported that they did not know many basic aspects of hygiene, puberty and physical or psychological consequences of early marriage. Diagram 7 summarizes the responses from adolescent girls and their caregivers about what was learned from Girl Shine.

**Diagram 7**

I strengthened my character and feel much better than before. I used to keep everything to myself and keep hurting in private, now I share my pain with my friends, my mother, the mentors and with people I trust. (Adolescent girl)

At first, I didn’t trust anyone, but after these sessions I learned to trust some people, which made me more comfortable. Yes, it felt good talking to that person. Plus, I didn’t know how to calculate the menstrual cycle, but that has changed now. We also learned to respect everyone. (Adolescent girl)

Adolescent girls’ understanding of safety risks increased, although findings also highlighted the need for the adapted curriculum to increase focus on associated gender concepts (see
Safety under Curriculum Structure and Content in this document). When asked about the risks faced by adolescent girls in the community, adolescent girls pointed to verbal and sexual harassment (mainly in the community) and emotional abuse at home. They also indicated where to seek support if needed (see diagram 8).

Diagram 8

Where does a girl go if she experiences harm?

Building awareness, self-confidence, knowledge and life skills is crucial for adolescent girls to start developing their sense of agency and self-determination. In a few instances, adolescent girls expressed that they felt equipped to make decisions autonomously or to influence decisions that concerned their lives. Further, not only did adolescent girls apply the newly acquired skills in their daily life, but they also transferred information to other people around them – primarily friends, sisters, mothers and other family members such as aunts and cousins.

I wasn’t confident and I didn’t used to make my own decisions. However, after we took Girl Shine, I made an effort to start making my own decisions. (Adolescent girl)

I’m using everything I have learned in my daily life. For example, after taking these sessions I decided not to get married before the age of 18. Now I’m 18 years old and I have been married for only 15 days. (Adolescent girl)

Some of the girls got engaged, some of them wanted to pursue their education and some of them wanted to find a job. The girls used to tell me that now we have learned French, and we are able to read and understand we can pursue our education without any obstacles. (Caregiver)

I told many girls about the program and encouraged them to register. I assured them that everything is private and that they are free to speak. (Adolescent girl)

My mom needs this information a lot. We started to advise each other since then. (Adolescent girl)
My cousin studies at school. Her parents wanted her to quit, but I told her to keep studying as long as she can. (Adolescent girl)

Especially with my younger sisters, regarding the marriage, I advised them not to get married before the age of 18. I also learned in these sessions to appreciate whoever supports me, and I taught this to my sisters as well. (Adolescent girl)

My daughter and me sit and talk a lot. When she learns new information, she tells me we learn. (Caregiver)

Peer networking for mutual support

Beyond the individual and family spheres, the effects of the Remote Girl Shine Curriculum involve a social dimension when adolescent girls apply the concepts of solidarity and peer power. Once adolescent girls complete the Girl Shine Curriculum, they can participate in the Girl Shine mentorship program and become mentors. As mentors they participate in GBV trainings, support community members with assessments and referrals and become a focal point for all girls in their community.

I recall the girls sharing information among them. They referred to me so many girls and they were doing their own safety planning. There were several successes in this region where women and girls were encouraged to participate. (WPE Facilitator)

In the first cycle, there were two daughters. We spoke with their mothers, and they were really pleased with the information we provided, so they began volunteering in their community. They formed a committee and used to exchange this valuable knowledge with other women and girls. (WPE facilitator)
What was the most memorable or important thing you learned from the Girl Shine sessions?

Diagram 9

22% of total responses focused on how to relate with others, especially family and friends as the most important learning/understanding. This was followed by 17% choosing trust and 17% referring to early marriage. 13% of responses were on staying healthy/understanding the body, on par with self-confidence and self-esteem, although the latter topic is more cross-cutting because it is a consequence/effect of the overall process.

In terms of new topics and revisions, adolescent girls suggested the following extra content be included i) Online safety risks linked to social media ii) More specific content on reproductive health and puberty, as girls need this information however, it is not being discussed iii) Materials need to be more inclusive and diverse to represent all girls in the community.
CONCLUSION: LEARNING HIGHLIGHTS

The implementation of the Remote Girl Shine intervention in Lebanon occurred in a complex setting in which restrictions resulting from the COVID-19 outbreak added to layers of existing difficulties related to the economic, social and security situation in the country. In dealing with multiple crises and protracted operational constraints, the new approaches to remote implementation adopted by the IRC WPE program in Lebanon highlighted interesting ways to navigate challenges and to ensure continuity in the provision of specialized GBV services.

The implementation of the remote adapted Girl Shine Curriculum was an inspiring learning journey for all involved both at the organizational and community levels. Findings from this learning experience pointed to a combination of key factors and resources that need to be in place in order to work towards effective programming. Drawing from the analysis of the core areas of interest (Curriculum Structure and Content, Implementation Modalities, Dignity and Educational/Recreational Kits and Girl Shine Effect), some key insights are highlighted below for practitioners’ consideration.

An agile but comprehensive adolescent girl-focused Life Skills Curriculum

The development of the Remote Girl Shine Life Skills Curriculum combines technical expertise and long-term implementation experience in working with adolescent girls. Adapted to fit remote working modalities, the curriculum presents core elements of life skills messaging and introduces an awareness-raising component including COVID-19 prevention and response. With some further adjustments in terms of contextualization, increasing inclusion and diversity materials and content integration (with a focus more on reproductive health, puberty, early marriage, gender concepts, healthy relationships, and online safety risks) the curriculum is an effective resource to respond to the needs of adolescent girls when frontline workers cannot access the field or there is a disruption in regular in-person interventions. Sensitive information can be treated as optional by facilitators, who must first verify that adolescent girls are connected from a private and safe place. The implementation of practical activities such as games, role play, quizzes, and icebreakers are recommended to maximize girls’ engagement (especially younger girls).

Facilitation of the Remote Girl Shine Curriculum should adapt to the evolving context and prioritize the needs of adolescent girls

A key ingredient in the success of this experience was the ability of practitioners (in their capacity as both frontline responders and supervisors/managers) to remain highly receptive and flexible to the inputs provided by adolescent girls and local communities. This information was then used to adapt implementation accordingly to suit the evolving context and different needs. This was the case when the scheduling of sessions was tailored to adolescent girls’ availability during the day, or when facilitators were able to handle adolescent girls’ requests for extra content in relation to reproductive health and early marriage topics. Remote
working modalities increased pressure on frontline responders who were expected to handle operational challenges while still striving for quality support. In the light of this, it is important that facilitators and frontline staff are well trained, technically supported and supervised so they can handle the virtual delivery of the curriculum. This needs to be integrated into the capacity-strengthening plans of new staff and in the capacity support provided to partner organizations that are trained to deliver the Remote Girl Shine Curriculum.

**Remote life skills interventions are an integral part of broader support services**

Life skills interventions for adolescent girls in both in-person and remote settings must be coupled with safe referral pathways and functioning GBV response services in the location if they are to be delivered ethically. For IRC WPE, these activities are often delivered in tandem with other WPE programs providing GBV services and activities (e.g. GBV case management, literacy sessions) targeting girls’ specific needs. The combination with literacy and additional educational and recreational opportunities is particularly relevant to promote a holistic approach prioritizing the health and safety of adolescent girls’ lives and their future. Building on the WPE experience in Lebanon, it would be interesting to gather evidence from field interventions (with a focus on the synergy between PSS and literacy activities) through research opportunities or rigorous impact evaluations, considering the lack of evidence-based learning in this area.

**The value of kits for adolescent girls and their families**

The experience of the pandemic in Lebanon showed that the distribution of dignity kits was highly beneficial to adolescent girls, who described them as an essential support for them and their families. Adolescent girls and their caregivers both emphasized the need for items related to menstrual hygiene management. Hygiene products linked to COVID-19 prevention were also well received and proved an effective way to reinforce messaging on COVID-19. Practitioners should treat the provision of kits as a key intervention that is adequately planned for and resourced. The kits should also be an important consideration for donors and implementing organizations in response to crises. Importantly, adolescent girls should be consulted throughout the process and that the selection of items in kits is closely informed by their inputs.

**Inclusive and participatory field-based strategies are likely to lead to better results**

Two good practice examples emerged related to collaboration with local communities: (i) Engaging in positive communication with adolescent girls’ caregivers proved effective to create enabling conditions for them to enrol in the remote curriculum. Mothers were often mentioned by the adolescent girls as the person who had supported them – more than anyone else – to overcome some of the logistic constraints and access the sessions; (ii) The role of outreach volunteers, mentors and community focal points is a great resource to sustain field operations in times of crises. Outreach volunteers provided adolescent girls with safe

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10 Remote Girl Shine facilitators engage in a structured capacity strengthening plan, which include training on the following topics: GBV Core Concepts, Safe referrals, Full Girl Shine Curriculum, Early Marriage.
places and access to the equipment needed to attend the online sessions when adolescent girls had no means to connect. Girl mentors promoted peer networking and mutual support among girls. It is strategic to continue investing in these resources both at the individual and community levels through well-structured action plans.

At the same time, this learning experience found that engaging adolescent girls with diverse backgrounds (e.g. divorced adolescent girls and adolescent girls with disabilities, among others) in remote service delivery remains especially challenging. Increasing focus on addressing these challenges, including working closely with field-based groups or organizations, should be prioritized, to improve inclusion of adolescent girls in Remote Life Skills interventions and other supplementing GBV support services. In addition, data collection for monitoring and learning should clearly capture and reflect practice-based progress in the areas of diversity and inclusion.
KII WITH ADOLESCENT GIRLS ATTENDNG GIRL SHINE REMOTE SESSIONS:

Facilitator (F): Today, we are going to talk about your experience in the Girl Shine Curriculum. This curriculum was delivered remotely for adolescent girls between 11-18 YO, this curriculum had 5 basic modules: 1-Trust-2-Social and Emotions Skills-3-Health and Hygiene-4-Safety-5-Solidarity and Visioning.

General Information:

Fully complete this section prior to the start of the session, after you get the permission from participant to take notes.

Date: ______________________  Session site location: ________________________
Name of the participant: __________________ Mobile/WGCC: ________________________

Participant demographics:

Tick only one box per status. The KII should only be conducted with 1 participant at a time.

Age  | Marital Status  | Disability Status
---|---|---
□ Older adolescents (15-19)  | □ Married  □ Unmarried  | □ With
□ Younger adolescents (10-14)  | □ Divorced  □ Separated  | □ Without

Essential Steps & Information Before Starting

Share the following information with the participant prior to starting the KII. Assure participant that all information shared within the discussion will remain confidential. The information shared will only be used by staff to help improve the program and curriculum content.

a) Present the purpose of the discussion:

- Explain that you are having this discussion today to get the honest feedback and perspective from the adolescent girls who have just participated in the Girl Shine remotely session. Please inform the girls that there is no wrong or right answers. Also, both positive and negative feedback is welcome: they will not get in trouble or be penalized, they will continue to be able to attend the WGSS and activities if negative things are highlighted. Also, all answers will remain confidential.

- Explain that the information will be used to make changes and improvements to the curriculum, so that it will be as relevant as possible for adolescent girls and their caregivers.
Her perspective is very important, and we take their opinions seriously.

- She is not obliged to respond to any questions if they do not wish to.
- She is not obliged to share personal experiences.
- The above is to be used as an outline to guide facilitators on how to share this information with adolescent girls.

b) Discussion Questions:

General:

1- In your own words, how would you describe your experience with participating in Girl Shine?

Probe: What was the best part for you, what was the most challenging part for you etc.)

Curriculum content:

1- What was the most memorable or important thing you learned from the Girl Shine sessions?

2- Do you suggest any changes to improve the session topics?

Remote Training Participation:

1- What were the challenges faced during your participation in the Girl Shine remote sessions? Probe: what kind of safety challenges did you face? What kind of accessibility challenges did you face, what kind of difficulties did you face in navigating the remote participation? What challenges did you face in finding a safe and confidential space to participate from?

2- What worked well with participating remotely?

Probe: What support did you get to be able to participate remotely?

3- What are the differences between participating in remote sessions compared to in-person? Probe: Between the two approaches, which one do you have a preference for and why?

Impact:

1- How have you been able to use the information you received in everyday life (if at all)?

2- Were you able to share this information with other girls in your community? If yes, Can you share an experience?

3- What do you know about risks women and girls face in the community? If a woman or girl experiences harm, where does she go?
4- What did you learn from the sessions that you didn’t know before participating?

COVID-19 Response:

1- What is your opinion on the dignity and recreational kits that were distributed?

Probe: How well did it meet your needs? How did you use the items in the kits? What items were most useful? What things were missing from the kits? What items were unhelpful in the kits?

2- Did you receive a data card to support your participation? If yes: How were the phone data cards that were provided used?

Probe: How did you use it to participate in Girl Shine? How was it used by other members of the family?

Closing Question:

1- Is there anything else about participating in Girl Shine that you would like to share?

Overall Satisfaction with activity

Please indicate your level of satisfaction with the following statements:

<table>
<thead>
<tr>
<th>Measurement of Satisfaction</th>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Somewhat unsatisfied</th>
<th>Very unsatisfied</th>
<th>Comments (encourage the girl to elaborate)</th>
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</thead>
<tbody>
<tr>
<td>Were you satisfied with the scheduled dates and timings of the sessions?</td>
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<td>Were you satisfied with the time given for each sessions of the cycle?</td>
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<td><strong>Measurement of Agreement</strong></td>
<td>Strongly agree</td>
<td>Somewhat agree</td>
<td>Somewhat disagree</td>
<td>Strongly disagree</td>
<td>Comments (encourage the girl to elaborate)</td>
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<td>The sessions fit my expectations</td>
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<td>The sessions helped me learn new things and responded to my needs</td>
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<td>There was mutual respect between both sides, the facilitator and the attendees</td>
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<tr>
<td>The facilitator had a positive attitude and communication</td>
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<tr>
<td>I felt safe and comfortable in the virtual space where we met</td>
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<td>I felt safe and comfortable in the space where I was calling into the sessions from.</td>
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<tr>
<td>The distance from my home to the space I was calling in from was good for me</td>
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<tr>
<td>The remote delivery of the sessions was good for me (if not probe for reasons in comment section)</td>
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<td>I would recommend these sessions to my friends.</td>
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</table>
Please indicate your level of agreement with the following statements:

Which other topics would you like to see included in the PSS curriculum that you would be willing to receive online/remotely? Select all that apply and add those that are not listed,

<p>| | |</p>
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<tr>
<td>How to influence decisions</td>
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<td>How to identify risks and where to get support</td>
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<td>Body changes</td>
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<td>Early marriage</td>
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<td>Goal setting</td>
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<td>Financial literacy</td>
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<td>Relationships</td>
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<td>Please add any other topics not listed</td>
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Thank the participant and tell her that she can always refer to the team for support or for any additional topics they would like to know about.
KII WITH ADOLESCENT GIRLS ATTENDING GIRL SHINE REMOTE SESSIONS:

Note: All information collected in the KII is confidential and will only be used for the purpose of support to adolescent girls (AGs) to be able to participate and benefit from the PSS activities.

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<th>Date</th>
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<tbody>
<tr>
<td>Location</td>
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<tr>
<td>Name of Facilitator</td>
<td></td>
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<tr>
<td>Number of participants</td>
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Part I – Instructions to the Facilitator

The KII has a purpose on:

- Information from the caregiver about the impact they have noticed on their daughters, daughters-in-law, and wives after attending the remote PSS sessions.

Timeframe and group size

Time: 45 min

Group size: 1 participant

Modality: Remotely

The participant will be invited by the community mobilizer or Adolescent Girls Assistant. Facilitation of the KII to be done by the Adolescent Girls Manager or the Adolescent Girls Officer.

When and How?

- This KII tool is implemented at the end of the PSS curriculum since it is primarily intended to collect input and information of caregivers after AGs have attended most of the sessions.
- This tool is only facilitated after we obtain girls’ consent whether they want us to meet their mothers, mother-in-law, and husbands.
- This tool can be facilitated remotely to ensure everyone will be available to participate based on their schedule.
1. **Introduce the session.**
   - Introduce yourself and your role briefly and ask the participant to introduce her/himself.
   - Thank the participant for attending this session.
   - Introduce the topic of this session and tell the participant that you will share with them some questions about the impact of curriculum on the AGs’ lives.
   - Let the participant know that you will be taking notes to register information provided by them and not to miss any important information. Seek permission from the participant for this. The identity of the caregiver will remain confidential.

2. **Encourage involvement and discussion.**
   - Be enthusiastic and lively - Interact and show interest in their ideas.
   - Formulate questions and encourage participant as much as possible to express their views.
   - Remember there are no ‘right’ or ‘wrong’ answers. React neutrally to both verbal and non-verbal responses.

3. **Building rapport**
   - Always maintain a calm tone of voice with attention to the participant who can give the information.
   - Avoid being placed and perceived as a stranger or in the role of an expert – always remember that you are only here to get information to support the AGs.
   - Always direct the questions back to the individual by saying: “What do you think?” “What would you do to …?” “Do you agree on the suggested opinion/view/idea?” etc.;
   - Set aside time, if necessary, after the session to give the participant the information they have asked for;
   - Do not feel obligated to comment on everything that is being said;
   - Always explain questions that may be difficult for the participant to understand and remind them of the context of the questions if their answers are out of context;
   - Do not give clues for the answer;
   - Listen carefully to the participant and move smoothly from question to question.
   - Make sure to control the time allocated to each topic so as to maintain interest.
   - During the session, continue to let participant know how important their information is in serving the objective of this tool.
4. Ethical considerations

- Confidentiality: Inform the participant that everything that they say here will be kept strictly confidential. Nothing said in this call will ever be associated with any individual by name. The facilitator also has to maintain the confidentiality of what is said in the interview.

Part II – Questions

PSS Acceptability: (opinion on implementation / perception of girls participating)

1. What are your thoughts about the Girl Shine sessions? Probe: What is your opinion on the topics delivered to girls, were there topics that were interesting / not interesting or topics missing? How was PSS Implementation: (issues related to logistics and girls’ access to phones. Any monitoring?)

2. In your opinion, what worked well in terms of girls’ participation in the remote sessions? Probe: how much were they able to apply learning to their daily lives?

3. In your opinion, what was the biggest challenge to girls participating in remote sessions? (Probe: what type of accessibility issues did girls face? What issues did girls face in relation to timing etc.)

4. How did you support girls’ access to technology to participate? How did you manage concerns (if any) about their participation through mobile devices?

5. Did you/girls receive a phone data card? If yes: How were the phone data cards that were provided used? Probe: used for girls to participate in Girl Shine, used by parents, siblings etc.

PSS Impact: (observations about girls during this period)

1. What observations did you make about girls’ wellbeing during their participation (if any)?

2. What kind of information were girls sharing with you, their siblings or peers from the sessions (if any)?

Covid Response: (experiences during covid and what more we can do to support girls/ families?)

1. What is your opinion on the dignity kits that were distributed? What is your opinion on the recreational kits that were distributed? Probe: How well did it meet the needs of girls? What items were most useful? which items used by other family members? Which items were missing from the kit? What items in the kit were unhelpful?

2. How do you feel about the response from IRC for girls specifically? Probe: What—if anything—worked well in the IRC’s response? What else could we have done to better support girls? What else could we have done to support the different needs of girls who are married, girls who are not married and girls who work?
Closing question:

1. Is there anything else you’d like to share with us?

Thank the participant and tell them that they can always refer to the team for support or for any additional topics they would like us to tackle!

**FGD FOR WPE STAFF**

**Duration:** 1.5h  
**Modality:** remotely  
**Targeted group:** front liners/facilitators Senior officer Manager

**Facilitator notes:**
- Introduce yourself and the session objectives  
- Conduct this FGD with the staff who already conducted the GS remote sessions and with the staff who directly and indirectly supervise and follow up on the implementation  
- Notes to be taken anonymously  
- Encourage the staff to give open information at this will help in the analysis  
- Agree with the groups on agreement that make them feel comfortable sharing the information.  
- Mention that everyone’s opinion is important for us and no wrong and right information.

**Questions:**

**General:**

1. Tell us about your experience of implementing the remote PSS curriculum.

**Curriculum Content**

1. What were the successes related to delivering the content? Probe: what were the easiest topics to deliver? How did it successfully meet the needs of married/unmarried and girls who work?

2. What kind of challenges did you face related to delivering content? How did you overcome these challenges? Probe: What were the most difficult or uncomfortable topics to implement? How did you struggle to meet the needs of married/unmarried and girls...
who work? What kind of issues did you face with girls’ understanding of the topics? Were there issues in engaging specific groups of girls e.g. married girls?

3- For curriculum content developers: How did you decide on topic selection? Probe: What topics were intentionally left out and why?

Remote Implementation

1- How did you find the experience of facilitating sessions remotely compared to in-person? Probe: what were some of the challenges with the remote approach? What were some of the successes with the remote approach?

2- What can you tell us about the different stages of the remote PSS curriculum based on your involvement in the following: the idea, development of curriculum, set up of remote methodology, implementation of sessions and closing of groups?

Impact

1- What changes, if any, did you notice among girls in term of behaviors, knowledge, and information, comparing the beginning and end of the cycles? How did you strengthen their relationships as a facilitator? How could you measure them if any?

2- In your opinion, how was it important to follow up with the caregivers during the implementation of the sessions? Why? How was the communication? Can you list any achievement or challenge?

Covid Response

1- How was the dignity and recreational kits distribution and is there anything that can be done to improve it? Probe: What is your opinion on the process of distribution, deciding the content of kits, and the usefulness of the kits?

2- When implementing adolescent girls COVID adaptation activities, what worked well and what needs to be done differently next time to be more effective? How can you feel better equipped to respond to girls in similar crises moving forward?

3- What can you tell us about safety issues or accessibility challenges, or capacity gaps in relation to remote implementation during COVID?

Closing question:

1- Do you want to add anything about the overall experience?
### Overall satisfaction and evaluation of the program

Please indicate your level of agreement with the following statements:

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>Comments</th>
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<tbody>
<tr>
<td>I feel satisfied in my role as a mentor/facilitator</td>
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<td>I feel that I am valued as a mentor/facilitator by staff</td>
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<td>I feel that the expectations I had of the role have been met</td>
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<td>I feel that more can be done to support me in this role</td>
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<td>The remote delivery of the sessions was good for me</td>
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<td>I have personally gained a lot of skills from facilitating the sessions with girls</td>
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<td>The amount of time allocated is enough to cover the full session without rushing and allows for lots of discussion</td>
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<tr>
<td>The amount of preparation needed before the session, the time needed for follow-up and any other tasks related to your role manageable for me</td>
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<td>I feel comfortable talking to girls about violence against girls</td>
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<td>I feel comfortable talking to girls about sexual and reproductive health</td>
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<td>I have seen a positive change in girls since working with my girl group</td>
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<tr>
<td>There was mutual respect between both sides, the facilitator and the participants</td>
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ANNEX II

AKKAR

Girls 47 %
Caregivers 13 %
Staff 40 %

BEKAA

Girls 35 %
Caregivers 18 %
Staff 47 %

COMBINED

Girls 41 %
Caregivers 15 %
Staff 44 %
REFERENCES


https://gbvresponders.org/adolescent-girls/girl-shine/


https://reliefweb.int/sites/reliefweb.int/files/resources/76729.pdf


UN Women. 2020. UN Trust Fund assesses COVID-19 impact on violence against women and front-line organizations.


