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Results from the Basmeh & Zeitooneh (B&Z) intervention to empower adolescent girls and young women at risk of child marriage and poor reproductive health among the Syrian refugee population in Lebanon

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Final Program Evaluation Report:

Results from the Basmeh & Zeitooneh (B&Z) Intervention to Empower Adolescent Girls and Young Women at Risk of Child Marriage and Poor Reproductive Health Among the Syrian Refugee Population in Lebanon

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Executive Summary

This report presents results from the final evaluation of a social, health, and economic asset-building program implemented by the Lebanon-based non-governmental organization (NGO) Basmeh & Zeitooneh (B&Z) and aimed at reducing the social isolation of vulnerable adolescent girls and young women (AGYW) aged 10–21 years old living in the Shatila and Burj al Barajneh refugee camps in South Beirut. The program sought to help girls gain the skills and knowledge they need to avoid child marriage and adolescent pregnancy and to make a healthy transition to adulthood despite the numerous challenges they face. **The program focused on two sub-populations of girls at heightened risk of poor health and social outcomes: 10-15-year-old girls who are out of school and 13-21 year old girls who are married.** The report presents findings from the most recent iteration of this program, which took place in two phases—Round 2 between May and September 2022 and Round 3 between November 2022 and March 2023—and built upon a previous round of the program—Round 1—which was also conducted in partnership with Population Council (between May and September 2021).

The program evaluated in this report retained the same core content and implementation methods that had produced positive results in earlier iterations of the program and built upon this experience in the following ways:

- The scale of the program expanded to reach a much larger number of adolescent girls: A total of 839 girls participated in the program in Shatila and Burj al Barajneh camps in South Beirut during Rounds 2 and 3.
- Program activities were expanded to also include separate sessions for mothers of adolescent girls and for 10-14-year-old boys who are brothers of participants or other vulnerable boys from the community.
- Program activities were expanded to also include information sessions on specific health topics facilitated by local nurses and a digital channel through which program participants and others in the community were able to privately contact these nurses to have any health-related questions answered directly and discretely.

Population Council collected quantitative data from all adolescent girl program participants through individual surveys conducted before and after the program sessions and qualitative data through Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) with adolescent girls, adolescent boys, mothers and mothers-in-law of adolescent girls.

The evaluation instruments were designed to measure changes in attitudes, behaviors, social assets, and cognitive skills among program participants including:

- Knowledge of menstruation and other sexual and reproductive health and rights (SRHR) topics;
- SRHR behaviors, including use of modern contraception methods and use of reproductive health services.
- Knowledge of additional health-related topics including nutrition and anemia;



- Social outcomes including daily habits and participation in activities, friendships and social connections, freedom of movement and feelings of safety, self-efficacy, and gender attitudes;
- Labor force participation, financial literacy, and savings behavior.

Key findings

Pooled results from Rounds 2 and 3 of the program showed the following:

- ***A high proportion of girls reported never having attended school, calling attention to the deterioration of living conditions and reduced access to education for refugee children in Lebanon:*** Almost 34% of the 566 unmarried 10-15-year-old girls participating in the program had never attended school and do not know how to read or write. The same was true of 25% of the 273 ever-married girl participants.
- ***Substantial improvements were found in girls' reproductive health knowledge:*** There was nearly universal improvement on knowledge of modern contraceptives, knowledge of where to access contraceptives, and knowledge related to pregnancy timing and fertility.
- ***Slight improvements were found with respect to girls' reproductive health behaviors:*** Although more girls and young women reported using modern contraceptives, there remains significant need to increase women's access to modern contraceptive methods. Financial barriers and limited mobility remain among the main barriers preventing young women from using modern contraception.
- ***While knowledge about healthy nutrition and anemia was relatively high at baseline, there was a notable improvement of those indicators at endline:*** At endline, all participants knew about healthy nutrition and the causes and symptoms of anemia.
- ***Substantial improvements were found on all indicators related to friendships, social networks and gender attitudes.***
- ***Improvements were noted across all financial literacy indicators:*** The most notable improvement was observed with respect to girls savings' behavior.



Program Description

Program location and timeline

Program sessions were implemented in B&Z's community centers in Shatila and Burj al Barajneh refugee camps in South Beirut. Sessions were implemented in three separate rounds in order to maximize the number of participants reached. Round 1 was implemented between May and September 2021, Round 2 was implemented between May and September 2022 and Round 3 was implemented between November 2022 and March 2023. This report focuses on pooled results from Rounds 2 and 3 of the program, which included a total of 839 adolescent girls, 216 mothers of adolescent girls, and 105 adolescent boys.

Program objectives

The B&Z intervention is a girl-centered asset-building program grounded in the idea that the **capacity to aspire and to plan for one's future** is essential for AGYW to be able to overcome the barriers they face in order to lead their healthiest, happiest lives. In humanitarian crisis settings, immediate survival needs—including the need to ensure access to food and shelter—often overshadow needs related to future planning, including access to education and knowledge of family planning methods.

While many organizations offer assistance to displaced populations, few appear to understand or respond to the **gender-specific issues girls and women face** in these settings. The B&Z program sought to address this programming gap head-on by identifying and recruiting the AGYW most at-risk for negative outcomes and by hiring committed young people from the same communities as the girls to serve as mentors and facilitators of the program content. The young people hired in these roles—6 Palestinian female community workers, 3 in each camp—played an essential role due to their proximity to program participants and their ability to understand and empathize with the challenges these girls face in their lives. The community workers provide a safe space in which girls are able to access support from a trusted adult, to build solidarity with one another, to acquire essential skills and information, to develop their individual and collective assets, and to imagine and develop plans for advancing toward the futures they wish to build. These mentors also serve as allies and advocates for girls outside of the program sessions, helping to promote girls' rights and increase girls' visibility and access to resources at the community-level. Further information on the strategies used for targeted recruitment of program participants and mentors is available in the [Population Council Adolescent Girls Community of Practice Intentional Design Guide](#). For Round 3 of the program—which also included sessions for adolescent boys—young male adult mentors were recruited to play a similar role in facilitating program sessions for boys and promoting gender-equitable attitudes at the community level.

Program activities and content

B&Z's core program content was based on the Population Council's safe spaces model (Austrian and Ghati 2010) and was adapted and expanded to fit the local context. The program consisted of the following core activities:



- **16 weekly sessions for girls:** Girls' group sessions were conducted with separate groups divided by age and marital status (10- to 15-year-old out-of-school unmarried girls and 13–21-year-old ever-married girls) and facilitated by locally-recruited young female adult mentors. The meetings included instruction and facilitated discussions on life-skills, health topics including nutrition and SRHR, and financial education, as well as time for open discussion. Based on feedback from participants and mentors following Round 1 of the program, additional topics were added for girls' groups in Round 2, including understanding and addressing bullying, harassment, and gender-based violence.
- **8 weekly sessions for mothers and mothers-in-law:** Groups of mothers/mothers-in-law of adolescent girls were conducted by community workers and covered topics related to gender roles, the importance of allowing girls to enroll in schools and to work, proper communication skills and tips for how to maintain healthy relationships with adolescent daughters/daughters-in-law, strategies for managing stress and anger, anemia, and proper nutrition.
- **8 weekly sessions for adolescent boys:** Locally recruited young male adult mentors led weekly sessions for adolescent boys covering topics such as gender roles, communication skills, self-respect, how to protect oneself, how to make good decisions and how to deal with stress and anger.
- **Nurse awareness-raising sessions:** Female nurses delivered information sessions on modern contraceptive methods and Sexually Transmitted Infections (STIs) for the older, married adolescent girls' groups, on puberty and menstruation for the younger, unmarried girls' groups, and on menopause for the groups of mothers- and mothers-in-law. A male nurse facilitated sessions for boys covering puberty, STI prevention, antibiotic use, and on how to recognize and respond to unwanted physical contact.
- **Nurse hotline:** Married girls also participated in an online platform using WhatsApp to gain access to a Syrian female nurse who answered all their questions and facilitated their access to reproductive health services (RHS) and modern contraception. To our knowledge, no other program in this area leverages technology to connect this population to health information – such as the WhatsApp activity. This makes this program unique in its ability to provide easy and discreet access to information and services to a large at-risk population to improve reproductive health outcomes.

Evaluation Methods

Adolescent girls' survey

The evaluation instruments were intended to measure changes in attitudes, behaviors, social assets, and cognitive skills that might occur over time related to: 1- Social outcomes including daily habits and participation in activities; friendships and social connections; freedom of movement and feelings of safety; self-efficacy, locus of control and gender attitudes. 2-labour force participation, financial literacy and savings behavior, 3- knowledge of health-related issues and 4-reproductive health



knowledge and use of modern contraception methods and reproductive health services.

Focus groups

We moderated 16 focus group discussions (FGD) (Table 1). Each FGD included 7-15 participants and lasted between 20 and 40 minutes.

Table 1: The number of participants in FGDs in each camp and for each round

	Round 1 (September 2022)		Round 2 (March 2023)		Total
	Shatila	Burj al Barajneh	Shatila	Burj al Barajneh	
10-13 year old girls	15	15	15	12	57
14- 15 year old girls	13	9	15	15	52
13-21 year old married girls	15	15	14	14	58
Mothers/mothers in law of adolescent girls	15	15	15	12	57
Total	58	54	59	53	224

Evaluation Results

Program reach

Current figures show that there are around 805,326 registered Syrian refugees. An estimated 9% of these refugees (72,000) are 10- to 15-year-old girls and an estimated 7% (56,373) are 13- to 17- year-old girls. Approximately 10% (5637) of these 13- to 17-year-old girls are already married. Each of these figures is likely much higher taking into account the large numbers of unregistered refugees.

Across the 3 rounds of this program, B&Z was able to reach a total of 1040 adolescent girls living in Shatila and Burj al Barajneh camps. These included:

- 677 10- to 15-year-old out-of-school girls, or with limited schooling access, who are at high risk of labor exploitation and child marriage. (There are an estimated 7000 in both camps); and
- 363 13- to 21-year-old married girls who in most cases have children and who remain excluded from social support and reproductive health services, including family planning.

B&Z succeeded in recruiting a significant number of adolescent girls who are most underrepresented in NGO programs, particularly in refugee contexts. Unlike other



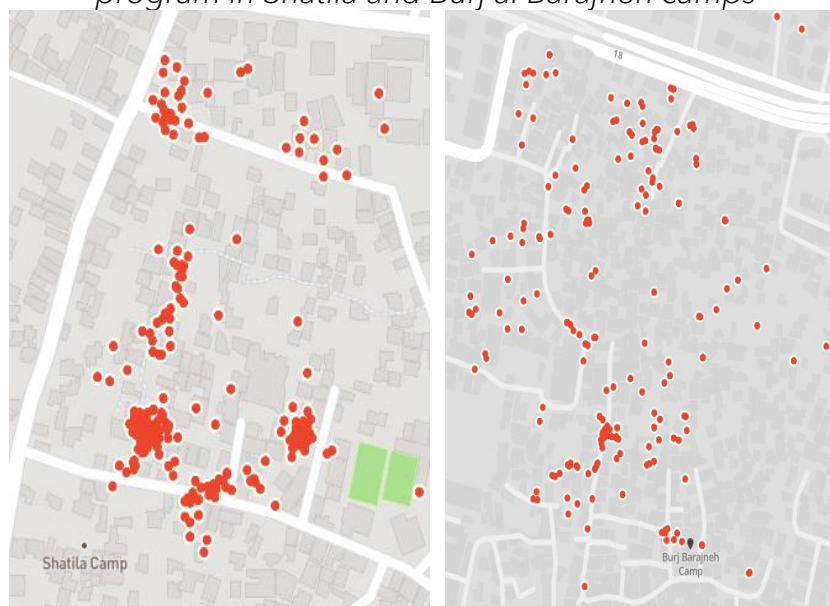
programs that advertise available programs and resources at their centres, the B&Z program recruited participants by conducting door-to-door home visits. This enabled recruitment of participants who are more isolated and less represented in programs, such as unmarried girls ages 14-15. During these home visits, community workers were able to answer questions and address any concerns that girls, their parents, and/or girls' husbands or mothers-in-law may have about the program. Community workers explained that the program provides female-only safe spaces for girls, which reportedly made parents more comfortable allowing their daughters to participate.

Participant characteristics

A total of 839 girls participated in the program, 469 in Shatila camp and 370 in Burj al Barajneh camp. A larger portion of the recruited girls (67%) participated in the sessions for out-of-school girls aged 10-15 (566 girls), relative to the sessions for girls aged 13-21 who were currently or had ever been married (33%; 273 girls). Almost all (99%) of the AGYW who participated in the B&Z sessions were Syrian; the remainder were Palestinian. Most of the girls were originally from the Deir ex-Zor and Aleppo governorates of Syria and had been living as displaced persons for many years: 42% reporting having arrived in Lebanon at least 7 years prior and only 4% reported having been displaced for less than a year.

There was variation with respect to girls' current living conditions in the camps and regarding the type of support their families their families received from UN agencies. Seventy percent of girls reported receiving support from UNHCR: 67% of those were receiving food vouchers, 55% were receiving financial support and 23% were receiving both. None of the girls participating in the program indicated receiving services related to reproductive health or gender-tailored educational support outside of the program.

Figure 2: Location of households with girls recruited for Rounds 2 and 3 of the program in Shatila and Burj al Barajneh camps





Education outcomes

Educational attainment and reasons for school drop-out

Results show very low levels of education among girls participating in the B&Z intervention. About a third (34%) of never-married girls and 25% of married girls reported never having attended school. Among girls who had ever attended school, only 9% had completed primary school and none had completed secondary school. Insecurity and inability to register at schools were among the top cited reasons for dropping out from school. Since Syrian girls face heightened barriers to enrolling in school in Lebanon, older girls were more likely to report any schooling experience, since they were more likely to have been enrolled in school prior to their displacement. In both camps, girls who reported ever having attended school gave similar reasons for why they had dropped out of school: insecurity and schools' refusal to enroll girls were the most cited responses.

Health outcomes

Adolescent pregnancy and knowledge of modern contraceptive methods

Having adequate knowledge about modern contraception methods and how to access modern contraception and local reproductive health services is likely to reduce the number of adolescent girls who become pregnant as well as mitigate health and social harms associated with adolescent pregnancies that do occur.

As was culturally acceptable in this context, only ever-married girls were surveyed about reproductive health. Results show that while there was an improvement in participants' knowledge about modern contraception methods following girls' participation in the program, there was only a slight increase in the proportion of girls who reported modern contraception use at endline. This could be largely related to financial reasons and the inability of girls to afford using modern contraception as well as girls' limited mobility within their communities. The proportion of ever-married girls who had already given birth at least once was high, even at baseline (64%). The proportion of currently pregnant ever-married girls was slightly lower at endline (18%) than at baseline (23%). Still, the proportion of girls who were pregnant at the time of data collection who reported that their pregnancy was unplanned remained relatively constant (22% of pregnant girls at baseline and 20% of pregnant girls at endline), indicating that there is still an unmet need for contraception among this population. Future programs should focus on facilitating young married girls' access to modern contraception as well as educating other family members about the importance of girls using modern contraception.

42% → 30%	% of ever-married girls who were trying to become pregnant out of those not currently pregnant
51% → 94%	% of ever-married girls who were aware that there are days where women are more likely to become pregnant



73% → 96%	% of ever-married girls who believed it is easy to obtain modern contraception
89% → 99%	% of ever-married girls who know where to obtain contraception from
26% → 84%	% of ever-married girls who know about all modern contraception methods
19% → 33%	% of ever-married girls (not pregnant) who reported modern contraception use

“I will start using an IUD after giving birth.” Another girl added “Same here, I decided to use an IUD but the doctor told me I need to treat my anemia first.”
 -Married girls, Burj al Barajneh camp, Round 2

“She recommended using condoms for women who have side effects with other types of contraception .We also started using a condom as I was suffering from the side effects of the pills.”
 -Married girls, Shatila camp, Round 2

“I like to be able to communicate with the nurse on WhatsApp, I can ask any question I want without reading the judgment on her face. When I go to see my doctor, I can always feel that she is judgmental when I ask questions. I feel more at ease using WhatsApp”
 -Married girls in Shatila camp, Round 1

“We are able to ask questions while maintaining our privacy, unlike when you go to the health centre. Sometimes I feel I am unable to explain my needs to the doctor in person but this is not the case when I use WhatsApp. I feel that I have more freedom. I also talk freely about what I want without having to see the look on the doctor’s face which is often judgmental. Sometimes the look on the doctor’s face discourages you and you stop talking.
 --Married girls, Shatila camp, Round 1

Knowledge of menstruation

Many unmarried adolescent girls had no information on menstruation and how to take care of themselves during their period. Mothers reported that they are too shy to discuss this issue with their daughters. As a result, many reported being shocked or afraid when they had their first period. Qualitative results demonstrate the positive impact that the nurse session on menstruation had on both younger girls and their mothers.



“The nurse taught us about new things like periods; we never knew about it before.”
-10-13 year old girls, Burj al Barajneh camp, Round 1

“We learned about what to expect when we get our periods so we do not get shocked or scared.”
-10-13 year old girls, Burj al Barajneh camp, Round 2

“The most important thing my daughter learned about was menstruation. We were too shy to discuss it with them but my daughters told me how they learned about it from the sessions. A heavy burden was lifted off my chest.”
-Mothers, Burj al Barajneh camp, Round 1

“We found the sessions on menstruation really useful. We are shy and never discuss these issues with our daughters. I remember when I was her age, I was shocked when I got my period so I am really happy that my daughter is learning about it from the nurse. I was really relieved when my daughter told me about what she learned.”
-Mothers, Shatila camp, Round 2



The female nurse presents information and answers questions on menstruation with single girls in Shatila Camp (Photo credit: Basmeh & Zeitooneh)



Knowledge of nutrition and anemia

Knowledge of a healthy diet, food security, and access to food are important for adolescent girls especially those who are pregnant. Low nutrition, caused by both lack of access to food and limited choices, can lead to anemia, which has important implications for girls, especially when they begin menstruation and when they become sexually active and are at risk of adolescent pregnancy.

Results indicate improvements in nutrition knowledge with the proportion of girls who believed it is important to a nutritionally balanced diet increasing from 77% to 99%. This result was identical across both segments of younger and older adolescent girls. Seventy three percent of girls knew about anemia at baseline. Among those who heard about anemia at baseline, 39% were unaware about its causes and 21% were unaware about its symptoms. At endline, all participants in both segments knew about the causes and symptoms of anemia.

“My daughter started asking to eat healthy food after she attended the session on nutrition, she used to eat unhealthy but now you feel that she is making an effort to eat healthy.”

-Mothers of 10–15-year-old girls in Burj al Barajneh, Round 1

“I liked the food pyramid session. I had anemia before attending the sessions. I always ate very little, and I always felt exhausted. The session on the food pyramid taught me about how to eat properly and how to eat from different food groups. “

-10-13 -year-old girls, Shatila camp, round 2)

Social outcomes

Locus of control and self-efficacy

As mentioned before, one of the main aims of the program is to improve girls’ perceptions of their agency and self-efficacy to have an increased control over their lives. We noticed improvements on a number of key indicators shown below.

71% → 89%	% of girls who believe they can manage to solve difficult problems if they try hard enough
39% → 73%	% of girls who feel able to focus on their aims and accomplish their goals
51% → 73%	% of girls who are confident that they can handle unexpected events
93% → 98%	% of girls who believe they can think of a solution when they are in trouble



72%	77 %	% of girls who were confident that they can determine what happens in their life
68% →	56 %	% of girls who believed that they have very little chance of protecting their own interests
58% →	43%	% of girls who believed that their lives are controlled by powerful others

At the end of the program, there were some differences between the two groups of adolescent girl participants with respect to these indicators. Higher proportions of the older, ever-married girls reported that they were confident they would be able to handle unexpected events in their lives (82%) and that they could determine what happens in their lives (81%), relative to their unmarried counterparts (68% and 75%, respectively). A higher proportion of married girls. A higher proportion of unmarried girls (46%) reported that they believed that their lives are controlled by powerful others, compared with married girls (37%).

Friendships and social networks

There was improvement on all friendship and social network indicators, which also contribute to improving self-efficacy and empowerment. The table below shows these improvements among adolescent girls from before and after participating in the program.

83 % →	92 %	% of girls who had at least one good friend
38 % →	71 %	% of girls who had friends in the camp/neighborhood where they lived
66 % →	81 %	% of girls who had a female friend in their community with whom they can discuss their problems with
30 % →	41 %	% of girls who had an adult female (besides their family members and friends) with whom they can share their problems

At endline, a slightly higher proportion of married girls (86%) than unmarried girls (78%) reported having a female friend in their community with whom they could discuss their problems. Similarly, more married girls (51%) than unmarried girls (36%) reported having an adult female confidante who is not a member of their family. This is possibly because many of the married girls are over age 18 or are considered to be adults in their communities and so already have adult female friends.

Mothers/mothers in law

"We wanted our daughters to become less shy, to change scenes, the most important thing for a girl is to have a close female friend. Because of the cultural pressure, most girls do not have a person to talk to. The mentor became really close to the girls, my daughter tells me I now have a close friend, she became less depressed."

-Mothers of 10-15 year old girls, Shatila camp, Round 1



Gender attitudes

The program made significant efforts to improve girls' attitudes towards the roles of girls and women and the expectations for their behavior, aspirations, and futures. Many girls scored high on those indicators at baseline, which indicates that girls were aware of their rights and roles in spite of the constraints imposed on them by their environment.

At both baseline and endline, 98% of girls believed that it is just as important for girls to complete secondary school as it is for boys and 94% believed that girls are as intelligent as boys (increased to 95% at endline). This is a clear indication that dropping out from school was not due to girls' undervaluing their education and suggests that programs should address external factors that force girls to drop out of school. At both baseline and endline, 99% of girls reported that they think girls should fight back when boys try to take advantage of them.

Even given the high scores on some of these indicators at baseline, results at endline suggest that the program had positive impact, as shown in the figures below.

49 % → 11 %	% of girls who believed that males are better than females in managing money
83 % → 56 %	% of girls who believed that fathers in the family should decide on how money is spent
12 % → 2 %	% of girls who believed that when the family has limited resources it is more important to send boys to school than to send girls
52 % → 13 %	When the husband and the wife disagree on the number of children, the husband should decide
10 % → 1 %	% of girls who believed that a 16-year-old girl should get married if she finds an appropriate partner
98 % → 93%	% who believed they need their parents' protection more than boys

There were some differences on these indicators between the groups of married and unmarried girls at endline. A notably lower proportion of married girls (41%) reported the belief that fathers in the family should decide on how money is spent, relative to the proportion among unmarried girls (61%). A slightly higher proportion of married girls (16% of married girls versus 12% of unmarried girls) agreed that when a husband and wife disagree on the number of children the couple should have, the husband should decide.

Mothers/mothers in law

"The sessions made us realize that child marriage is not acceptable. I would like to educate both my daughter and my son."

-Mothers, Burj al Barajneh camp, Round 2.



Married girls

"I liked the session that taught us that there is no difference between boys and girls, we thought this session was really useful. There should be no differences between boys and girls, girls should be allowed to work, not only boys. "

-Married girls in Burj al Barajneh camp, Round 1

"We learned that women have rights like men, women should go out, work."

- Married girls, Shatila camp, Round 1

14-15 year old out of school girls

"I used to tell my mother that I wanted to marry at 13 but after I attended those sessions, I was convinced that this is not right."

-14-15 year old girls, Burj al Barajneh camp, Round 1

"Yes, they (our brothers) used to tell us girls are not supposed to talk but now we started talking and voicing our opinion."

14-15 year old girls, Shatila camp, Round 1

"The session on gender roles really benefited me. My father has a sandwich shop but I was too shy to assist him, the mentor taught us that there is no difference between boys and girls so I felt better about it and started working with my father."

-14-15 year old girls, Shatila camp, Round 2

10-13 year old out of school girls

"My family used to differentiate between boys and girls, but my mom stopped doing that after I taught her what I learned in this session."

-Unmarried 10-13 year old girls in Burj al Barajneh camp, Round 1

Freedom of movement and feeling safe

Once females reach puberty, their mobility often becomes restricted unlike for their male peers, which has a negative impact on girls' access to important services such as healthcare and education. Understanding girls' perceptions of their own safety and mobility can help shed light on girls' lived experiences and the barriers they face in accessing services. Results of the adolescent girls' surveys showed improvements in some indicators related to girls' mobility and sense of security. For example, the proportion of girls reporting that they felt safe walking around in the day increased from 69% at baseline to 82% at endline and the proportion of married girls who reported that they are allowed to go to the local health center alone increased from 46% to 54%. However, there was also a slight increase in the proportion of girls who



reported being harassed by men and boys in their community (from 31% at baseline to 35% at endline). However, this could be explained by girls going out more often than they did prior to participating in the program or by girls feeling less intimidated discussing their experiences of harassment.

Mothers/mothers in law

"My daughter became stronger and I am no longer worried about her when she goes out alone. She even told me the other day that she is no longer scared of men and boys."

- Mothers, Burj al Barajneh camp, Round 2

"My daughter used to ask me to accompany her every time she wanted to go to the supermarket, but now she goes alone, she is no longer afraid."

-Mothers, Shatila camp, Round 2

Married girls

"We used to be scared to go out alone but this is no longer the case."

-Married girls, Burj al Barajneh camp, Round 1

"I became assertive with my family who was against me going out, now they stopped interfering with me and my husband also approves."

-Married girls, Shatila camp, Round 2

"My self-confidence increased. It benefited me when going out and walking in the streets, sometimes there are dangerous streets and you cannot walk in these streets unless you have high self-confidence."

-Married girls, Shatila camp, Round 2.

10-13 year old out of school girls

"In the neighbourhood where I live, boys annoy me and flirt with me when I am on my way to my aunts' place. The mentor taught me to avoid walking in this street and walk in another street and to ignore such comments when I hear them."

- Unmarried 10-13 year old girls in Burj al Barajneh, Round 1

Social engagement

Since the program targeted specific sub-populations of girls who have limited mobility and were unlikely to be actively participating in groups or activities in the community, the surveys sought to measure potential changes in girls' participation



in different activities between baseline and endline. Results show that girls' reported participation in religious lessons increased from 18% at baseline to 21% at endline, participation in literacy sessions increased from 3% to 12%, suggesting that the program sessions had a positive influence on girls' engagement in social activities within their communities.



A community worker leads a session with mothers and mothers-in-law in Shatila Camp (Photo credit: Basmeh & Zeitooneh)

Financial literacy

Results show considerable improvements on indicators related to financial literacy and savings behaviors, suggesting that the program improved girls' understanding of financial management and empowered them to apply their new knowledge in their daily lives.

56 % → 65 %	% of girls who had the required knowledge to properly save money (e.g. duration of time to save a specific amount of money)
20 % → 73 %	% of girls who saved money to use at a later date
9 % → 32 %	% of girls who saved money for emergencies
86 % → 95 %	% of girls who believe they make good decisions regarding how to manage their money
65 % → 88 %	% of girls who could calculate prices, costs or budgets

There were notable differences on several financial literacy indicators between the groups of married and unmarried girls at endline. A higher proportion of married



girls (77%) agreed that they had required knowledge on how to properly save money compared with their unmarried counterparts (60%). This may be explained by the fact that more of the older girls had ever attended school—which may have provided a helpful foundation in numeracy—or married girls may have acquired this knowledge out of necessity within their marital households. More unmarried (76%) than married girls (67%) reported that they had saved money for a later date, however more married (76%) than unmarried girls reported that they had saved money for emergencies. A higher proportion of married girls (72%) than unmarried girls (49%) reported the ability to calculate prices, costs, or budgets at endline.

Mothers/mothers in law

“Before the program, our children never understood our inability to buy them everything they need but the mentors were able to convince them that this is not possible these days.”

-Mothers, Burj al Barajneh camp, round 1

Married girls

“Saving for emergencies, in case someone from my family becomes sick, I no longer have to borrow money.”

-Married girls, Burj al Barajneh camp, round 2

14-15 year old out of school girls

“We learned about how to differentiate between needs and wants and how to save money. I started saving because I want to start making jewellery at home and sell it.”

-14-15 year old girls, Burj al Barajneh camp, round 2

10-13 year old out of school girls

“I also liked this session (saving skills) because the mentor taught us how to save for unexpected events. The mentor taught us to save in order to be able to deal with things like a fire or other urgent things, this way we will not need anyone.”

-10-13 year old girls, Shatila camp, round 1

“I started having a goal since I started saving. I wanted to start a small business in making bracelets.” -10-13 year old girls, Shatila camp, round 1

Work status

At baseline, a very small proportion of girls (6%) reported ever having worked and only 3% reported currently working at that time. The majority of those working reported selling water and tissues on the streets, working in factories, or working at local shops. There was a notable increase in the proportion of girls who started working after attending the program. At endline 10% of girls reported currently working. The majority of these girls were unmarried. At endline, girls appeared to be engaged in safer job options such as sewing, selling accessories and clothes online, or working at local shops and beauty salons.



Married girls

"I became motivated to work from home. Now I sew and sell things. I started a WhatsApp group to help me with my business. I have four children and I always thought that I can never work as I cannot leave them alone but the mentor informed me about the possibility of working from home and now I am saving money to open my own business and start selling things while at home."

- Married girls, Shatila camp, round 2

10-13 year old out of school girls

"The mentor taught us how to sell things to obtain money in order to get things we need."

-10-13 year old girls, Burj al Barajneh camp, round 1



A community worker facilitates a discussion on financial management with 13-17 year old married girls in Burj al Barajneh Camp (Photo credit: Basmeh & Zeitooneh)



Results from boys' sessions

The program reached 105 adolescent boys in both rounds, 70% were brothers of participants. The most common observation that mothers and girls explained was that boys who attended the program became less violent in their interactions with other family members, especially girls and women.

Mothers/mothers in law

"My boy used to be violent with his younger siblings but his behavior changed with them and he seems to be more considerate to their feelings."

-Mothers in Shatila, Round 1

14-15 year old out of school girls

"They (brothers) deal differently with us, My brother used to become angry with me but now he is better."

-14 -15 year old girls, Burj al Barajneh camp, Round 1

"My brother used to scream and break things but I feel he is much calmer now. Same here, my brother does not scream as much as before. "

-14-15 year old girls, Shatila camp. Round 1

10-13 year old out of school girls

"My brother used to have short temper but now he is much calmer, we used to fight a lot, not anymore."

-10-13 year old girls, Burj al Barajneh camp, Round 1

Program Recommendations

The following programmatic recommendations are based on results of the qualitative and quantitative data collected as a part of this evaluation as well as consultations with the community workers who facilitated the program sessions.

Although most participants had good knowledge about the different types of modern contraception methods and how to access them after completing the program sessions, the increases in uptake of modern contraceptives were not as high as improvements seen on other outcomes. Financial and mobility limitations likely contributed to this. Additional efforts to address these barriers and increase married girls' access to modern contraception methods could be made, including:

- Hiring one local nurse in each of the camps who will be present at the camp's center 2 days per week to offer free advice to young married girls and to pro-actively help them to access SRH services (including accompanying girls to pharmacies or health centers)



- Connecting young married girls with NGOs that distribute free modern contraception or working with local nurses or pharmacists to arrange to have contraceptives brought to girls' homes
- Establishing relationships with local pharmacies with female staff in each of the camps and informing young married girls about those pharmacies and introducing them to the female staff working at those pharmacies
- Paying regular home visits (when possible) to educate other family members (e.g. mothers and mothers in law) about the importance of using modern contraception and to correct their misconceptions regarding using it.
- Teaching young married girls about the importance of saving money to access reproductive health services and modern contraception (when/if such services are not available free of charge).

Concerning additional topics and supports that would be especially useful for adolescents living in this context, future programs may consider the following:

- Financial literacy sessions should be coupled with vocational training activities or at least with additional efforts to connect participants to services providing such training within the camps; This will simultaneously address the issue of poverty, lack of opportunities as well as the perceived protection that marriage provides.
- The program should provide or connect participants to other programs that provide literacy sessions, which will also address the issue of poverty and lack of opportunities as learning how to read and write will expand the girls' chances of finding a job and access services they may need.
- There are a lot of accidents within the camps and parents are often obliged to leave their young children with older siblings. Teaching participants about first aid (which was suggested by some participants) will be extremely useful and will address the issue of poverty for participants who cannot afford to go to the hospital.
- High insecurity in the camps reduces the mobility of girls and women in the camp. Therefore, offering self- defense sessions (which was also suggested by a few participants) will increase their mobility and consequently their access to services they need including reproductive health services.
- There should be additional efforts to connect participants as well as their family members to free courses/training activities that are offered at the camps such as vocational training, literacy sessions, English and computer lessons.

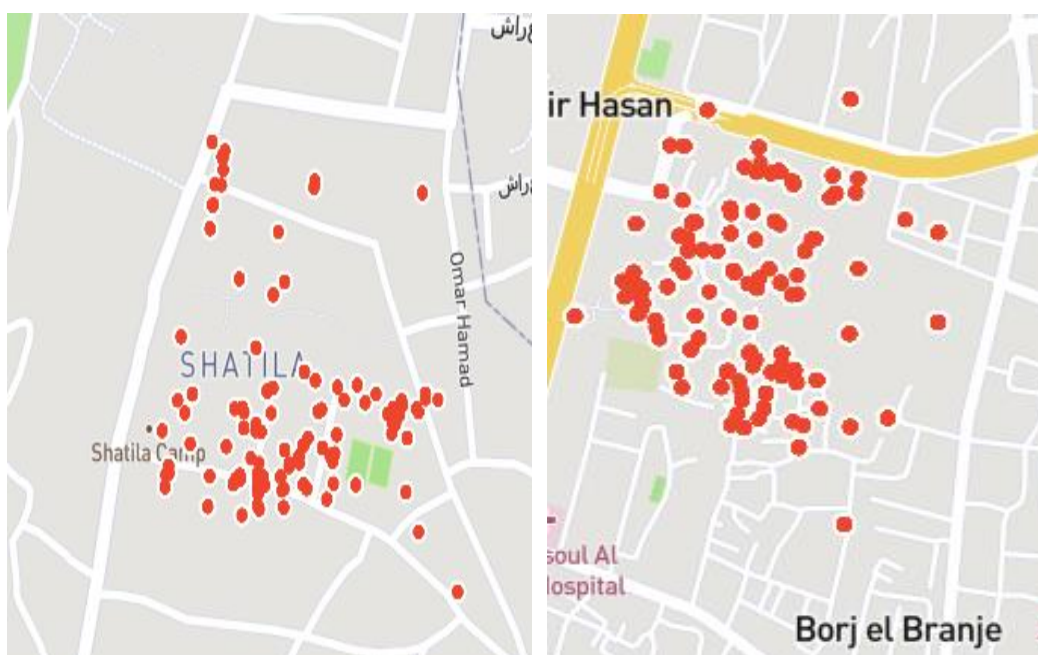


Appendix: Main findings from Round 1

A total of 201 adolescent girls—including 111 out-of-school 10–15-year-old girls and 90 13–21 married girls—participated in Round 1 program sessions which were delivered between May and August 2021. Data collected from these girls immediately before and after their participation in the sessions in April and Oct 2021 demonstrated major improvements in all social outcomes, financial literacy and saving behaviors, as well as reproductive health and other related health issues knowledge. Key results included:

- % of girls who believe they can manage to solve difficult problems if they tried hard enough increased from 67% to 91%.
- % of girls who believed they can handle unexpected events increased from 62% to 82%
- % of girls who had a female adult in their life who is not from their family, with whom they can share their problems with increased from 27% to 84%.
- % of girls who believed that husbands should not decide on the number of children when there is disagreement between the husband and the wife increased from 57% to 85%.
- % of married girls allowed to go to the local health center alone improved from 26% to 53%.
- % of girls who saved money for emergencies: increased from 4% to 41%.
- % of girls who were aware that there are days where women are more likely to become pregnant increased from 58% to 97%.
- % of girls who believed it is easy to obtain modern contraception increased from 63% to 94%.

Figure 1: Location of households including girls recruited in Shatila and Burj al Barajneh camps in Round 1 of the program





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