

SUMMARY

Realist Evaluation of Girls' Holistic Development Program implemented by
Grandmother Project – Change through Culture in southern Senegal (2019 & 2020)

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Context in which the Girls' Holistic Development (GHD) program is implemented

In rural Senegal, adolescent girls face various constraints related to early and forced marriage, teen pregnancy, female genital mutilation/cutting (FGM/C), and limited family support for girls' education. Two other prevalent phenomena affect girls' development. First, the serious breakdown in communication between adolescents, adults and elders which makes it difficult for genuine intergenerational discussions and decision-making related to all facets of girls' lives. Second, communities are profoundly concerned with the loss of cultural identity and values, and the rise of individualism.

Many programs addressing the issues listed above, narrowly focus on girls and sometimes, on their parents. Grandmother Project (GMP) - Change through Culture recognizes that girls alone cannot change these and other harmful attitudes and practices which are dictated by collectively maintained social norms. Therefore, to promote community-wide change in attitudes and practices related to these issues, the Girls' Holistic Development (GHD) program (*Développement Holistique des Filles*) involves all generations of male and female community actors, and especially grandmothers, given their influence in families and communities.

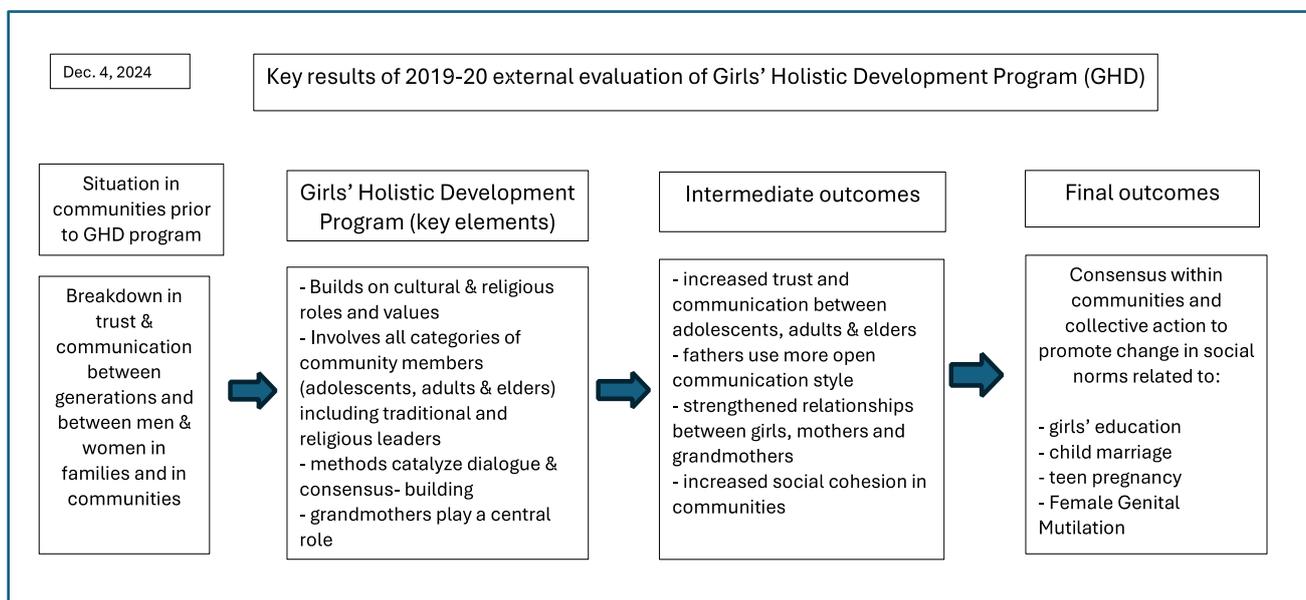
Two-part evaluation methodology

In 2019 and 2020, after 18 months of implementation of GHD in Némataba Commune, an extensive evaluation of the program was conducted by Georgetown University's Institute for Reproductive Health (IRH) in collaboration with Cheikh Anta Diop University's Institute for Training and Research in Population, Development, and Reproductive Health (IPDSR). The evaluation consisted of two complementary studies in which individual and group interviews were conducted with more than 800 community members (adolescent girls, grandmothers, mothers and fathers, community and religious leaders) in intervention and control communities. The quantitative study aimed to assess: the effects of the GHD intervention on gender attitudes, individual and collective efficacy, intergenerational communication; and social cohesion. It also aimed to identify the outcomes, related to possible shifts in social norms vis-a-vis girls' education, child marriage, teen pregnancy and FGM/C. The qualitative research examined those effects and sought to understand the contextual characteristics and mechanisms of change through which changes in social norms may have come about in intervention communities.

Results of the two-part evaluation

Based on both the quantitative and qualitative study results, the evaluators concluded that the GHD program has contributed to positive changes in social norms and practices that limit girls' rights and development, especially related to support for girls' education, child marriage, teen pregnancy and FGM/C.

Based on the evaluation results, the diagram below identifies a pathway from the initial situation in families and communities, to the positive outcomes related to GHD. Initiated in a context where there was severe breakdown in communication between generations and between the sexes, several key facets of the GHD strategy were identified that engendered strong community engagement. The evaluation documented several intermediate outcomes that supported community consensus-building for change in targeted GHD social norms, leading to final outcomes.



A key theme revealed during the evaluation, was community-wide concern that prior to the introduction of the GHD program, there was a serious breakdown in trust and communication between generations and between men and women both in families and communities. In light of this situation, a key strategy in GHD consisted of a series of activities to strengthen relationships between generations and between the sexes. The evaluation report states that “The main benefit of the GHD intervention, focused on bringing individuals from the same community together, was to strengthen family and community ties” (p. 20). This finding is significant for several reasons, first, it reflects the fact that the program responded to communities’ profound concern about the breakdown in communication in both families and communities. The fact that the GHD strategy directly addressed this community concern, through an intergenerational, culturally grounded and grandmother-inclusive approach, was reflected in communities’ enthusiastic and continued involvement in the program. Second, increased communication between family and community actors, and social cohesion within communities not only responded to community concerns but also provided a platform upon which collective dialogue and consensus building regarding both existing and alternative social norms and practices

affecting adolescent girls could take place. The evaluators noted that strong social cohesion between community members is a prerequisite for bringing about change in collectively held social norms.

Through the evaluation interview data several key characteristics of the GHD approach that contributed to strong community interest and engagement in the program were revealed. Most interventions to bring about change to support adolescent girls adopt a linear and reductionist approach that focuses primarily on girls, assuming that they can be catalysts for change. In contrast, the GHD program empowers girls while involving all generations, i.e. elders, adults, adolescents, of men and women, traditional and religious leaders, teachers and health workers. Second, all GHD activities are grounded in both cultural and religious roles and values, key facets of community life that community programs often either ignore or view as constraints. Third, communication and education methods used are based on dialogue and consensus-building rather than message dissemination. And last, given grandmothers' central role in the lives of adolescent girls and their authority within families and communities, in GHD they are given a central role in promoting change in social norms concerning girls. The active involvement of grandmothers is a unique feature of GHD, in which their knowledge and confidence are reinforced to position them to be active change agents in the promotion of GHD. The relevance of the grandmother-inclusive strategy is reflected in the evaluation conclusion that "grandmothers are cultural levers for social change".

The evaluation interview data revealed various positive intermediate outcomes that appear to have resulted from the GHD strategy: strengthened relationships between the three generations of men and women; more inclusive, participatory and gender equitable decision-making in families; changes in fathers' communication style involving more listening to and interest in the opinions of other family members; adolescent girls' increased knowledge, self-confidence and involvement in family decision-making; increased community recognition of grandmothers' experience and of the importance of their role supporting adolescent girls; grandmothers' increased knowledge on all aspects of GHD and their increased self-confidence to play a stronger role in family decision-making to keep girls in school, to prevent child marriage, teen pregnancy and FGM/C; and strengthened relationships between girls, mothers and grandmothers thereby creating intergenerational alliances of women to collectively push for changes in social norms affecting girls.

Final conclusions of the evaluation

The Girls' Holistic Development (GHD) Program aims to promote change in culturally embedded social norms and practices related to girls' education, child marriage, teen pregnancy and female genital mutilation/cutting (FGM/C) by both empowering girls and by creating an enabling environment around them, where family and community actors support change for girls. The *Change through Culture* methodology used in GHD builds on culturally defined roles, values and resources to preserve positive cultural elements that are beneficial to girls, while discouraging harmful ones. The evaluation results indicate that the GHD change strategy has contributed to shifting social norms to increase support for keeping girls in schools, to delay marriage of adolescent girls, to prevent teen pregnancy and FGM/C.

The evaluation data supports the conclusion that the GHD intervention catalyzed community-wide consensus and collective action to support change in social norms related to girls' education, child marriage, teen pregnancy and FGM/C. Involving and increasing the knowledge and confidence of grandmothers, and of other community actors, has provided a unique opportunity to achieve behavior change in favor of girls through collective community action.

The evaluation team recognized that total abandonment of the deep-seated social norms targeted in the GHD program would be impossible in 18 months. For this reason, based on the evaluation conducted after only 1.5 years of implementation of the GHD strategy, they concluded that the program has contributed to the process of social norms change that is ongoing.

Evaluation reports and published article

- *Grandmother Project – Change through Culture: Program for Girls' Holistic Development: Qualitative Research Report*. August 2019. Washington, D.C: Institute of Reproductive Health, Georgetown University for the American Agency for International Development (USAID).

- *Grandmother Project – Change through Culture: Program for Girls' Holistic Development: Quantitative Research Report*. May 2020. Washington, D.C: Institute of Reproductive Health, Georgetown University for the American Agency for International Development (USAID).

- Kohli, A., Shaw, B., Guntzberger, M., Aubel, J., Coulibaly, M. & Igras, S. (2021). Transforming social norms to improve girl-child health: A realist evaluation of the Girls' Holistic Development Program in Senegal. *Reproductive Health*, 18, 243, pp.1-14.
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