Patsy Collins Trust Fund Initiative: Leadership & Life Skills

Technical Brief
Background

CARE’s education and adolescent empowerment programming pursues a world in which the most marginalized children, especially girls, have expanded life choices through access to quality learning, both inside and outside the classroom. CARE recognizes that the development of a broad range of life skills—including leadership competencies, problem solving, critical thinking, and interpersonal skills—are as important as literacy, numeracy, and other academic subjects to prepare adolescents to navigate barriers that restrict their learning and transition opportunities and to empower them to adapt to and thrive in the contexts in which they live.

Since 2003, CARE has implemented the Patsy Collins Trust Fund Initiative (PCTFI) to improve access to and quality of education for marginalized girls across Africa, Asia, and Latin America. In 2015, CARE expanded PCTFI to a third cohort of countries reaching marginalized adolescents, particularly girls, (aged 10-19) in seven countries: Cambodia, Kenya, Mali, Nepal, Rwanda, Zimbabwe, and India.\(^1\) The PCTFI Cohort 3 initiative (2015-2021) adopted an integrated approach to programming that looked at the combined power of: quality education, leadership, adolescent economic empowerment, adolescent sexual and reproductive health (ASRH), gender and social norms change, and community mobilization to support adolescent agency and capabilities to realize their aspirations and to create an enabling environment for adolescent development.

\(^1\)A regional initiative in India and Nepal that focused on safe and secure education was launched during the first two years of the PCTFI Cohort 3. Thereafter, the India and Nepal project teams narrowed their focus to supporting girls’ leadership clubs within their respective project areas.
What We Know

Evidence from adolescent girls’ programming in developing contexts highlights the positive impact of life skills on girls’ agency, education outcomes, economic opportunities, and health outcomes. Defined as a combination of skills (what one has), knowledge (what one knows), and attitudes (what one values and believes) that develop into specific behaviors, transferrable life skills are viewed as especially important for adolescents as they grow into adulthood to address the evolving challenges of the 21st century.

CARE’s experience found that developing girls’ agency through positive life skills interventions can improve their learning outcomes, attendance, retention, and transition into higher levels of education or livelihood opportunities, especially for the most marginalized adolescent girls. CARE’s Girls’ Leadership Development Model is a core component of its life skills programming. This model builds upon in-depth research on what works in girls’ education and provides a framework to address the specific barriers and to meet the needs of adolescent girls. CARE defines leadership skills as the development and utilization of a core set of five competencies—voice, vision, decision-making, self-confidence, and organization—that adolescent girls and boys can apply in their particular contexts. When combined with equitable, quality education and an enabling environment to exercise their rights, leadership skills development can empower adolescents to challenge and overcome many of the restrictions imposed on them.

Our Approaches

CARE’s PCTFI Cohort 3 life skills interventions focused on building leadership competencies integrated with financial education, ASRH, climate change and Disaster Risk Reduction (DRR) knowledge, digital literacy, and cognitive and interpersonal skills to improve adolescents’ ability to address challenges in their every-day lives. The approaches PCTFI Cohort 3 used to enhance adolescent life skills varied depending on the local context, and included extra-curricular activities, life skills training embedded in the school curriculum, and social accountability tools.

Extra-Curricular Activities

Extracurricular activities included school- or community-based clubs and activities, with the supportive guidance of role models and mentors. In Cambodia, peer counselors and teachers were trained to cascade life skills interventions to 440 lower-secondary girls and boys participating in peer counseling groups, girls’ clubs, and youth clubs. This approach shifted after the midpoint of the project to support existing student council groups at target schools. The project also supported the development of student sports committees as a platform for students to build self-confidence, decision making, and organization skills. In its final year of implementation, the project engaged the Science, Technology, Engineering, and Mathematics (STEM) Girl Leadership program of the STEM Education Organization for Cambodia (STEMOC). The intervention focused on teaching STEM subjects as well as strengthening girls’ leadership skills and awareness of

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7 CARE Cambodia. 2019. Midterm Evaluation Report: Know and Grow Project, Pg. 15
STEM careers. Girls in target schools were mentored by female university students and females working in science-related fields, and STEM clubs were established in project schools. Project reports indicated active collaboration between the girls and mentors through a private Facebook group and that STEM clubs were implemented successfully. After the onset of the COVID-19 pandemic, the support for this initiative was continued virtually with enthusiasm among teachers and students.\(^8\)

In **Kenya**, teachers and community facilitators in 35 school communities were trained to deliver content on ASRH, financial literacy, savings and income generating activities, and gender and social norms change to 6,085 (3,496 girls; 2,589 boys) in-school and out-of-school adolescents using a club-based approach.\(^9\) The club sessions integrated participatory activities that encouraged critical thinking, problem solving, and leadership skills development. Teachers and community facilitators served as adult role models for adolescents in the groups, while 67 adolescent mentors (37 girls; 30 boys) were also identified and supported to provide additional peer-to-peer mentoring. These adolescent mentors were provided with platforms at both the school and community levels to share information with their peers on ASRH, harmful social norms, and other issues that affect adolescents.\(^10\)

In **Rwanda**, teachers from 174 lower secondary schools were trained as club mentors to provide financial literacy and savings, ASRH, and leadership skills training to 65,355 lower secondary school adolescents (36,088 girls; 29,267 boys). Adolescents met in single sex boys’ and girls’ clubs where they participated in an adapted version of CARE’s Village Savings and Loan Association (VSLA) model referred to as “Adolescent-led Saving Groups.” The project established 1,850 clubs (977 clubs for girls and 873 clubs for boys) that provided a platform to promote decision making, organization, and visioning skills, as well as budgeting, saving and entrepreneurship. These clubs were embedded into the extracurricular activities that are allocated time in school schedules. Teachers also provided one-on-one and small group counseling for at-risk students to address behavioral issues, absenteeism, and academic performance. They also discussed challenges regarding gender-based violence and ASRH-related issues, including making referrals to existing services for adolescents who need additional support. Joint activities around adolescent rights, gender, and social norms brought the boys’ and girls’ clubs together to promote more gender equitable attitudes. The project also engaged boys through the adolescent-led savings groups and school-based clubs to become leaders for gender equality and to promote behavior change among their peers. Club activities also contributed to the improvement of the school environment (for example, ensuring gender-sensitive toilets and the availability of girls’ rooms equipped with water and sanitary products for menstrual hygiene management) and awareness raising around issues like student absenteeism, risks contributing to dropping out of school, and safety in school and within the community.

In **Nepal**, adolescent girls’ community groups (called Girls’ Collectives) met regularly to provide peer support and to develop leadership, health promotion, and action planning skills. Girls analyzed barriers to health and education services, and assessed traditional gender and social norms in their communities to determine actions they could take to bring about positive change, especially regarding school safety and security and girls’ rights to education. These Girls’ Collectives together with other national groups advocated for policy change around safe education for girls at the local and national levels.

In **Mali**, life skills programming included ASRH, financial literacy, and leadership skills was delivered

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\(^8\) Hobart, Liz and Jo Williams. 2021. *Know and Grow Project Endline Report (Draft)*. CARE Cambodia, Pg. 17


\(^10\) ibid, Pg. 25
through ‘friendship groups’ and school VSLA groups. The villages where these friendship groups are located are in remote locations in the arid region of Mali, where vast distances separate one village from another, limiting the ability of adolescents to meet and learn with and from peers in other villages. As a result, the project initiated a mobile phone platform, known as an m-Platform,\(^\text{11}\) where each friendship group (leadership club) was provided with a mobile phone to build networks, share information, and encourage discussion on ASRH, gender-based violence, and economic empowerment. By June 2020, the project had developed 4,029 friendship groups with 25,031 members (14,014 girls; 11,017 boys) trained as young leaders and agents of change committed to positively influencing social norms and local policies in their respective schools and communities in favor of adolescents’ rights, especially for girls. During the project, 263 VSLA groups were formed with 4,806 in-school adolescents (3,250 girls, and 1,556 boys) who were trained on financial literacy and involved in advocating for gender equity, SRH rights, and combatting gender-based violence and child marriage. As an additional life skills intervention, the project delivered Disaster Risk Reduction (DRR) through adolescent community groups called emergency brigades where girls and boys planned and implemented local activities to build community resilience with a special focus on adapting to and mitigating the adverse effects of climate change. Two hundred emergency brigades with 1,027 adolescents (627 girls, 400 boys) engaged in actions\(^\text{12}\) to fight the effects of climate change and to raise awareness about adaptive measures to address these effects within their communities.\(^\text{13}\)

**Life Skills as Part of the School Curriculum**

Some PCTFI Cohort 3 projects worked closely with government education officials to integrate life skills training in the school curriculum. In Nepal, the project embedded leadership skills, health and hygiene, and gender norms reflection as part of its accelerated learning curriculum through which adolescent girls also developed basic literacy and numeracy skills. Girls who attended the accelerated learning centers participated in activities where they presented speeches, poems, and dramas, did art activities and played games to practice their leadership skills. In Cambodia, the project adopted in-person career counseling for secondary school students and provided training and support for the implementation of a Ministry career counseling app for student use in select schools. The project also provided ICT training to teachers who, in turn, taught digital literacy courses to students, as well as ICT training to support science and mathematics classes. The project provided training to teachers on the Ministry of Education’s Life Skills Education curriculum and supported schools to choose life skills topics that were most relevant to their local context to deliver to students.\(^\text{14}\)

In Mali, the project developed DRR and ASRH teaching manuals in partnership with the Ministry of Education and the local Health Institution of Mopti. The content was used by teachers as training modules and pedagogical tools in 50 project schools. 451 teachers, principals, and Secondary Education Inspectors (121F, 330M) were trained on and integrated SRH, gender-based violence, including negotiation and power dynamics in relationships, and DRR into the curriculum and classroom practices.\(^\text{15}\) Through these trainings and content delivery, teachers became more gender sensitive, developed peer-to-peer education for adolescents and improved student-to-teacher interactions.

In Zimbabwe, the project built on the Ministry of Primary and Secondary Education’s (MoPSE’s) secondary

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\(^{11}\) The project’s m-Platform was implemented in partnership with Orange Telecom.

\(^{12}\) Examples of actions that the emergency brigades took include hygiene and sanitation activities to clean their schools and communities, disease prevention, gardening, and reforestation.


\(^{14}\) Hoban, Liz and Jo Williams. 2021. *Know and Grow Project Endline Report (Draft)*. CARE Cambodia, Pg. 16-18

school Guidance and Counselling curriculum to deliver empowering life skills on leadership, ASRH, financial literacy, and entrepreneurship to 11,668 adolescents in 18 rural and peri-urban schools. The Guidance and Counselling classes under PCTFI focused on relevant, practical and higher order thinking skills and competencies to help at-risk adolescents navigate post-school life. The project expanded on the Adolescent Development Model, a CARE leadership and life skills curriculum already being implemented in Zimbabwe, to include financial literacy and ASRH modules, and developed supplemental teaching and learning materials for the courses. Under the project, teachers received training on the content and on student-centered pedagogy. Instructional activities included art, drama, debate, and group projects, leadership camps to train adolescent peer leaders, and career fairs for adolescents to expand their knowledge and interest in post-school economic opportunities. The supplemental Guidance and Counseling course materials were approved by the MoPSE for nation-wide use.

Social Accountability Tools

Social accountability interventions supported adolescents to apply leadership, problem solving, and critical thinking skills and to provide platforms for adolescents to influence positive change in their schools and communities. In Zimbabwe and Rwanda, schools that participated in the PCTFI projects implemented CARE’s Community Scorecard approach that brought together students, teachers, school leaders, and community members to identify barriers to quality education, and to come up with actions to address the barriers. The process enabled adolescent girls and boys to voice concerns related to their education, identify solutions, and develop collective action plans for the schools and communities. In Zimbabwe, the Scorecard approach contributed to adolescent-led advocacy initiatives where students developed an ASRH position paper to influence school and government stakeholder action for adolescent menstrual hygiene management. In Rwanda, the Community Scorecard was introduced as an accountability platform for students and school leaders to assess the level of girl-friendliness of schools, empower girls to voice concerns, identify potential solutions and to address issues such as sexual harassment, sexual and gender-based violence prevention and response, and the lack of gender-sensitive sanitation facilities in schools. The Community Scorecard helped girls strengthen and apply their leadership skills in order to challenge schools and communities to be more responsive to their needs, while also fostering accountability amongst decision makers, local officials, parents, and students towards good governance and creating an enabling environment for learning.

In Kenya, the project adopted CARE’s Social Analysis and Action (SAA) approach to enable adolescents and parents to identify, analyze, and critically reflect on social and gender norms that were negatively affecting girls’ education and opportunities. SAA for adolescents provided a safe space for adolescents to dialogue on harmful socio-cultural practices they encounter in their lives, then identify and implement actions to address these concerns. Through SAA, adolescents were able to practice critical thinking skills while also building self-confidence and exercising voice, decision-making, and organization when planning actions.

In Nepal and India, the PCTFI projects adapted a Participatory Action Research (PAR) approach to

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16 CARE International Zimbabwe. 2020. CARE Patsy Collins Trust Fund Initiative Cohort 3: End of Project Narrative Report, Empowering Adolescents for Lifelong Learning, Pg. 7

17 CARE’s Community Score Card approach is a citizen-driven accountability process that brings together community members, service providers, and local government to identify, assess, and work together to overcome barriers to quality service delivery. PCTFI Cohort 3 adapted the approach for use in select project schools to improve the quality of education services.

18 CARE’s Social Analysis and Action (SAA) approach is a facilitated process of continuous reflection sessions that help individuals and communities identify, analyze, and address socio-cultural norms, beliefs, and practices that shape their lives.
support Girls’ Collectives to identify and analyze harmful gender and social norms, safety concerns, and service delivery challenges in their communities that restricted their right to education. The Girls’ Collectives then developed evidence-based action plans to help overcome these barriers. Through this participatory analysis, planning, and action taking, adolescent girls were able to apply leadership competencies and advocate for their rights with their families and with other adults in the communities and with ministerial authorities at the provincial and national levels.

**Results**

CARE uses both quantitative and qualitative methods to assess changes in leadership competencies and other life skills. The Youth Leadership Index (YLI), a quantitative survey for adolescents to self-assess their leadership competencies, was used to longitudinally track change over the course of the PCTFI initiative. In **Cambodia**, extracurricular clubs and sports activities were identified as the main drivers for adolescents to develop and practice leadership skills at the midline. Between the baseline and midline evaluations, student YLI scores significantly increased amongst girls, boys, ethnic minority students, and ethnic majority Khmer students. Adolescents who received life skills training in the clubs had the highest YLI scores.19 There was also a significant increase between the baseline and the endline in the proportion of students who reported having a plan for their future (from 83% to 94% at the endline).20 58% of these students had a written plan in place and had taken steps to reach their goals.21 A majority of students interviewed at the endline also indicated that they had access to career information through family, friends, teachers, and the Internet.22

In **Zimbabwe**, YLI scores significantly increased between baseline and endline for boys and girls in both rural and peri-urban settings.23 Learners reported increased self-confidence, participation in class, the ability to work in teams, and the ability to voice their opinions in school and in their communities. Learners also reported improved decision-making skills, including making informed choices on issues that affect their learning, and taking responsibility for their actions.24 Education stakeholders shared that in the targeted secondary schools, adolescents were taking on more leadership positions such as Junior Members of Parliament and Junior Councilors and demonstrating decision making skills. Learners involved in the adolescent position paper were able to argue their position on menstrual hygiene management at local, district, and national levels.25

In **Kenya**, the project midline evaluation found that adolescents who participated in club activities were taking up leadership positions in school and were demonstrating confidence and decision-making abilities through these positions. The evaluation also found a significant increase in adolescent girls’ and boys’ YLI scores between the baseline and the midline and that adolescents with higher YLI scores were more likely to use contraceptives, save in the last year, and save money in youth saving groups, demonstrating a possible link between leadership competencies, saving, and health-promoting decisions.26 While YLI scores decreased amongst a new group of adolescents between midline and endline, the endline

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21 Ibid, Pg. 83
22 Ibid, Pg. 57
26 Ipsos. 2019. Mid-term Evaluation of the Adolescent Empowerment Program (AEP) in Mukuru and Kajiado, 2019, Pg. 25; Pg. 50
evaluation noted that girls were significantly more likely to hold leadership positions at endline than at midline, and both boys and girls were significantly more likely to be involved in youth groups. At endline, YLI scores were also positively associated with greater adolescent confidence to obtain ASRH services, adolescent financial literacy knowledge, saving attitudes and practices, and self-reported willingness to work hard to achieve their dreams. Project monitoring data found that adolescents in project schools demonstrated increased self-confidence and voice by participating actively in class and were also applying leadership competencies through service projects such as raising awareness on the importance of education and dangers of gender-based violence, using peer education to mentor and support other adolescents, and running small income generating activities.

In **Rwanda**, the midline evaluation found that school clubs were noted as successful in strengthening girls’ and boys’ visioning skills and aspirations towards increased self-reliance and economic empowerment. 77% of girls reported making their own decisions on how to use their savings at midline compared to 68% who reported the same at baseline, and more girls (37%) held leadership roles at school and at home at midline compared to baseline (20%). Learners were significantly more confident they could acquire condoms and could seek health services if needed. 92% of girls also reported they knew whom to reach out to in case they faced GBV or had safety concerns. The project endline evaluation noted improvements in learners’ self-perceptions of their leadership competencies, with significant improvements between baseline and endline related to increased confidence to try new activities, consider their options, and take responsibility for their actions, respecting and encouraging their peers, and planning for the future. Qualitative findings from the project endline also indicated that the project helped improve the confidence of girls to express their ideas and to speak out in public, at school, and at home. Girls also discussed an increase in their ability to speak out about gender-based violence to peers, teachers, and parents, and report cases of gender-based violence to authorities. However, while there were increases in learners’ self-reported leadership competencies, there was no significant change in the percentage of learners in leadership positions between baseline and endline, and the percentage of girls belonging to a youth organization remained consistent at baseline and endline. The endline evaluation also found that the COVID-19 pandemic had a negative impact on the level of mentoring support learners received from teachers. While 83% of girls reported having a mentor, only 7% of girls reported receiving support from their mentor during the pandemic lockdown period.

In **Nepal**, girls who attended the accelerated learning program and transitioned into formal schools demonstrated leadership competencies by leading and participating in extra-curricular activities. Girls also demonstrated increased negotiation skills with school authorities and parents on issues such as delaying marriage, continuing their education, constructing gender-sensitive toilets, and providing free sanitary wear for girls in school. Girls self-reported that they are now able to speak openly with other people against discrimination and demand their rights.

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28 Ibid, Pg. 56
30 Ibid, Pg. 39
31 Ibid, Pg. 32
32 Ibid, Pg. 32
34 Ibid, Pg. 9
35 Ibid, Pg. 10
36 Ibid, Pg. 45
37 Ibid, Pg. 46
In India, 60% of the Girls' Collectives (12 out of 20 collectives) were taking forward civic actions in their communities by the time the impact study at the close of the project was conducted. These actions included campaigns on COVID-19 prevention, education, and voter awareness, as well as rallies and role plays on gender equality and gender-based violence.\textsuperscript{39} Some of these events were attended by local and national education authorities.

In Mali, there was a significant increase between baseline and midline in adolescent membership in community groups, with more adolescents reporting having actively contributed to local governance bodies and decision-making forums in their communities.\textsuperscript{40} 74% of interviewed students at endline were members of the friendship circles.\textsuperscript{41} Additionally, at endline 57% of interviewed adolescents (52.3% girls, 63% boys) were emergency brigade members and 94% had received at least one training on DRR in the last two years.\textsuperscript{42} At midline, 45% of respondents reported that they contributed to reforestation actions to combat climate change in the last two years; at endline 60% of adolescent respondents reported the same.\textsuperscript{43} The project’s advocacy approach also led to the Ministry of Education and local school authorities authorizing the integration of SRH, gender-based violence, and DRR components into the local curriculum. At endline, 87% of schools had integrated SRH topics into the official curriculum, while 83% of the schools had integrated DRR into the curriculum.\textsuperscript{44} By the end of the project, 95.2% of participating adolescents (95% girls, 95.6% boys) had remained enrolled in school.\textsuperscript{45}

Lessons Learned and Recommendations

CARE’s documentation processes for PCTFI Cohort 3 tracked what worked well, what did not work well, and adaptations to its leadership and life skills programming over the course of the six-year intervention. The following include lessons learned and recommendations for other practitioners implementing leadership and life skills programs for adolescent empowerment:

Project activity planning should allocate sufficient time to develop life skills: Adolescent life skills development can take time. Long term exposure to activities and safe spaces in which to practice these skills are necessary to support adolescents to apply leadership competencies in their everyday lives.

Being strategic and targeted when designing activities to build leadership skills: To improve the effectiveness of adolescent leadership skills development, the design of life skills activities should be specific and clearly linked to each of the five leadership competencies. Implementing activities that only indirectly promote leadership skills (for example, activities that focus primarily on building adolescent financial literacy and ASRH knowledge/skills) in an integrated program may be less impactful for adolescent leadership development than including activities that are specifically designed to enable adolescents to

\textsuperscript{39} CARE India. 2021. CARE India Girls' Education Program: The impact of collectivism in gender equality and enabling agency, Endline evaluation of Saksham project, Pg. 6; Pg. 8

\textsuperscript{40} LEFAS. 2019. Rapport de l’étude à mi-parcours du projet EFC. Bamako, Mali: CARE International Mali. Pg. 36; Pg. 38


\textsuperscript{42} Ibid, Pg. 59 and Pg. 68

\textsuperscript{43} D.D. Conseils. 2019. EFC Mid-term Supplementary Analysis, Pg. 2


practice decision making, voice, self-confidence, vision, and organization competencies.

Implementing activities that encourage practical application of life skills: Activities that connect to adolescents’ everyday lives and encourage practical and regular application of the knowledge and skills they learn, for example, participating in savings groups and school or community projects, can be enabling factors for improving adolescent self-confidence and resilience, and supporting adolescents to apply gained skills and competencies in their daily lives.

Incorporating social accountability tools for leadership development and impact in education programs: Social accountability platforms such as Community Score Card and Social Analysis and Action, when embedded as part of a broader education and adolescent empowerment initiative, are effective tools to enable adolescents to express their opinions and concerns about issues that affect their lives, and to act on these issues in a safe and supported manner.

Incorporating social norms change interventions to create an enabling environment for adolescents: Leadership skills development can build adolescent agency to advocate for their rights and opportunities. However, when designing programs to improve adolescent agency, it is also critical to address social norms and attitudes among power holders—parents, community leaders, teachers, school and district education administrators—to ensure there is a concurrent change in the environment that is more open to and enabling of adolescent empowerment for meaningful change to occur and for adolescents to be encouraged to and able to apply leadership and life skills in their everyday lives. The role of parents, community leaders, education stakeholders, and other adults in creating this enabling environment is critical to ensuring that the burden of change does not fall on the adolescents alone.

Include a focus on addressing barriers adolescents encounter in accessing services or opportunities: While a combined approach of leadership skills, ASRHR, and financial education can increase adolescents’ knowledge and confidence, and enable them to start making informed decisions about their lives, these interventions alone can be limited in facilitating actual adolescent behavior change, including accessing education, ASRHR, and financial services. Barriers on the supply side, such as limited adolescent-friendly policies or negative attitudes of service providers and parents that impede adolescent access to services and opportunities, should also be addressed in life skills programming for impactful and sustained behavior change.

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