



USAID

DU PEUPLE AMERICAIN



Resilience in the Sahel

By USAID funded projects. September 2020

Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE)

Contents

Context	1
The IMAGINE project	2
The IMAGINE model	2
Implementation Learnings	4



By CARE with the support of Bill and Melinda Gates Foundation

« IMAGINE’s theory of change posits that in order to empower adolescents to delay first birth and envision, value, and pursue opportunities beyond early motherhood, a successful intervention will have activities that inform and equip girls on an individual level, engage families and communities and influence systems to create a conducive environment for girls to exercise their rights and make healthy decisions about their lives»

Context

Despite the fact that ninety percent of adolescent pregnancies in the developing world are to married girls,¹ and complications from pregnancy and childbirth are a leading cause of death among this population,² sexual and reproductive health and other development initiatives often focus exclusively on either unmarried adolescents or older adult women and so fail to reach the unique needs of this critical population. This trend is also observed in Niger where more than 75% of girls are married before they turn 18.³ Early marriage, coupled with low use of family planning methods, in Niger just 5.9% of women aged 15-19 use modern forms of contraception, leads to many girls, once married, quickly beginning their lives as mothers putting their health and the health of their children at risk. ⁴ In Niger, maternal mortality accounts for 34 percent of deaths among adolescent girls 15-19, the adolescent birth rate remains high, at 206 per 1,000 girls.⁵

Delaying first birth among newly married girls can help to mitigate the risks associated with adolescent pregnancy, but a complex constellation of social and structural barriers impedes married girls’ ability to avoid early childbearing. We began by asking ourselves to imagine what it would look like if adolescent girls had the

¹ UNICEF. Ending child marriage: Progress and prospects. New York: UNICEF, 2013

² WHO. Mortality, morbidity and disability in adolescence. 2014. Accessed at: <http://apps.who.int/adolescent/second-decade/section3/page2/mortality.html>

³ Les pays avec le taux plus elevé: Girls Not Brides <https://www.girlsnotbrides.org/where-does-it-happen/>

⁴ Ibid, 2012.

⁵ Fertilité, utilisation de la contraception: 2012 DHS Survey

power to realize their dreams, had access to and appreciated alternatives to early motherhood, and had the support they needed to pursue these opportunities. With support from the Bill and Melinda Gates Foundation, CARE has launched a project to design and test interventions that hold promise for delaying the timing of first birth among married adolescents 15-19 in Niger and Bangladesh and making these dreams, or imaginings, a reality. IMAGINE uses a holistic approach to build married girls' capacity and agency to make decisions about their life courses, to address social and structural barriers that prevent delaying, and to present alternative economic opportunities for girls so that early motherhood is not their only option.

The IMAGINE project

IMAGINE's theory of change posits that in order to empower adolescents to delay first birth and envision, value, and pursue opportunities beyond early motherhood, a successful intervention will have activities that inform and equip girls on an individual level, engage families and communities and influence systems to create a conducive environment for girls to exercise their rights and make healthy decisions about their lives. In order to design, implement and test this theory, the IMAGINE project consists of four phases: a formative research phase, a human-centered design (HCD) phase, two years of implementation, and an ex-post evaluation one year after the conclusion of all activities to measure our primary outcome of interest – a delay in first birth.

Our formative research, completed in 2017, consisted of a qualitative study and a market analysis to: 1) understand the barriers and facilitators that influence a married girl's ability to delay pregnancy, and 2) identify alternative futures that could inspire girls, families and communities to support this delay. In Niger in particular, this research identified several challenges that impact adolescent girls' ability to delay first birth, including early marriage, the high social cost of delay, religious fatalism, and husbands' decision-making power within the household.⁶



With these formative insights, a multi-disciplinary team of CARE staff followed an HCD process to identify, refine and prototype potential solutions. Throughout this process, we assessed the acceptability of the concepts and their transformative potential for married adolescent girls, as well as the potential for scale and feasibility of implementation, including consideration of financial implications. For example, in Niger, market and field research revealed that girls' education was generally not widely supported, but education for a purpose that led to an income generation activity was viewed positively, which led to the idea of "business school" sessions within the Girls' Collective curriculum. The HCD process also allowed us to prototype and test foundational content for our male engagement approach, the Fada curriculum, and refine it to make it more appealing and engaging for men and more responsive to their needs and interests. The HCD process resulted in the construction of a holistic intervention package with four distinct components.

supported, but education for a purpose that led to an income generation activity was viewed positively, which led to the idea of "business school" sessions within the Girls' Collective curriculum. The HCD process also allowed us to prototype and test foundational content for our male engagement approach, the Fada curriculum, and refine it to make it more appealing and engaging for men and more responsive to their needs and interests. The HCD process resulted in the construction of a holistic intervention package with four distinct components.

The IMAGINE model

Implementation began in January 2019 and is currently ongoing in the Mirriah Department within the Dogo and Koleram communes. In Niger, the model is comprised of four main components. As part of IMAGINE's broader

⁶ Samandari, Ghazaleh et al. "It is a thing that depends on God": barriers to delaying first birth and pursuing alternative futures among newly married adolescent girls in Niger." *Reproductive health* vol. 16,1 109. 18 Jul. 2019, doi:10.1186/s12978-019-0757-y; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6637607/>

sustainability plan, many of these activities are now managed by peer educators. **Girls' Collectives** serve as a platform for enhancing married and unmarried adolescent girls' social support and access to information in a variety of domains connected to delaying early first birth, including sexual and reproductive health and rights and family planning before first birth, decision-making, goal setting and planning for the future; healthy relationships, communication and negotiation skills; and gender and social norms.



The Collectives also function as a platform to deliver business and entrepreneurship training, establish Village Savings and Loan Associations (VSLAs) and to upgrade girls' income generating activities in the livestock and cowpea sectors – key sectors the market research revealed to offer transformational, profitable opportunities for adolescent girls. The business curriculum covers numeracy, literacy, and financial and business skills such as teaching the girls how to evaluate opportunities, assess the market, and find buyers. In addition, IMAGINE trained a subset of girls in key skills to facilitate entry into that market in the cowpea, feed/fodder, and livestock management sectors. The IMAGINE project posits that girls' access to earning opportunities is one possible alternative pathway for contributing to self-realization, as well as family and community support for delaying.

Alongside Girls' Collectives, **Fada Groups** leverage existing men's social clubs to engage young men and husbands as allies in delaying first birth. They have access to a similar curriculum, including business and entrepreneurship activities. Through the fada groups, we engage men as champions for delaying birth by providing them with the skills and tools they need to carry out awareness-raising activities and supporting them to develop community action plans. To date, fada groups have designed and led community awareness activities on a number of topics, such as early marriage and childbearing, couple communication, and sex and gender.

The project also engages in **Community Dialogues & Action**, creating space for key community stakeholders to discuss, challenge, and act to transform the norms and behaviors that contribute to early childbearing. Employing CARE's Social Analysis and Action (SAA) approach⁷, groups of community and religious leaders hold regular, reflective dialogue sessions and define community action plan for addressing key issues. Groups are also connected to the activities of the Girls' Collectives and Fada Groups through community Management Committees to support and mobilize a coalition of community activists who support delayed first birth.



Finally, in order to support adolescent access to family planning and other essential health services, CARE leads health workers through a process of critical self-reflection and action planning using our Social Analysis and Action approach to **transform health service providers' attitudes and biases** around providing family planning counseling and services to nulliparous married adolescent girls.

⁷ <https://care.org/our-work/health/strengthening-healthcare/social-analysis-and-action-saa/>

Implementation Learnings

While project implementation is ongoing, to date, we have identified a number of key learnings.

Engaging health providers in social norms change for adolescent and youth friendly services:

- **Coordinating with the partners to ensure the availability of outreach services in remote villages takes time and attention.** While IMAGINE works closely with health providers to promote positive social norms and adolescent and youth friendly services, it does not directly provide sexual and reproductive health services to adolescents. For remote villages not served by CSIs or health huts, working alongside government and organizational partners to promote outreach services to participants is critical to ensure that reproductive health services are available to girls who want them. Projects taking a similar approach should not underestimate the time and attention required to coordinate scheduling and village prioritization exercises so that intervention villages have full access to services.
- **Health workers have many competing priorities and demands on their time making sustainability of reflective dialogues and linkage to girls was challenging.** Even when covering provider's travel expenses for visits to community groups and travel related to reflective dialogue sessions, guaranteeing regular availability was challenging due to many competing priorities. This approach may be more feasible for projects where health workers are already regularly convening, are more closely located to participants, or are already strongly supported to engage in community work as part of their responsibilities. IMAGINE continues to work in partnership with government officials, other NGOs, and health providers to determine next steps to improve sustainability.

Transitioning to peer-led community-based activities:

- **Low literacy levels, especially amongst married adolescent girls, mean that all materials must be adapted for use by peer leaders.** IMAGINE worked to consolidate and adapt its manuals geared towards literate field staff into an image-based manual for use by girls' collective and fada peer leaders to ensure that participants could use IMAGINE project materials beyond the duration of the project.



- **A gradual transition involving training, facilitator observation, co-facilitation and finally mentoring can provide girls with the tools and confidence they need to become effective peer leaders.** IMAGINE started the transition to peer leadership nearly a year before the end of the project to ensure that peer leaders receive close training, coaching, and mentorship from existing field staff. Through this approach, girls first observe, then begin to take on increasing responsibility over time with close support from field staff.

Engaging men and boys :

- **Leveraging existing men's groups (e.g. Fada) can help ensure both sustainability and participation.** Working alongside existing groups has not only helped consistently mobilize men as part of our initiative but also provides a pathway for sustainability after the close of the project.
- **In order to address challenging subjects such as early first birth and social norms, ensure content is interesting and relevant to men and boys.** Based on our formative research, we identified financial skills as of particular interest to male participants and that making the financial case for delaying first birth was especially compelling. In response, we included sessions on financial planning and family budgeting, using economic arguments and



economic skill-building as an entry point for broader SRHR messaging. The men were so interested in the business and entrepreneurship sessions that some even started forming their own VSLA groups.

- **Communities will notice and be sensitive to the fact that girls receive additional support and activities compared to boys and men, and care should be taken to avoid negative reactions.** Given that the vocational component of the project focuses exclusively on girls, men have expressed desire to receive additional support for economic activities. To respond to this and mitigate against potential backlash, we have expanded the initial business curriculum offered to the fada groups and are exploring low-resource ways to connect men to vocational opportunities, such as helping them establish VSLA groups. Providing sufficient support to male allies, while also reiterating that women and girls are often disadvantaged and so merit additional support, has helped us navigate this concern.

Engagement of adolescents, including married girls, in vocational opportunities:



- **Adolescents—including married adolescent girls—are excited and interested in vocational opportunities.** IMAGINE had high vocational training completion rates for girls across sectors. This demonstrates not only community support for girls to participate in trainings but also the ability of girls to complete vocational trainings.

- **Leveraging local resources and mentorship can help girls be successful.** Girls participating in cowpea processing, feed/fodder, and livestock training are being connected with local women mentors to build upon local expertise and help connect girls to opportunities. We are also working with local industry associations that provide a professional network and can help link girls to markets and outlets beyond their village to sell their products.

- **Linking Youth Savings and Loans Associations (YSLA) groups to adult VSLA representatives (AVs) improves group**

sustainability and reduces potential tensions between groups. In order to provide ongoing mentorship and reduce jealousy between girls and women's VSLA groups, IMAGINE linked YSLA groups to local AVs. This not only helps girls benefit from the experiences of groups operating in the same context, but it also reduces the probability of tension between groups.

- **Increasing girls' clientele outside their village-and connecting them to the market is a process that takes time and effort.** Linking girls to markets—both within and outside of their village—requires detailed assessments, clear market linkage plans, coaching/mentorship, and a clear identification of potential clients and vendors. However, close partnership with local trade organizations, government, and other NGOs can help.



Additional Resources

Finally, as part of the implementation package, IMAGINE plans to circulate tools and learnings widely with others in the development and health sectors. Available tools will be available at www.care.org/SRHR/IMAGINE and will include:

- Girls' Collective Curriculum (French, English)
- Fada Curriculum (French, English)
- Girls' Collective Peer Educator Curriculum (French, English, Hausa)
- Fada Peer Educator Curriculum (French, English, Hausa)
- Health Worker transformation curriculum (French, English)
- Community SAA Curriculum (French, English)
- Board Game: Prosperous Futures (Hausa, English; two versions-one for peer educators, one for facilitators)
- GBV manual for peer educators with reference sheets
- YSLA Manual for Adolescent Girls
- [Implementation Learning Approach](#) and [Tools](#)
- [Imagine project brief](#)

For more information please reach out to Niandou Halimatou at Niandou.Halimatou@care.org or Anne Laterra at anne.laterra@care.org