



## **Best Practice Workshop Report**

**“Protecting adolescents from gender based violence  
through the promotion of their sexual and reproductive  
health rights in Yemen, Lebanon and oPt”**

**15 – 18 October 2012, Amman – Jordan**

## Our Vision

Save the Children's vision is a world in which every child attains the right to survival, protection, development and participation

## Our Mission

Save the Children's mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

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# Table of Contents

**Executive Summary**  
*Page 7*

**01**

**Introduction**  
*Page 10*

**02**

**Best Practices and Lessons Learnt**  
*Page 16*

**03**

**Child Participation**  
*Page 31*

**04**

**Ways forward and Recommendations**  
*Page 35*

**05**

**Conclusion**  
*Page 38*

**06**

# List of Acronyms

<b>ACCD</b>	<b>Arab Council on Childhood &amp; Development</b>
<b>CBO</b>	<b>Community Based Organization</b>
<b>CFHE</b>	<b>Child-friendly Health Education</b>
<b>CRP</b>	<b>Child Rights Programming</b>
<b>EC</b>	<b>European Commission</b>
<b>FGM</b>	<b>Female Genital Mutilation</b>
<b>GBV</b>	<b>Gender Based Violence</b>
<b>IEC</b>	<b>Information-Education-Communication</b>
<b>MENA</b>	<b>Middle East and North Africa</b>
<b>MoE</b>	<b>Ministry of Education</b>
<b>MoH</b>	<b>Ministry of Health</b>
<b>MoLS</b>	<b>Ministry of Social Welfare</b>
<b>MoSA</b>	<b>Ministry of Social Affairs</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>oPt</b>	<b>Occupied Palestinian Territory</b>
<b>p2p</b>	<b>Peer-to-Peer</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>SRH</b>	<b>Sexual and Reproductive Health</b>
<b>SRHR</b>	<b>Sexual and Reproductive Health Rights</b>
<b>ToT</b>	<b>Training of Trainers</b>
<b>UNCRC</b>	<b>United Nations Convention on the Rights of the Child</b>
<b>UNICEF</b>	<b>United Nations International Children's Emergency Fund</b>

# Partner Organizations

Save the Children partnered with four different organisations in three countries: KAFA (transl.: "Enough") Violence & Exploitation in Lebanon, Juzoor Foundation for Health and Social Development in oPt, The Women Union and the CBR Lahj Association in Yemen, to implement the EC-funded project "Protecting adolescents from gender based violence through the promotion of their sexual and reproductive health rights". Followed herein is a brief summary of these partner organisations:

**KAFA (enough) Violence & Exploitation** is a Lebanese non-profit, non-political, non-confessional civil society organization committed to the achievement of gender-equality and non-discrimination, and the advancement of the human rights of women and children. KAFA was established in 2005 by a group of multi-disciplinary professionals and human rights activists. KAFA's mission is to work towards eradicating all forms of gender-based violence and exploitation of women and children through advocating for legal reform and change of policies and practices, influencing public opinion, and empowering women and children. Their focus areas include: 1) Violence against Women 2) Child Sexual Abuse 3) Exploitation and Trafficking in Women 4) Socio-Legal Counselling. KAFA combines in its work the various methods of lobbying, action-research, publication, training and awareness raising, and supporting the victims.

Website: <http://www.kafa.org.lb/>

**Juzoor Foundation for Health and Social Development** is a Palestinian non-governmental organisation working at the national level, dedicated to improving the health and well-being of Palestinian families and promoting health as a basic human right. Juzoor was founded in 1996 by a team of health and development professionals. The organisation was named Juzoor ("roots" in Arabic) to reflect the organisation's focus on the underlying socioeconomic determinants of health and wellness, to reinforce the commitment that Juzoor has made to continuing its work in Palestinian communities despite the difficult and challenging political situation, and to reflect the founders' experience in their related fields and in establishing some of the most important grassroots health organisations in Palestine. Juzoor's mission is to promote a coherent, interdisciplinary, cross-sectoral approach to improving the health and social well-being of individuals, families and communities based on national indicators and needs. Therefore, the Foundation works on multiple levels with community based organisations, professionals, governmental bodies, and the community at large, targeting in specific women, children, youth and service providers.

Website: <http://www.juzoor.org/>

**CBR Lahj Association** works in target communities (with members of families, traditional leaders NGOs and local authorities) to support the respect and fulfilment of the rights of children with disability and marginalized children. They have been working since their establishment with children with disabilities to provide rehabilitation at home and provision of referral system to all available services to integrate them in their communities. Also the Association works on advocacy, data collection for all children with disability and marginalized children to achieve positive attitude change among the public.

**The Women Union** (Lahj branch) was established in 1968 and works in collaboration with civil society organisations to provide legal protection for women and children. It also carries out advocacy activities to promote women and children's education especially girls, HIV AIDS awareness sessions, sexual health education, as well as women and girls empowerment and literacy classes. The Union works with schools to prevent children's drop out from schools especially the girls. The Union is a branch of the central Yemeni Women Union based in Sana'a.

Website: <http://yemeniwomen.org/>

This report documents the proceedings that took place over the course of a four-day workshop from October 15<sup>th</sup>-18<sup>th</sup> of 2012 in Amman, Jordan. It describes the best practices and lessons learnt developed by the workshops' participants for protecting children and adolescents from gender based violence through the promotion of their sexual and reproductive health rights in Yemen, Lebanon and oPt.

Save the Children organized the workshop and it is part of the EC-funded three-year project implemented in three countries in the MENA region entitled "Protecting adolescents from gender based violence through the promotion of their sexual and reproductive health rights in Yemen, Lebanon and oPt". The workshop served as a platform for implementing parties, service providers and external organisations to share knowledge on a national and regional level as well as to discuss lessons learnt and possible solutions to challenges faced. In addition, the participants were able to share experiences regarding the promotion of SRHR.

A brief summary of the discussed accomplishments, challenges, best practices and lessons learnt on four main areas addressed through the projects are:

- **Education and information materials on sexual and reproductive health rights for children and adolescents**
  - Field-testing improves the quality of the educational materials and makes them culturally more appropriate; when tested with different age groups it also makes the material accessible to a broader target audience as it takes the needs of different maturity stages into consideration and translates them into a more age-specific document. However it was also discussed that more focus should be given to other groups of children (e.g. younger children, children from different social backgrounds, children with disabilities).
  - The level of child friendliness of the material is higher the more children themselves were involved in the development process of the materials.
  - Sharing information and coordinating with governmental institutions, community leaders and local service providers facilitates the process of introduction of the material to the target communities: the more these parties were involved, the better the material was accepted and the fewer challenges were faced when introducing these educational materials.
- **Child- and adolescent-friendly services**
  - When establishing child- and adolescent-friendly spaces and services it was very advantageous to have a checklist, which was developed at the

beginning of the project with the involvement of children and adolescents themselves. The checklist laid out the important quality criteria required for these services and spaces to be child- and adolescent friendly.

- Schools often had limited accessibility in the targeted countries (this was due to their early closing hours or extended winter and summer vacations); therefore a project aiming at providing accessible child- and adolescent-friendly spaces and services should not only concentrate on schools, but should expand to other structures such as health centres, municipalities etc.
- **Trainings and awareness raising activities**
  - The Peer-to-Peer (P2P) approach enhanced the self-confidence of children and adolescents and introduced them to ways of information sharing, which led them to start transferring knowledge to other peers, families, community members and enlarged the circle of targeted population.
  - Parents (especially mothers) used the trainings and educational materials as icebreakers that allowed them to discuss SRHR related subjects with their children and family members more openly and also to share their own experiences.
- **Advocacy**
  - Children that were empowered through the project and its activities, to advocate themselves towards the promotion of SRHR issues, reached more effective results in advocacy activities.
  - Media support is crucial in tackling SRHR related issues on a more public/society level. The countries with the best media support were those, who started early to inform and involve the media in their activities.

The workshop also included presentations from other organisations and UN agencies working in a related thematic field. At the end of the workshop the participants developed recommendations and ways forward in terms of promoting SRHR. These discussion outputs strongly highlighted the need for regional coordination between different stakeholders and organisations involved in SRHR projects for information/experience sharing and to better target and urge national and international entities to act upon agreements respecting children's right to SRH. Furthermore, thoughts were given to the subject of sustainability, for example to integrate SRH topics into the curricula or service provisions through governmental institutions.





Young participants presenting traditional songs and dances from their home countries

## 02 Introduction

### Project Background

Save the Children, with its implementing partners, began implementing in January 2010 an EC-funded project "Protecting adolescents from gender based violence through the promotion of their sexual and reproductive health rights in Yemen, Lebanon and oPt". This project aims to raise awareness and enhance protection of children and adolescents (10-17 years old) in the MENA region from gender based violence (including but not limited to early marriage, Female Genital Mutilation (FGM) and sexual abuse) by promoting their right to Sexual and Reproductive Health (SRH) in three target countries: Lebanon, oPt and Yemen.

International agreements affirm that adolescents have a right to age-appropriate sexual and reproductive health information, education, and services that enable them to deal positively and responsibly with their sexuality. Yemen, oPt and Lebanon are signatories of the most relevant international agreements<sup>1</sup> yet, the right of women, men and especially children to sexual and reproductive health education is not adhered to. This has had a directly negative effect on reaching the Millennium Development



**Palestinian students during a winter camp on SRHR in Jericho/oPt**

<sup>1</sup> E.g. the UNCRC

Goal 5 – “The reduction of the maternal mortality rate by two thirds by 2015” (MDG5) in these countries.

Despite their geographical spread and diverse politics, Yemen, oPt and Lebanon, share certain characteristics that shape the sexual and reproductive behaviour of adolescents. In general SRHR is dealt with as a taboo topic; most of the adolescents and adults do not have enough information and potentially harmful traditional practices and customs directly and indirectly affecting the SRHR of women and men are still widespread.

Legislatively, Sexual and Reproductive Health Rights of children and adolescents do not appear as a priority in government policies in Yemen, oPt and Lebanon. For example, health systems continue to focus on the health of mothers and their children, while none of the education systems have sexual and reproductive health in their curriculum<sup>2</sup>. There is almost total lack of access to services and information for children and adolescents in the three targeted countries despite the fact that children and adolescents represent the largest group of the national population. In Yemen, the MDG 5 was evaluated in 2003 as unlikely to be reached. In all three countries adolescent health through schools has been on the agenda through coordination by both the Ministry of Health (MoH) and the Ministry of Education (MoE). However, coordination efforts between the ministries are weak if not absent and have not resulted in much action.

The other aspect that the three countries have in common is gender-based violence (GBV) that affects the sexual and reproductive health outcomes, especially for adolescents. A study by Save the Children has identified that early marriage and sexual abuse is an important issue for adolescents in all three countries, while Female Genital Mutilation (FGM) is an additional form of GBV in Yemen<sup>3</sup>. Although closely related to reproductive health, GBV among children is identified as a child protection issue and efforts are geared towards the Ministries of Social Welfare (MoLSA/MoSA). In all three countries the ministry in charge needs to improve coordination with other ministries and has to be supported in establishing a comprehensive child protection system which ensures that children at risk or victims of neglect, violence and abuse are identified and supported to have their rights ensured and restored.

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<sup>2</sup> UNESCO (2004) The Status of School Health and Nutrition Programs in the Middle East and North Africa. UNESCO Regional Office Beirut, Lebanon.

<sup>3</sup> Save the Children (2007). Gender Based Violence among children in Lebanon, oPt and Yemen. Stockholm, Sweden.

### **The overall goal of the project:**

With the "Protecting adolescents from gender based violence through the promotion of their sexual and reproductive health rights in Yemen, Lebanon and oPt" project, Save the Children and the Partner Organisations will contribute to enhancing the protection of children and adolescents (10-17 years) in the MENA region from gender based violence (including but not limited to early marriage, FGM and sexual abuse) through promoting their right to Sexual and Reproductive Health.

### **The overall goal will be achieved by:**

1. Improving quality of child-/adolescent-friendly SRHR information and services in Lebanon, Yemen and oPt.
2. Increasing accessibility to SRHR information and services for adolescents and children in Lebanon, Yemen and oPt.
3. Improving policy makers' support for child and adolescent--friendly services and information on SRHR in Lebanon, Yemen and oPt.

### **The expected results are:**

**Result 1.1** SRHR information materials (child-friendly, culturally appropriate and responding to country specific needs) are available for children and adolescents in Yemen, Lebanon and oPt

**Result 1.2** Targeted formal and non-formal education structures, PHC and community based structures have child/adolescent- friendly environments

**Result 1.3** Best practices on SRHR are identified among implementing partners and other key civil society actors in the MENA Region

**Result 2.1** In 31 impact areas, formal and non-formal education structures, PHC and Community based structures provide coordinated/comprehensive services to adolescents and children on SRHR (prevention, detection and response mechanisms)

**Result 2.2** Adolescents, children and adults in the 31 impact areas have increased their knowledge of SRHR

**Result 3.1** Local and national governmental bodies in the three targeted countries are sensitized on SRHR

**Result 3.2** SRHR are discussed in one of the specialized sessions/events of the Arab League concerning child issues/rights



**The target groups of the project are:**

Everyone is responsible to ensure that children are protected from any form of violence, abuse, exploitation and neglect. The project wants to address and actively involve all those that share the responsibility to ensure that children can enjoy their right to sexual and reproductive health education:

- 29,500 children and adolescents, boys and girls, 10 to 17 years old and their parents accessing SRHR services provided through the project
- 50,000 children, adolescents and members of the targeted communities involved in awareness raising sessions
- Personnel of service providers in the 31 project impact areas (teachers, school counsellors, social workers, members of the parents councils; personnel of community based structures)
- Health care provider personnel (including doctors, nurses, midwives and community health workers) addressed through project activities
- At least 25 civil society organisations working in the field of child protection and SRHR in the three countries of operation and at regional level as well as students' councils, parents' councils, community councils, involved in advocacy activities.
- Duty bearers (ministry departments, ministries and governments)
- League of Arab States (in the region)



**Young Participant performing a Lebanese song during the workshop.**

## The Workshop

The Regional Workshop on Best Practices for Sexual and Reproductive Health Rights for Children and Adolescents in the MENA Region took place from 15<sup>th</sup> – 18<sup>th</sup> October 2012 in Amman, Jordan. The 4-day workshop 2012 aimed at:

- Promoting the exchange of good practices, success stories, lessons learnt on sexual and reproductive health rights for children and adolescents from a local and regional perspective (Yemen, Lebanon and oPt), in particular on:
  - Development of SRHR Modules 1, 2 and 3
  - Development of child & adolescent-friendly SRHR IEC materials
  - Establishing child & adolescent-friendly environments
  - Provide coordinated and comprehensive services to children & adolescents
  - Awareness raising activities and peer education
  - Advocacy on SRHR issues on local, national, and regional levels
- Facilitating the discussion on key issues and challenges in SRHR education such as cultural sensitivity, applicability and relevance
- Fostering partnerships among project countries
- Linking advocacy and communication with successful project implementation

The workshop was broken into three main parts:

- 1) The first part was an internal discussion between partner organisations, representatives of service providers from each country and Save the Children
- 2) In the second part young participants involved in the project implementation developed their own evaluation of the activities they participated in. The first two days of the workshop the young participants took part in parallel preparatory workshops to evaluate their participation in the project and prepare plays, songs and presentations to perform during the last two days for the adult participants and formulated recommendations for the project.
- 3) The last part of the workshop was to share and exchange experience and recommendations with other actors from the region.

## The Participants

- The Project's implementing partners and key service providers from the 31 impact areas in Yemen, oPt and Lebanon as well as staff



Three young boys from all three countries passionately advocating for an improvement of SRHR education in the Arab World

from the Medsyster project,

- Program and Management staff from Save the Children Head office I and Yemen, oPt, Lebanon, Jordan country offices,
- Key representatives from the project's donor the European Union,
- Key representatives from UN agencies (UNFPA, UNRWA, UNICEF),
- Key representatives from the Arab Council for Childhood & Development (ACCD),
- Key representatives from Ministry of Social Affairs, Ministry of Health and/or Ministry of Education in Yemen, oPt and Lebanon,
- 12 Children from targeted countries (four from each country) with accompanying adults (one adult/two children).

## Outline of the Report

This report aims at capturing the proceedings of the workshop. Firstly, it will highlight the best practices and lessons learnt from all three countries as identified by partner organisations, Save the Children and the service providers and other actors from each country participating in this exercise. The "Child Participation" Section will shed light on the importance of child-led material, how to involve children effectively and what standards should be applied. It will also briefly summarize the workshop's young participants' presentations before concentrating on their recommendations and advice on the implementation and their participation in the project. Lastly, the report will capture the outcome of thorough discussions on what the ways forward are and the recommendations developed by the implementing parties of the project and all other external participants from other organisations, institutions and UN agencies.



**A vivid and fruitful discussion between key representatives, partners, and young participants**

In order to develop a best practice model for other countries to use and adapt as a tool to document and advance SRHR for children and adolescents, the participants of the workshop have:

- Analyzed the approaches used:
  - to promote SRHR education and information materials for children and adolescent
  - to identify child and adolescent friendly services
  - to build capacity, ensure appropriate usage of all materials and sensitization of the communities through training and awareness raising activities
  - to advocate for SRHR related topics in the three countries Lebanon, Yemen and oPt;
- Identified the lessons learnt, both successes and challenges and outlined 'best practice' as a tool for other countries in the region to share experiences and adapt to national contexts.

To identify best practices and lessons learnt the workshop, which can be found in the following sections of this report, the participants were asked to answer questions like:

- What accomplishments have been achieved by activities implemented so far?
- What worked and why?
- What didn't work and why?
- How should knowledge obtained during the implementation of the project be captured and leveraged for the benefit of the project?

### **Education and information materials on sexual and reproductive health rights for children and adolescents**

In the three targeted countries of intervention access to information on SRHR for children, adolescents and adults is not ensured. There are several causes for this, yet the main reason is certainly the lack of awareness raising, educative materials and programs in schools, primary health clinics and community based structures which are children/adolescents adequate in terms of language used, both written and visual for illiterate children, and culturally sensitive. Culturally sensitive issues such as sexual behaviours, reproductive organs and external genitalia, risks to



sexual and reproductive health need to be adequately addressed. The project intends to respond to this gap by developing information materials on SRH that children, adolescents and care-givers can access and learn from but also by developing manuals for care-givers to be used in schools, health structures and community based structures to educate and raise awareness on SRHR.

In order to transfer knowledge and build capacity, three regional Educational Modules on 'Sexual Reproductive Health Rights for Children and Adolescents' were developed in Arabic and field-tested in the three countries. Module 1 addresses child rights to SRH, puberty, menstruation, pregnancy and personal hygiene. Module 2 tackles GBV, early marriage, FGM, STIs and HIV/AIDs. Module 3 deals with child sexual abuse and protection strategies. The Educational Modules on SRHR targets trainers designated to implement activities and exercises with four target groups: children aged 10-13, adolescents aged 14-17, parents and service providers. Furthermore, Yemen has developed a Child Focused Health Education (CFHE) manual for boys and girls on puberty.

In addition, it was envisaged that the children and adolescents participating in the project were to contribute to the production and/or produce their own information materials on SRHR to reach more children in their neighbourhoods. In each country some of these information materials produced by adolescents were identified for mass production in order to reach a wider audience. The developed materials included booklets, posters, songs, magazines, and games.

### **Best Practices and Lessons Learnt:**

#### ***1. Increased information sharing between governmental institutions and the project leads to smoother introduction of sensitive subjects to the target audience***

Yemen is known to be a non-secular and conservative country, in which touching upon the subject of sexual and reproductive health rights can be difficult and should be addressed cautiously. Due to the cultural sensitivity of the subject, Yemen developed a Child Focused Health Education (CFHE) manual for boys and girls on puberty education in coordination with the General Directorate of Health in Lahj. This ensured the involvement of the MoH and opened the door for the institutionalization of the tool within the curriculum for nurses. This was helpful in introducing the topics to communities and service providers. Although having official support in the planning and process of the manual development helped to mitigate cultural and social mistrust, it was the work done on the community level with community and religious leaders that was essential to ensure the acceptance by the local society.



***2. Carrying out and sharing results of the baseline Knowledge-Attitude-Practice (KAP) survey with children, parents and service providers in each country supported a better analysis of the findings and identification of misinformation to be addressed in educational modules on SRHR***

The KAP survey gives a good indication of the existing patterns of knowledge, attitudes and practices within the target groups. It serves as an educational diagnosis of the community. Making the results the basis for further development of the educational modules facilitated better information collection and a better assessment design. In oPt the assessment findings were shared with children, local communities, UNICEF, the Child Protection Working Group and others. The involvement of different sectors, such as in health and education, resulted in a better review of the material as it ensured the combination of different points of views, focuses and field experiences.

***3. Allocating enough time for the preparation of the community and the development of the educational modules is crucial for the acceptance of the modules***

Time-pressure was faced in the development of the education modules. This fact together with the sensitivity of the subjects made it harder to introduce the material to schools as relevant stakeholders could not be involved in the process as desired. Therefore, it was highlighted that enough preparation time should be allocated in order to ensure the quality and the acceptance of the educational modules. This will ensure the sensitization of SRHR issues on a community level and the support by these relevant parties when introducing the topic to a broader national level.

#### ***4. Field-testing improves the content of educational and information materials and makes them more culturally appropriate***

The field-testing that was conducted with target groups in all three countries allowed a further review of the educational modules based on the feedback that came from these target groups. The recommended changes to the module made by the target group proved to create a content that was more culturally sensitive and context-relevant.

Furthermore the need to produce quality and effective child-friendly material within a short timeframe should be balanced against the time needed to test it adequately with children focus groups. This is important, as their ideas and concerns should be included in the material to fully ensure its effectiveness and audience appropriate accessibility. In general more time should be carved out for the proper testing and implementation of child-friendly material, especially in the beginning of the project.

#### ***5. Unified language concepts ensure understanding of material***

The Educational Modules on SRHR have been intentionally developed in classic Arabic rather than country-dialects to allow its use in all Arab Countries. Unified terminologies were developed and implemented as this is important to allow the usage and duplication of material in other Arabic speaking countries. Nevertheless, this invests the facilitators that will be using the Educational Modules with the responsibility to find the correct language when working with children, adults or service providers. In many instances it may be more effective and accessible to adjust the language and to use the local dialects.

The terminology used in each country should be clarified in an annex or legend, to ensure same level of understanding of the material.

#### ***6. Child friendly way of communicating (using writings or images) can be better assured when children themselves are involved in the development of the materials***

Involving children and adolescents in developing additional information materials helped to ensure real needs were addressed and that materials were child-friendly. Furthermore, developing information through pictures also allows understanding from a broader audience, including the rather high percentage of illiterate or semi-literate population segments. In Yemen, they developed a child focused health education manual for boys and girls on puberty education based on the review of the testing of student council members. This was helpful in understanding how to improve the used language, therefore make it more understandable for children, and how to improve ways of communicating the messages (e.g. through using entertaining ways of information sharing while delivering important messages at the same time).

### ***7. Including all age groups makes the material accessible to a broader target audience***

When developing child-friendly material it is important to understand the different stages of childhood and maturity. Different age groups process information differently, their perception varies from stage to stage as does their learning process and how they act upon what they see and hear. Understanding these developmental levels facilitates the communication with children and makes sure to respect, empower and engage children through all age groups. The toolkits in all three countries were developed considering all age groups, which enormously helped in the outreach to a broader audience.

There is a need for more age-specific and diversity-sensitive material and information to be available in a wider range of languages to support the participation of a wider group of children – for example, younger children, children from different backgrounds, children with different abilities and so on.



**The participating children and teenagers during a preparation session for the workshop**



## **Child- and Adolescent-friendly Services**

In order for children and adolescents to be able to claim their right to SRH, supporting environments are needed which enable them to improve their knowledge and understanding on SRHR and to discuss these issues without barriers. Schools, PHC and community based structures are traditionally the places where people refer to when in need of care and of information necessary to take decisions in their best interest. Teachers, school counsellors, social workers, health workers and community workers are crucial in this regard and must be enabled to provide adolescent sensitive, safe, confidential and professional care and support to children, adolescents and care-givers referring to them. Through the project, personnel of targeted formal and non-formal education structures, PHC and community-based structures have been targeted by capacity building programs. In addition the physical environments of the supported structures have been equipped to become child friendly environments. Moreover, information points on SRH were not available in Yemen neither in oPt nor in Lebanon except through some PHCs and/or Internet websites. This pattern privileges children and adolescents from high socio-economic background and those who can read and write. Access to child/adolescent appropriate information is essential and should be a right for everyone. Hence, the project aims to ensure access to education to underprivileged children living in the selected impact areas through establishing information points in formal and non-formal education structures, PHC and Community based structures so that SRH information reaches as many children and adolescents as possible. Information points have been established in special areas within the schools, health clinics, community centers or other places.

Finally, functional National Child Protection Systems do not exist in Lebanon, oPt nor Yemen. Services provided by governmental authorities and civil society organisations are often not coordinated and do not provide comprehensive services to children and adolescents in need. As a consequence to this, children are often deprived from professional support or left alone to seek for help. Through the project, coordinated a referral mechanism has been established in 31 impact areas. Furthermore, a safe and confidential reporting mechanism through community based structures and PHC has been piloted in the targeted communities for children and adolescents asking for protection and support.

## **Best Practices and Lessons Learnt:**

### ***1. When identifying child-/adolescent-friendly spaces, a checklist<sup>4</sup> on quality criteria for child-friendly services should be taken into consideration to ensure quality of chosen centres***

Choosing the centres and locations for information points was drastically facilitated by a checklist developed at the start of the project to ensure child-friendly criteria of the locations. This includes the availability and accessibility of SRHR services, the conduciveness of the provision of appropriate support, the service providers' professionalism and experience working with children and the safety of the location for children. Having chosen the child-friendly spaces based on this checklist, led to an improved quality of child-/adolescent-friendly information and services in Lebanon, Yemen and oPt. However, it was at times difficult to identify, and more so, to ensure that the chosen spaces were accessible to all genders and age groups. This mainly touches upon the challenge on how to ensure that the centres are attractive and open to all genders and age groups and further thought should be invested in how to improve those locations so that all genders and age groups feel a) welcome and b) comfortable in them.

### ***2. Expanding child-/adolescent-friendly spaces to facilities other than schools ensures that children and adolescents have better access to the information and services provided***

Adopting a school-based approach for the establishment of child-friendly spaces proved to be limiting. Most schools in the targeted areas closed early (around 1 pm); therefore it was difficult for children to access the information after the school's closing hours. Moreover, the project's school based approach posed difficulties for children to access information points (especially during summer and winter breaks), therefore children should be able take books home for a certain period of time.

Although some child-friendly spaces were opened in school premises in Lebanon and Yemen, oPt set up child-friendly spaces and information points in community based structures. The infrastructure in most schools was not appropriate enough to set up information points or centres in their facilities or didn't have enough classrooms to provide spaces for group lessons on SRHR.

In Yemen, another political dimension came into effect: the security situation there posed difficulties as schools and centres were used as shelters for IDPs, which led to unstable activities and opening schedule. Therefore it is recommended, to open child-friendly spaces not only in schools but also in other places like health centres or municipality buildings.

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<sup>4</sup>The checklist can be found in the annex of this report

### ***3. Create an efficient human resources and sustainability plan***

Service providers often had other task assignments and could not fully devote themselves to manage the information points for children. Thus it is important to invest sufficiently into a functioning human resources plan that ensures enough capacities to appoint dedicated personnel to maintaining child-friendly spaces. Service providers should get sufficient training on providing adolescent-friendly services and negotiations should take place beforehand to ensure staff and time allocation. This would lead to a proper functioning of the information centres and the counselling offered therein. In Yemen, this was done through successful meetings with the Health Directorate of the MoH that lead to the MoH providing a full time person to run the centres.

### ***4. Involving communities and service providers enhances cooperation and willingness to create and contribute to child-/adolescent-friendly spaces***

In oPt fruitful meetings with a focus on safe environments were held with the local community, health providers and schools. Here the service providers explained the intervention and gained trust and support for the project. The oPt team further managed to build cooperation with local organisations that agreed to donate relevant books to the information points.

### ***5. Community-based mechanisms can be effective but need long-term interventions to ensure attitude change and ownership by the community of their protection role/duty***

Although community-based protection mechanisms have been established or strengthened in the targeted communities of the project, they cannot provide protection to cases that require legislative response and professional services. Community-based mechanisms have proven to be more successful in prevention activities. Moreover, establishing and rolling out community-based mechanisms need time, and only through long-term strategy and commitment we can ensure attitude change and ownership of the community of their protection role/duty.

### ***6. Projects such as this, addressing one specific child protection issue, needs to be combined with other interventions addressing the establishment of national child protection systems – until child protection system is put in place, it remains difficult to provide adequate response to cases of sexual abuse and exploitation***

In all three countries there is a lack of clear national legislation that defines roles and responsibilities of child protection actors. This project focuses on child protection including sexual abuse and exploitation, and as such it is important to partner with other child protection interventions in order to establish or

strengthen the national child protection system. For the project alone to accomplish this task proved to be overly ambitious, and a combined effort from different interventions would be a stronger force to push for national action. Moreover it is also worth to note that further thought and research need to be given to certain locations with more complex political and legal situation (i.e. East Jerusalem).

**Teenagers  
meeting and  
discussing  
SRHR issues  
during a peer  
to peer camp  
in Lebanon**



**Children  
and  
teenagers  
in Yemen  
during an  
advocacy  
training,  
rehearsing  
for a role  
play**



## Trainings and awareness raising activities

To ensure that children and adolescents can enjoy and claim their right to SRH, it is essential to make them fully aware of the issue so that they have a clear understanding of how to recognize when their rights are not respected and how to protect themselves by using protective measures. Equally essential is that the surrounding environment allows children to enjoy and claim their right to SRH. The project involved children, adolescents and adults (children's parents, community members and influentials such as Mukhtars<sup>5</sup> and religious leaders) in trainings and awareness raising activities implemented through the trained service providers in the 31 impact areas. Peer to peer methodology has been used in all three countries to implement SRHR education addressing both children and adults.

### Best Practices and Lessons Learnt:

#### ***1. Using the peer-to-peer approach enhances knowledge gain and transfer and decreases pressure on counsellors***

Children embraced their role as peer trainers and at the same time learnt more effectively about SRHR subjects. The results of the p2p approach were very rewarding as children learnt how to present information in a more scientific way, their confidence about SRHR topics grew and a notable improvement could be detected in their self-expression and communication skills. Furthermore, giving children responsible roles as knowledge facilitators, made them feel and act as partners and ambassadors of the project. The more they started taking active roles in the facilitation and transfer of knowledge, the more they relieved the pressure on counsellors in this aspect.

#### ***2. Promoting peer-to-peer education increases number of children participating in the project***

Children who participated in trainings, awareness sessions and peer groups started to attract other peers (e.g. siblings, friends, neighbour's children) to attend the sessions. Furthermore, the trainings provided for children made them feel comfortable to facilitate other groups themselves. Interestingly, children did not only pass knowledge to other peers but also started the engagement of their families, mothers, and siblings after receiving the trainings.

#### ***3. Encouraging children and young volunteers to transfer knowledge to other peers improves both the acceptance and the scope of the project***

Involving peer educators proved to facilitate the distribution of the education materials in an age-appropriate way. Training a team of volunteers and children to ensure they are qualified to transfer knowledge is an initial step to successful

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<sup>5</sup>In many Arab countries, as well as in Turkey and Cyprus, a "Mukhtar" refers to the head of a village or a neighbourhood.

peer education. Encouraging and seeking candidates with a diverse array of skills and demographic characteristics enhances the knowledge transfer and the outreach to all age and social groups.

***4. Reaching out to as many stakeholders and duty bearers as possible ensures a broader impact level on the society and better buy-in***

Parents became more and more confident in addressing difficult subjects, including their own childhood experience with SRHR (education). Mothers especially showed high commitment to the project and transferred knowledge to other mothers. During periods of insecurity in south Yemen, some parents started to open their homes for educational sessions on SRHR after themselves attending awareness-raising activities. The general misconceptions of communities and hesitance in approaching SRHR related issues posed problems but could be mitigated through intensive awareness-raising efforts.

***5. The educational materials served as icebreakers for parents to talk about SRHR subjects to their children and helped them to feel more comfortable and at ease in communicating with their children***

Parents also indicated that the project had a positive psychological influence on their dealing with the subject. After trainings, they felt more comfortable to freely talk about their own experience in relation of SRHR education. Parents were thankful for the practical skills and assistance that the project gave them when discussing these subjects with their children. A key lesson learnt is that addressing both parents and children at same time contributed in closing the communication gap between parents and their children and also improved the family environment and parent-child relationships. Although fathers actively participated in some targeted areas and communities, more thought and focus should be given to ways on how to further engage and reach fathers.



**Field testing of educational materials with service providers in Lebanon**

**6. The usage of non-formal, innovative educational strategies attracts children's attention better and allows them to learn in a more playful way** Animation, puppet and drawing workshops were conducted in all three countries to tackle the issue of SRHR in a more exciting and innovative manner to attract children's attention for the SRHR and to allow them to learn more about it in a more playful way. The materials produced by children were used throughout the following advocacy and awareness-raising campaigns and successfully introduced effective self-expression tools to children.

## Advocacy

The role of civil society organisations is to advocate towards governmental authorities for policy change bringing forward the voices of community members, children and adults. It is very important for a successful advocacy action that as many actors as possible are involved and that messages are clear and unified. Project's implementing partners and other key actors in the three countries of intervention were trained and supported to develop a joint advocacy plan and together effectively advocated towards local governmental authorities and regional bodies promoting children and adolescents right to SRH.

The Arab Council for Childhood and Development (ACCD) is a civil society organization (closely linked

## Joint efforts in advocacy actions:

For the project's regional advocacy and awareness-raising efforts, Save the Children and Partner Organisations teamed up with the Arab Council for Childhood and Development (ACCD).

ACCD is an Arab non-governmental development organization with a legal entity and operating in the field of childhood. ACCD was founded in 1987 upon the initiative of a resolution issued by the League of Arab States' Conference on "Childhood and Development" that was held in Tunisia in 1986. ACCD works towards developing an Arab environment that promotes child rights in order to ensure the child's proper development and protection. It includes the family and the society, through cooperation and effective partnership with governmental, non-governmental, regional and international organisations, in order to enable children to participate and interact positively in life, accept others, and love their homeland. On its website [www.megdafa.org](http://www.megdafa.org) the ACCD combines 400 Arab organisations that mainly contribute to the development of children to establish a functioning networking system between all participating organisations. As part of Save the Children's EC funded project "Protecting adolescents from gender based violence through the promotion of their sexual and reproductive health rights in Yemen, Lebanon and oPt" children and partners contributed to ACCD's 4<sup>th</sup> Arab Civil Society Forum for Children entitled "Right to participate – Participation means protection" with over 250 participants. With support from the ACCD Save the Children and its partner organisations managed to reach out to the Arab World, promoting child rights and respect for children's opinions, as well as raising awareness on SRHR related topics.

to the Arab league) which aims through its activities to urge Arab governments to adopt policies and plans for sustainable development, particularly those that cater for the rights and requirements of childhood issues and cooperate with them towards that end and, to propose and sponsor innovative projects for the development of the Arab child. The ACCD is a very strong partner to advocate with for policy change on SRH addressing Arab governments. Save the Children and its implementing partners, through the participation of six young participants from the project, addressed key decision-makers in the Arab region during the 4<sup>th</sup> ACCD Civil Society Forum for Children on promotion of children and adolescents right to SRH.

***1. Advocacy campaigns are more effective when addressing different stakeholders with the same message***

The Yemen team followed one clear message in their efforts to reach various stakeholders. This message was to include SRHR into the curriculum. Focusing on one message turned out to be very beneficial for advocacy activities and proved to reach stakeholders much more effectively as the intensity of one messages was accumulated over the course of many different advocacy channels such as conferences, brochures, video and radio spots etc.

***2. Trainings on advocacy empowers children to advocate for themselves and their active participation in advocacy campaigns can create more buy-in and involvement from target communities and lead to a stronger impact***

Advocacy trainings with children and adolescents were very important as this laid the foundation and where children learnt how to use advocacy tools to voice up their own concerns. In Lebanon, p2p advocacy trainings with a focus on how to develop messages were provided to children from all impact areas, which empowered them to express themselves better regarding issues that affect them and their peers personally. Child-led advocacy campaigns led to a higher acceptance of advocacy messages by





important stakeholders and duty-bearers, as they attributed more importance to those issues brought up directly by children.

### ***3. Developing an effective distribution plan expands the range of outreach***

The distribution of visibility materials reached a huge amount of people and spread SRHR related messages widely. This effect can be intensified if proper planning and mapping of potential distribution events, channels and institutions takes place at an early stage.



**Children and trainers during a training on advocacy in Yemen**

### ***4. Accompanying media to learn about the project can turn them into valuable allies in the promotion of SRHR rights and provide better quality media communication***

Encouraging media to cover SRHR and project related activities and to spread advocacy messages massively increases the impact and success on public opinion. In Lebanon for example, a press conference with hundreds of media representatives, decision makers and NGOs took place to raise awareness on children's rights to sexual and reproductive health. As a result of this press conference many organisations gained interest into the project and wanted to participate in its expansion. Additionally, a two-day event targeting all media outlets took place in Yemen; the first day media officials were trained on SRHR and the importance of including it in curricula. This helped immensely in all succeeding advocacy activities, as the media already was familiar with the subjects and was more likely to broadcast them. A one-hour long TV round table discussion with Save the Children and partner staff members, as well as children representing the project was aired on national TV<sup>6</sup>.

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<sup>6</sup> Link to the TV show: <http://www.tvaden.net/vwatch.aspx?vid=1762&pid=170>



Advocacy conference in Yemen

### Example advocacy activities:

- A flashmob that provoked huge media attention took place in Beirut; the action was titled "You taught me how to not kill, not steal, not harm others. Now teach me how I don't get harmed myself!"  
Link: [http://www.youtube.com/watch?v=RoCwPcb\\_g9E&feature=share](http://www.youtube.com/watch?v=RoCwPcb_g9E&feature=share)
- "Raise your voice" workshops with drama and advocacy trainings for children were conducted, resulting in various advocacy materials produced by children (posters, exhibitions, petitions by children) – this material was used throughout the advocacy campaigns  
Link (example): <http://www.youtube.com/watch?v=0QVsb5TEIOY>
- The Lebanon team managed to cooperate with 23 newspapers and websites, 6 radio stations and 9 TV stations to boost the media coverage of the SRHR related activities and outputs (e.g. TV and radio spots).  
Link (example):  
[http://www.youtube.com/watch?v=gmbdoCEatKU&list=UUG1th6UQOnAckQ5DV8K48\\_w&index=1&feature=plcp](http://www.youtube.com/watch?v=gmbdoCEatKU&list=UUG1th6UQOnAckQ5DV8K48_w&index=1&feature=plcp)
- In oPt summer and winter camps with a huge amount of children participating from all camps took was organized to be train children and adolescents on different topics: Advocacy campaigns to support child rights to be protected from sexual abuse, early marriage, AIDS, Gender based violence, and Palestinian national identity.  
Link (success story):  
<http://mena.savethechildren.se/PageFiles/3861/Winter%20Camp%20Feb%202012.pdf>
- In all three countries, several trainings on how to produce animation videos as well as puppet show workshops to tackle concerns creatively and learn more effective ways of self-expression were provided for participating children.  
Link (example): <http://www.youtube.com/watch?v=zTma8yLKXsQ&feature=plcp>

# 04

## Child Participation

Child Rights Programming (CRP) is the key for successful project implementation. Actors involved in the project and in the workshop highlighted how the active participation of community members claiming their rights and highlighting gaps in the system in place to adequately respond, has led to improvement of quality of services provided. 12 young participants between the ages of 11 and 16 (four from each country) were invited to participate in the workshop, to evaluate their own participation and to develop and present recommendations for the project. Parallel to the adult's workshop, the young participants attended preparatory workshops to prepare their evaluation and recommendations. The methodology of the first preparatory day consisted of introductions and sessions on child participation and was followed by evaluation tools in order for them to assess their own participation in different project activities. The evaluation sought to review the level and methodology of child participation, mainly for the following activities:

- Development of adolescent friendly SRH education and information materials with the active participation of children and adolescents
- Equipment of designated areas as adolescent friendly spaces for SRH counselling and information sharing
- Implementation of P2P training of trainers
- Implementation of SRHR educational activities with adolescents/children and adults



**12 Children from all three targeted countries (four from each country) with accompanying adults during the workshop**

- Implementation of national advocacy plans and activities with participation of children and adolescent
- Implementation of a regional advocacy plan jointly with ACCD the preparatory workshop also tackled the questions of innovation (e.g. whether this project was a new experience for the young people or/and for the local community) and quality and level of learning experience (e.g. whether the project process and project activities were a new learning experience for the groups).

To create a safe and enabling environment for children and to ensure that they feel confident and free to express their opinions, one session of the workshop focused on refreshing the adult participants' knowledge and understanding about child participation, highlighting what needs to be put in place.

The workshop participants agreed unanimously that measures should be put in place that allow children to participate in adult environment as all children have the right to free expression. These measures should also encourage and facilitate their participation in accordance with their age and maturity. It also means protection from manipulation, violence, abuse, and exploitation. To ensure children's right to participation and free expression in a respectful, safe and child-friendly environment a safeguarding mechanism from workshop preparation phase to its implementation was upheld with the principles to:

1. Treat children as equals
2. Allow them space to speak up and encourage them to do so
3. Provide confidence
4. Give them space to express themselves and to support them only when they need it and to respect what children say
5. Not act as monitors or supervisors and to ensure a positive body language when speaking to children
6. Take into consideration what they say (as recommendations) and to value their opinion
7. Motivate, encourage and provide guidance when they need it, but not never convey an impression of superiority to them
8. Correct them if needed in a nice and cautious manner
9. Put no pressure on them
10. Report any maltreatment (physical, psychological or verbal) to workshop facilitators to ensure these cases will not be ignored and dealt with properly



## **Defining the criteria for Child Participation, the participants referred to Practice Standards<sup>7</sup> in Child Participation:**

- 1: Ethical approach (transparency, e.g. clear communication with the children about the level and field of their involvement, as well as honesty and accountability, e.g. make sure to keep (stick to what we tell them etc.)
- 2: Children's participation is relevant and voluntary
- 3: A child-friendly, enabling environment
- 4: Equality of opportunity
- 5: Staff are effective and confident (and received proper training in CP)
- 6: Participation promotes the safety and protection of children
- 7: Ensuring follow-up and evaluation

## **Young participants' own view**

12 young participants aged from 11 to 16 from the three targeted countries (four from each country) participated in the workshop. The first two days of the workshop the young participants took part in parallel preparatory workshops to evaluate their participation in the project and develop recommendations for the project. It was up to the young participants to decide on the methodology and presentation tools. To highlight the results of their evaluation the children decided to prepare plays, songs and presentations.

During the preparatory workshop the children came up with a play that tackled the issues of sensitivity and rejection of SRHR subjects within families. The children also performed songs as the concluding activity of the development of three songs from the three countries – a process the children were an essential part of – and presented the evaluation of their participation in the project.

## **Young participants' evaluation of own project participation**

Below is a summary of the main points that young participants' presented during their evaluation of their participation in the project:

- The young participants' knowledge on SRHR increased notably through their participation in the project.
- They were especially happy about the new skills they learnt over the course of the project activities that allowed them to undertake and lead initiatives they were concerned about.

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<sup>7</sup> A more detailed definition of the Practice Standards can be found online at <http://resourcecentre.savethechildren.se/content/library/documents/practice-standards-childrens-participation>

- The participants described the project as a “learn-learn-situation”; children were able to gain knowledge on SRHR and transfer it to other children, but also exchange knowledge and experience with others.
- Their self-confidence was enhanced through the opportunities they were given through the project to present, create and evaluate.
- Their families started taking the children more seriously and listened to their concerns. Moreover, the children and adolescents were more comfortable bringing up SRHR related issues (and others) to discuss with their families.
- They particularly felt in favour of connecting different countries through the project and were happy to have the opportunity to share experiences and thoughts with children from other countries.

## **Young participant’s recommendations**

Young participants presented the following recommendations:

- Ensure the follow up of the project and do not terminate due to funding etc. without proper strategies for sustainability.
- Build on the ideas provided by children and expand them.
- Take into consideration and respect the local dialects.
- Encourage children to participate and provide opinions and ideas; do not ignore them and their concerns.
- Expand the project to other areas and countries, so that children all over the region can benefit from the project.
- Advocate for proper laws that ensure the protection of children.
- Strengthen efforts to integrate components of the project into the curriculum of schools.
- Further promote the idea of a safe childhood and fight against early marriage as one of the issues that compromises the development of children

In the last session of the workshop, participants were asked to summarize recommendations made during the course of the workshop and discuss and identify ways forward in how to best promote SRHR in the MENA region. This session did not solely consist of the implementing parties of the EC funded project "Protecting adolescents from gender based violence through the promotion of their sexual and reproductive health rights in Yemen, Lebanon and oPt". Other institutions, UN agencies and NGOs working in the field were mixed with the project-related participants. This led to a very fruitful discussion between the participants, resulting in the following list of ways forward and recommendations:

- Advocate for and enhance meaningful participation of children at all levels of policy and project formulation around the areas of SRHR.
- Advocate awareness of and commitment to the protection and promotion of SRHR related issues by health care providers, organisations, and political and community leaders across the region.
- Advocate addressing the League of Arab States to include SRHR in the Violence against Children (VAC) study planned to be carried out regionally during 2013.
- Continue ongoing efforts to strengthen advocacy on governmental level to ensure support from high institutions and ministries.
- Establish meaningful relationships with media (print, online, TV etc.) to better make use of public channels for the support of advocacy actions.
- Integrate multi-media approach and non-formal education to attract children's interest better and to offer a more playful way of understanding complex issues.
- Take advantage of low-/no-cost channels for awareness raising and advocacy, such as social media applications (e.g. Facebook, Twitter, YouTube)
- Expand peer groups on to a regional level to make them connect to groups of other countries, share experience and identify similarities.
- Strengthen coordination and communication between other MENA countries, as these, too, would benefit from a holistic approach related to SRHR. Furthermore such a regional coordination and communication would enhance knowledge and understanding of effective strategies. Ideally, one organization should take up the role as a regional coordinator for such steering committee between UN agencies, NGOs and INGOs; during this workshop UNFPA showed willingness to take up this role.

- Prioritize further thoughts on the sustainability of the project. One solution could be to integrate the project under the umbrella of either MoH or MoE and to integrate its contents into schoolbooks and curriculum.
- Related to the sustainability of the project is the integration of toolkits and/or project components into other similar and already existing projects of other organisations.
- Develop a directory including all community-based organisations and civil society organisations that offer SRHR related services to children and disseminate among families, communities and schools.
- Facilitate and improve the implementation of a referral system so children get appropriate care.
- Ensure ways (and funding) to hire (full-time) staff on national and regional level to ensure full commitment and coordination of the project.
- Advise both the government and the Arab League to act on and implement the recommendations of the Marrakesh Declaration and diligently work toward the reactivation of the declaration's initial enthusiasm. Advocacy efforts should urge states to issue clear statements regarding SRHR.
- Develop and share unified methodology to classify topics and how to conduct surveys.
- Establish a pool of qualified trainers who can carry out SRHR and advocacy trainings to children, families, and staff of CBOs and/or health centres in order to expand comprehensive services in the region.



**Workshop participants presenting recommendations on how to best promote SRHR in the MENA region**

- Improve and expand existing monitoring and evaluation processes. To measure and track the progress and gaps of the project is important to develop and utilize where possible a rigorous monitoring and evaluation system, including regular monitoring, reviews, outcome and thematic evaluations, research and assessments.
- Involve fathers as much as possible to ensure acceptance and understanding for SRHR related topics and to enhance family support for the project.

In-depth discussions over the course of the workshop highlighted how the project implementation succeeded in achieving the set objectives and contributing to the enhancement of children's and adolescents' protection in the MENA Region from gender based violence (early marriage, FGM and sexual abuse): all countries managed to lay a basis for or initiated the process of including SRHR in school curriculum. The project team in Yemen gained the ministries approval to include SRHR in the curriculum, in oPt SRHR topics were included into the curricula of UNRWA schools in the target camps and in Lebanon they were added as extracurricular activities into schools. Furthermore, the child- and adolescent-friendly spaces and complaint and referral mechanism in place reached many children and families while providing adequate information and immediate response and service when needed. Families and governmental institutions opened up to the subjects and children were very eager and motivated to take part in the project.

However, it can be concluded that more focus should be given to three main project aspects to ensure more successful future achievements:

A) Child participation throughout all stages of planning and implementation proved to be a very enriching aspect to the contents and project implementation as well as a very effective way of advocating for these issues. It is therefore key to ensure the participation of children and community members in new or continuing projects, involving them more deeply and constructively in the decision making process as well as in the development and implementation of activities.

B) Throughout the discussions it became obvious that efforts targeting governmental institutions should be made from the very beginning of the project. Only when proper laws are enforced – and they can ultimately only be done so by the governments – can the sustainability of the project truly be guaranteed.

C) Capacity wise, the project also needs both regional and national support. A full-time regional project coordinator to oversee and coordinate activities in all three countries as well as qualified employees in the information centres in place on the ground will contribute immensely to the future success of the project.

D) Allocating full-time staff and training capacities of service providers is very important in order to keep the project implementation running and to ensure the quality of the services and materials provided.





Unexpectedly, several positive lateral impacts of the project were also mentioned during the sessions and further recommendations include:

- The involvement of women increased self-confidence and critical thinking of their own protection including their relationship with their husband and children. It might be of interest to have a further intervention focus on issues of positive relationship, conflict resolution and positive parenting.
- The involvement of mothers (and to some extent fathers) also helped greatly in the knowledge transfer, as they became peer trainers who started to pass on knowledge gained through the project to other parents. Peer group discussions and sessions for parents should therefore be expanded and more numerous to take advantage of this dynamic.
- The same applies to child peer-to-peer sessions, as child peer trainers started training family members and expanded the idea of peer-to-peer trainers.
- The engagement of children with behavioural or speaking difficulties (such as stuttering) helped them overcome or mitigate these disadvantages. It is therefore worth including and expanding tailor made workshops for groups of children with special needs.
- Lastly, in Yemen parents opened their houses to conduct sessions with children and other parents from their neighbourhood that lead to more indirectly targeted beneficiaries than expected. Ideally, the project should have room for methods to encourage parents to transfer knowledge in creative ways such as these and away from the mainstream channels (like books, information centres, schools etc.).

These achievements – whether in the sphere of planned objectives or unexpected surprises – make clear that the impact a project like this could have on a society or even a region is tremendous and should be followed by joint efforts (from project implementers as well as national service providers, government institutions and foreign donors) to sustain, expand or intensify all factors that would ensure reaching its goals.

# Annex

## Check List for Child Friendly SRHR space

*Improved quality of child/adolescent friendly information and services in Lebanon, Yemen and oPt*

### **Quality Criteria:**

#### **1. Child and adolescent SRH services are available and accessible:**

- Accessible location (e.g. near school).
- Convenient opening hours for both female and male children and adolescents (e.g. after school, weekends, during holidays). Hours are advertised.
- Separate space and/or hours set aside for children and adolescents.
- Services are free or at rates affordable for children and adolescents.
- Drop-in appointments are welcome and served within an appropriate time-period.
- Services are provided without consent of parents or spouses.
- Services are provided to children and adolescents of any age, sex and marital status.
- Qualified female and male staffs are available.

#### **2. Child friendly rooms are conducive to the provision of appropriate support.**

- Rooms ensure privacy, both visual and auditory.
- Rooms are inviting, comfortable, clean and safe.
- Rooms are accessible by children with disabilities.
- Ambiance/design of the room is gender-neutral.

#### **3. IEC materials are directed at the SRH needs of children and adolescents, culturally appropriate and child/adolescent friendly.**

- Attractive to children and adolescents (clear and vivid pictures; colors and graphics; fonts etc)
- Appropriately address the culturally sensitive aspects of SRH.
- Consider the varying literacy levels of children and adolescents.
- Appropriately address different age groups of children and adolescents.
- Address boys and girls, male and female adolescents.
- Available in the languages of the target groups.
- Displayed and available to take away at education, health and other community structures

#### **4. Service providers create child/adolescent-friendly atmospheres.**

- Demonstrate necessary communication and professional skills for working effectively with children and adolescents.
- Use a positive, non-judgmental and respectful manner.
- Encourage the expression of concerns, invite questions, discuss options and allow children and adolescents to make their own decisions.
- Provide adequate time for child and adolescent – service provider interaction.
- Adhere to principles of privacy and confidentiality. This is widely publicized amongst children and adolescents.

#### **5. SRH services are safe for children and adolescents.**

All services providers have implemented code of conducts and child protection policies for their staff that include a transparent, confidential mechanism to submit complaints or feedback about SRH services.