



Case study

Strategies and impacts of adolescent girls' safe spaces in Kita

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Acronyms

AGSS	Adolescent Girls Safe Space
CCPC	Community Child Protection Committee
FGD	Focus Group Discussion
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
IGA	Income Generating Activities
NGO	Non-Governmental Organisation
PEP	Post-Exposure Prophylaxis (HIV prevention)
PI	Plan International Mali and Plan International Belgium
SGBV	Sexual and gender-based violence
SLPFEF	Service Local de la Promotion de la femme de l'Enfant et de la Famille (Local service for the promotion of women, children and family)
SRHR	Sexual and Reproductive Health Rights

Executive summary

In 2021, Plan International implemented a project to strengthen the protection and empowerment of adolescent girls in the humanitarian context of Kita. This project included the creation of safe spaces for adolescent girls.

Setting up AGSSs in Kita

A methodical and participatory approach was used to set up the **Adolescents Girls Safe Space** (AGSS) programme, with a number of key stages to ensure that the specific needs of adolescent girls were effectively taken into account. The approach began with an in-depth analysis of the local context, gender norms and community dynamics, helping to identify the risks and opportunities associated with establishing AGSSs. A security audit was also carried out to ensure the safety of the chosen spaces, followed by a mapping of available services to effectively refer adolescent girls to the necessary support. The involvement of communities, including leaders, parents and the teenage girls themselves, was crucial in the planning and management of the AGSS activities. A predominantly female team was formed to manage the AGSS project, ensuring that services were tailored to the needs of the girls. The activities offered in the AGSSs were diverse, ranging from psychosocial support and reproductive health education to life and economic skills workshops, all designed to meet the specific needs of the girls and empower them. Regular monitoring and supervision of activities were put in place to assess the effectiveness of the AGSSs and make any necessary adjustments.

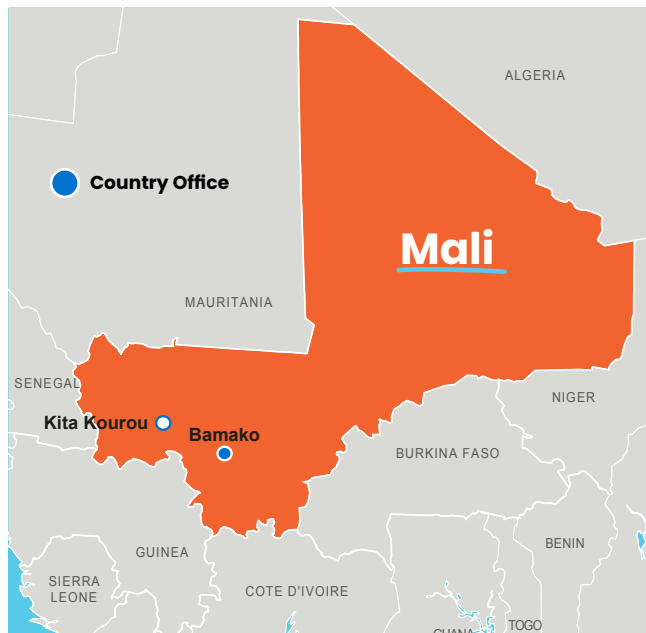
Impact of AGSSs on adolescent girls

The AGSSs have made a significant contribution to the prevention and management of SGBV in Kita, providing a safe environment for adolescent girls to express themselves, learn and obtain psychosocial and legal support. They have enabled girls to better understand and manage the risks associated with SGBV, improving their well-being and strengthening their life skills.

Recommendations

1. Carry out a gender analysis, risk and needs assessment, and mapping of protection services before setting up an AGSS
2. Ensure the active and respectful participation of adolescent girls in the design and development of AGSSs
3. Set up an all-female AGSS management team
4. Optimise psychosocial support in AGSSs by offering a variety of activities adapted to the age and needs of participants
5. Using intergenerational dialogue as a key strategy for de-stigmatising and combating SGBV in AGSSs
6. Strengthening the impact and sustainability of AGSSs through the strategic involvement of community and religious leaders
7. Mobilise AGSSs to identify cases of SGBV and refer them to services
8. Integrating AGSSs into an overall strategy for protecting children in emergency situations

Context



Mali is facing major structural challenges and a prolonged crisis, including a volatile security situation and food insecurity, which is having a profound impact on people's lives and causing massive displacement. COVID-19 has exacerbated this situation: the economic repercussions of the crisis have pushed many households into a precarious situation, encouraging negative coping mechanisms such as child marriage. In addition, due to restrictions on movement and pressure on health services, adolescent girls' access to basic services has been hampered. These include access to education and reproductive health services, weakening the mechanisms for protecting adolescent girls.

In a context where SGBV is widespread, systematic and culturally entrenched – with one in two women having experienced violence¹ – the prolonged crises and the impact of COVID-19 have increased the protection risks for adolescent girls. A study conducted in 2020 estimated an increase of almost 50% in the initial prevalence rates of SGBV due to the impact of COVID-19.²

To address these protection needs, Plan International Mali and Plan International Belgium (PI) have set up a project to combat SGBV against girls in the Kita area with the financial support of the Belgian Directorate-General for Development Cooperation and Humanitarian Aid (DGD). The 30-month project ran from 2021 to 2023. It aimed to

promote the capacities of adolescent girls, women and their communities to create resilient environments free of SGBV, promoting gender equality, and to ensure access to holistic, quality care for survivors in the Kita area.

The project's programmatic approach was based on **three axes**:

- SGBV prevention through community involvement;
- Improved care for surviving children of SGBV;
- Empowering teenage girls and increasing their knowledge of services.

As part of this project, PI set up 12 AGSSs in Kita. In order to capitalise on the lessons learned from setting up the AGSS, PI has developed this case study based on an analysis of various project reports, including testimonies collected from girls benefiting from the project, as well as interviews with the implementation team. In particular, the case study seeks to document the process of setting up the AGSSs and the lessons learned to strengthen the impact of each AGSS in preventing and combating SGBV.

Plan International's approach to SGBV in humanitarian contexts³

SGBV refers to any act committed against a person's will that is based on gender norms and unequal power relations. Acts of SGBV can be physical, psychological or sexual in nature, or take the form of threats of violence. It can also take the form of denial of resources or access to services. For children, exposure to sexual images and acts, as well as the photographing of children for sexual purposes, are also considered forms of SGBV.

Plan International uses the term sexual and gender-based violence (SGBV) to align with the terminology of the Minimum Standards for Child Protection in Humanitarian Action and to highlight other risk factors beyond gender, such as age, children's evolving capacities and children's dependence on adults and their guardians.

¹ INSTAT, CPS/SS-DS-PF and ICF. (2019). Mali Demographic and Health Survey 2018.

² UN Women, UNFPA. (2020). Study on the impact of COVID-19 on gender-based violence in Mali.

³ Plan International. (2022) Approach on Sexual and Gender-Based Violence Against Children.

The AGSS programmatic approach

What is an AGSS?

An AGSS is a structured place, reserved for teenage girls, where their physical and emotional safety is respected and they are supported through information sharing, support in accessing services, personal and social empowerment, and psychosocial care.

An AGSS aims to respond to the specific needs of girls in humanitarian crises. These spaces aim to promote their health, safety and empowerment by focusing on prevention and response to SGBV. Key interventions include life skills sessions for adolescent girls, recreational and educational activities, information on health and psychosocial support, and information on available services and support.⁴ These spaces also serve as entry points for specialist services, such as psychosocial support for survivors of violence and protection case management.

Programmes incorporating AGSSs target adolescent girls. They also organise discussion groups for parents or guardians to effectively support these girls, and work with communities to change attitudes towards women and girls, supporting them in realising their potential and defending their rights.



These safe spaces play a crucial role in protecting teenage girls by providing a safe environment where they can access important information, develop support networks and receive specialist services.

An AGSS can be a stand-alone, independent space or it can be integrated into a teen-friendly or child-friendly space by reserving slots exclusively for girls and/or teenage girls. AGSSs are designed and managed in a participatory way. Girls and teenagers facing protection risks can find a safe environment there.

The AGSSs set up in Kita targets teenage girls aged between 10 and 17. Activities adapted to different age groups (10-14 and 15-17) are facilitated. These activities are defined jointly with the girls and the planning of activities is shared with certain members of the community.

Why are AGSSs important?

In Mali, most public spaces are occupied and dominated by men and boys. Spaces reserved for adolescent girls, such as an AGSS, may be the only place where they can express themselves freely on issues that affect them, learn about their rights, and create a personal network. AGSSs are based on a programmatic approach focused on the rights and well-being of girls in emergency situations, informed by unequal gender power relations. They are created in recognition of the fact that co-ed spaces may not be an effective or appropriate strategy for reaching adolescent girls who are at greater risk of SGBV.

In mixed-gender spaces, teenage girls may be cautious about what they think, say, wear and how they behave to avoid being judged as challenging social norms. To take into account these inequitable gender norms, it is essential that AGSSs remain spaces reserved for adolescent girls.

In an emergency situation, AGSSs are used as a strategy to reach adolescent girls and provide them with essential SGBV services and support (identification and referral).

⁴ Plan International. (sd). Adolescent Girl Safe Spaces Guidance Note: SGBV Guidance Note Series

Key principles in setting up an AGSS



Empowerment: The AGSS provides a space for empowerment for adolescent girls in all their diversity, promoting the ability of individuals and communities to take control of their lives and their environment. This requires identifying and addressing unequal power relations, providing equal access to information and services, and actively building the capacity of individuals and groups to claim their rights and make informed decisions. An empowering environment should always promote a sense of ownership and belonging.

Solidarity: An AGSS provides a space for diverse groups of adolescent girls to support and inspire each other. It enables girls to understand their individual experiences within the wider context of the unequal power relations they experience. By encouraging sharing, mentoring and cooperation, an AGSS provides opportunities to connect with individuals and groups.

Accountability: A number of components are fundamental to ensuring the integrity and transparency of an AGSS. The safety and confidentiality of all members must be guaranteed, allowing adolescent girls to share their experiences and concerns openly and confidentially. Adolescent girls should have the opportunity to participate in key decisions about the design and implementation of the AGSS, including its location, opening hours, services and activities. Feedback mechanisms ensure that adolescent girls are involved in decision-making at all stages of AGSS development and implementation.

Inclusion: In a safe space, all girls are respected and welcomed. AGSS staff and volunteers must be equally diverse and demonstrate impartial and inclusive attitudes, beliefs and practices that avoid dividing 'us and them'.

Collaboration and partnership: Working together with local civil society is central to the AGSS approach. This includes partnerships with organisations led by women and girls, and community-based child protection groups. These collaborations are crucial for the long-term success of the AGSS.

Girl-centred approach: Firstly, a girl-centred approach recognises the unique needs of adolescent girls, their perspectives, their development, the prejudiced attitudes that prevent or discourage them from realising their own potential. Secondly, it promotes girls' relationships and lived experiences at the centre of decision-making and advocacy.

Confidentiality: The design of the AGSS, the activities and services it offers, and the discussions it organises must prioritise the safety and confidentiality of the girls accessing the space. Confidentiality protects survivors of SGBV and adolescent girls whose participation is subject to the protection of their identity and the information they share.

Key stages in setting up AGSSs in Kita

This section describes the steps⁵ that PI took to set up the AGSSs in Kita and the lessons learned at each stage.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Context analysis & assessment	AGSS planning	Design & organisation of activities	Monitoring & evaluation	Exit strategies
<ul style="list-style-type: none"> Context and gender analysis Audit Mapping of available services and listings Budgeting for results 	<ul style="list-style-type: none"> Engaging communities and girls Analyse the activities and timetables in the space with the girls Selecting and training the team Preparing an exit strategy 	<ul style="list-style-type: none"> Opening ceremony to inform the community of the AGSS's objectives Setting up activities using local materials adapted to needs Supervision of activities and referrals to care services 	<ul style="list-style-type: none"> Monitoring activities through direct observation, quality supervision tools and interviews with girls Safety monitoring Follow-up with communities 	<ul style="list-style-type: none"> Build the capacity of local women's networks and organisations to keep AGSS open and operational Transfer of equipment Transparent sharing of exit strategy



⁵ Plan International. (sd). Adolescent Girl Safe Spaces Guidance Note: SGBV Guidance Note Series

STEP 1

Context analysis & assessment

Assessing the needs of adolescents affected by the crisis, particularly adolescent girls, was a crucial aspect of setting up the AGSS. This assessment sought to answer the following questions:

- Which groups of teenagers and/or teenage girls are most affected by the crisis?
- What are the needs, risks, vulnerabilities, capacities and priorities of at-risk adolescent girls?
- What services and support should be provided to meet the needs of adolescents, particularly girls?
- Multiple assessments were conducted to support decision making; a needs and vulnerabilities assessment, a multi-risk assessment focusing on children, a security audit and a mapping of referencing services were carried out.

Needs and vulnerability assessment

As a preliminary step in implementing the project, a needs and vulnerability assessment, adopting a gender approach was carried out in the intervention villages. This exercise enabled the project team to understand the gender norms affecting girls and women in Kita, in order to plan measures to prevent the risks of harm or reinforcement of existing harmful gender norms.

The analysis covered 40 villages in the communes of the Kita Cercle (Djidian, Namala, Sourazan and Saboula).⁶ A participatory approach was used, including girls, women, boys and men as well as community stakeholders in the data collection.

The results of the assessment show that adolescent girls suffer more discrimination than boys in almost all areas. The practice of SGBV is widespread and there seems to be strong resistance to abandoning harmful practices. Adolescent girls (10-17) are often more exposed to violence and inequality because of the double discrimination linked to their gender and age, which prevents them from participating fully in community life and accessing services and information vital to their well-being. Adolescent girls are also particularly exposed to female genital mutilation, child marriage from the age of 12, non-consensual sexual relations, early pregnancy, intimate partner violence and dropping out of school. The concept of psychological and economic violence is unknown in the community.

In terms of access to protection services, medical care remains the dominant activity in the services offered as part of the management of SGBV, to the detriment of psychosocial and legal care services. One of the main needs

expressed by girls and women was the creation of safe spaces for adolescent girls and young women.

A significant proportion of the community links SGBV with respect for culture, religion and tradition. Women have very little decision-making power and freedom within the household, with very little financial autonomy, which has a negative impact on living conditions and child protection. The stakeholders with the most power are community and religious leaders and fathers of families. Few men are involved in the fight against SGBV.

Multi-risk assessment focusing on children

In addition to the needs and vulnerability assessment, a [Child-Centred Multi-Risk Child assessment](#) was carried out using the methodology developed by PI. The aim was to gather the views of girls and boys on the prevailing risks in their environment and their consequences for their rights, their family and their community, as well as the vulnerabilities and capacities of the various community players. This participatory approach made it possible to involve the children from the outset in the implementation of the project and to give the community players a full understanding of the multiple risks present in the child's environment.

Various tools from the [field guide and toolkit](#) were used. A cross-community walk (tool 7) enabled the children to share, in a safe, fun and participatory way, the places in the community where they felt safe or unsafe. The girls and boys then identified risk mitigation activities through action planning (tool 3). One of the risks identified in view of the security context in the region in general, and in Kita in particular, is the risk of the area being occupied by rebels or becoming a place of violence. Certain gender norms and discriminatory practices were identified as being an obstacle to the space's activities. So, to prevent the space from being occupied by men and boys, their involvement from the outset in creating the space and also strengthening the creation of other community activities with them was necessary to ensure that the space functioned properly. In the same way, ensuring communication with parents and communities and arranging the space's activities to suit girls' schedules were identified as ways of mitigating the risk of girls and teenage girls being prevented from taking part in the space's activities.

The seasonal calendar (tool 4), a planning and prevention tool, has enabled young girls and boys in the community to clearly identify events and seasonal trends, such as

⁶ Djidian (15 villages), Namala (10 villages) Saboula (08 villages) and Sourazan (07 villages)

periods of drought and rainfall, in order to assess risks and vulnerabilities and plan coping mechanisms. This has made it possible to include girls' perspectives in the temporal management of the AGSS, in particular to deal with the difficulties of access linked to the rainy season and to deal with the risk of flooding.

Security audit and backup risk assessment

Next, a safety audit was carried out by holding focus group discussions (FGDs) with 76 girls and women. This safety analysis targeted the practical aspects of the social living conditions of girls and women in the villages of Kita, such as lighting, latrines, showers and space. This made it possible to define how to develop the AGSS in a safe way. These FGDs also enabled the girls and women to be consulted about the potential risks associated with setting up the AGSS.

Mapping existing services

The mapping of SGBV services was carried out because there was no real mapping of the players and initiatives in the field. Mapping the players makes it possible to set up a referral circuit for SGBV prior to the implementation of AGSS and to manage cases within it. More specifically, the exercise involved taking stock of existing providers while examining the services and programmes offered by the organisations in the intervention community and the links that exist between them. This made it possible to identify the gaps that needed to be filled in the services offered to the community.

The project team identified 25 actors active in the fight against SGBV (e.g., NGOs and state institutions) in the Kita district, with a high concentration in the town of Kita centre.

The organisations identified existing services for the prevention of domestic violence, mediation, medical care, legal and judicial assistance, law enforcement, security and livelihood support. The majority of the organisations were not specialised in combating SGBV, particularly SGBV suffered by children. They were "generalist" organisations that proposed actions to combat SGBV depending on the availability of funding. As a specialised actor, PI was the best-placed organisation to respond to the particular needs in terms of SGBV.

Another finding of the mapping exercise was the lack of permanent coordination mechanisms between stakeholders. Referrals between actors were also weak, mainly because of the stigmatisation of SGBV survivors. The need to strengthen the coordination of the referral circuit and to set up formal, regular coordination frameworks between protection stakeholders was identified.

Budgeting for results

During the planning phase, the following factors were considered when budgeting for AGSS:

- Gender analysis, protection risk analysis and other contextual assessments
- Prospecting and restoring spaces
- Provision of outdoor equipment and local educational and recreational facilities
- Incentive bonuses for facilitators
- Space maintenance costs
- Safety costs
- Staff training costs
- Space supervision/monitoring costs
- Implementation of feedback mechanisms

LESSONS LEARNED

- The **involvement of various community members** in the safety assessment helped to contextualise the assessment to the locality of Kita.
- The involvement of community members, and **men and boys** in particular, in the safety assessment has prepared the community to accept AGSS.
- The inclusion of different age groups, genders, socio-economic backgrounds and displacement statuses in the assessment has enabled us to **understand their vulnerabilities** and analyse the **power dynamics in the communities** (information flows, decision-making, access to resources, etc.). This information is essential for developing risk reduction plans while avoiding reinforcing gender inequalities and other factors of exclusion.
- It is important to identify **innovative** ways of ensuring the AGSS's **financial sustainability** at the end of the project, right from the planning stage.

STEP 2

AGSS planning

Engaging communities and teenage girls

The buy-in of community stakeholders is essential to ensure that the space runs smoothly and that adolescent girls are not doubly stigmatised because of their involvement in AGSS activities. Lack of engagement with parents/guardians, community leaders, and other male groups can lead to rumours and speculation about what goes on in the AGSS and what information adolescent girls receive. This misinformation can undermine the AGSS's ability to provide safe services.

In order to promote community acceptance and commitment to the protection of adolescent girls, several strategies have been deployed by the team. The project established and strengthened Community Child Protection Committees in each target village to encourage community involvement in the protection and care of adolescent girls through AGSSs. Community advocacy was also organised with religious and community leaders, female genital mutilation practitioners and various local groups. Awareness-raising activities were planned and adapted according to age and gender, such as mixed and single-sex discussion clubs, film screenings and debates, and theatrical performances by local troupes. Men and the media have also been involved in awareness-raising activities to combat SGBV, notably through sessions on positive masculinity.⁷

The involvement and support of religious leaders in AGSS activities has also been a factor in promoting the commitment and acceptance of AGSSs by communities. Religious and community leaders (720 in total), including women and youth leaders, have been trained on SGBV and women's participation in decision-making processes. Some religious leaders relayed awareness-raising messages in mosques. To ensure media coverage of this commitment and to disseminate recordings of women leaders advocating for AGSSs, the project promoted AGSSs through community radio stations and social networks.

AGSS use increased sharply after the spaces were promoted by community child protection committees and religious leaders.

Selection of safe locations for setting up an AGSS

Rather than creating a new space for teenage girls, PI inspected existing spaces with local authorities and community representatives to identify places where AGSS activities could take place. This inspection was based on PI's AGSS site selection checklist.

Once the 12 AGSSs had been identified, the rehabilitation needs were assessed by the logistics team at PI's Kita office and work began on them over a one-month period. The aim of the refurbishments was to:

- ☒ **Install/restore concrete infrastructure (floors, ceilings, roofs, etc.)**
- ☒ **Ensure the safety of the area by installing new gates so that the teenage girls can meet without being seen by the community**
- ☒ **Repair locks, windows, and roofs**
- ☒ **Repaint**
- ☒ **Refurbish the toilets, taking into account the specific hygiene needs of teenage girls (to manage their menstrual hygiene)**
- ☒ **Provide ramps for people with disabilities**
- ☒ **Construct a separate private conversation room for case management sessions**

Establishment of eligibility criteria for AGSS participants

Adolescent girls in Kita are not a homogenous group and face different risks depending on their disability, ethnicity, social class, religion, family situation, marital status, state of health and other exclusion factors.

⁷ Plan International. (2021). Report on the mapping of services for psychosocial care of SGBV cases, multisectoral care of SGBV victims/survivors, availability of safe shelters for SGBV survivors/victims

In order to target the most vulnerable adolescent girls, the project team developed eligibility criteria for participation in the AGSS. The adolescent girls targeted in PI's AGSS were those aged 10-17, and in particular those in one of the following situations:

- Adolescent survivors of SGBV or other protection problems
- Out-of-school teenagers
- Teenage girls who are engaged, married, divorced, widowed or abandoned (or at risk of being so)
- Pregnant teenagers, mothers or those caring for children
- Disabled teenagers
- Displaced teenagers
- Separated, unaccompanied or orphaned teenage girls

A women's team from the community

In Kita, each AGSS was monitored by 3 women (2 volunteer community leaders and 1 caretaker) selected on the basis of transparent recruitment mechanisms discussed with the communities themselves. The recruitment criteria were as follows:

- Being a woman
- Be aged 18 or over
- Be motivated and available
- Ability to read and write in French
- Experience of working with girls, teenagers and/or young women, and the ability to communicate with them
- Inter-personal qualities: team player, flexible, good communicator, able to handle pressure well
- Be a member of a community considered to be respectful of children and girls
- No criminal record with children
- Experience in socio-cultural activities and/or social work is preferred

This team was trained for 5 days on child protection and SGBV, communication skills with minors, setting up a space and organising group activities, and identifying and psychologically caring for teenage girls at risk of being survivors.

As community volunteers, they received a monthly incentive payment. The team is supported by 1 case manager who has specialist training in caring for child survivors. Each case manager covered one commune in the project.

Case management took place in the private conversation room set up in the space. The team was also trained to set up recreational activities, peer support and sharing, and to develop empowerment.

Finally, all project staff are trained and have signed up to a code of conduct, including the Prevention of Sexual Exploitation and Abuse (PSEA) policy.



I think that these spaces are effective places for raising awareness and educating children about their rights. It's also a place for socialising children, because it allows them to develop their general knowledge and practical understanding of their rights. These spaces are really places for children's well-being. As a child myself, I can say that without these spaces, no particular attention would be paid to children's rights in our town.

Testimony from FGD of adolescent girls in Saboula



STEP 3

Design & organisation of activities



Recreational activities, information activities and empowerment sessions

In the context of Kita, the mobility of adolescent girls is severely limited and they are assigned a large share of domestic tasks and family responsibilities. This situation is exacerbated in emergency situations. Enabling girls and teenagers to spend time relaxing with their peers is therefore essential to strengthening their well-being and resilience. These activities are extremely beneficial for them and are one of the main motivations for taking part in an AGSS.

The recreational and play activities organised must be adapted to the gender, age and specific needs of the participants. For the youngest adolescent girls (aged 10-14), innovative methods of expression such as puppets, theatre and colouring can be used to provide psychosocial support. For older teenagers (15-17), board games can be used to develop memory, observation, patience and community skills. The AGSS can also be a place for practising sport.

In addition to recreational activities, it is also essential to use the AGSS to hold discussion sessions on issues affecting girls' rights, and the risks and obstacles they face. It is the responsibility of the AGSS team to refer participating girls and teenagers to the services they need.

To strengthen the agency of teenage girls and reduce their risk of SGBV, the team deployed PI's [Life Skills for Teenagers and Parents toolkit](#). This programme aims to equip teenagers and parents/carers with information, skills and resources to support the health, safety and well-being of teenagers in times of crisis. The programme includes 13 life skills sessions for teenagers and 10 parenting sessions for parents, delivered over a three-month period.

As part of the project in Kita, teenage girls were involved in choosing and drawing up the schedule of activities. These activities were adapted not only to the age of the participants but also to their specific needs and local preferences. Additionally, the girls were grouped by age for the activities to accommodate age-specific needs and tailor the activities appropriately.

The following list gives an overview of the recreational and leisure activities, information activities and empowerment sessions carried out by the project:

- ☒ Artistic activities such as theatre and drawing
- ☒ Board games and dice games
- ☒ Sports exercises
- ☒ Leisure activities, games, socialising and sharing tea
- ☒ Craft apprenticeships
- ☒ Mother and teenager support groups
- ☒ Discussions to understand the concerns and risks to the safety of girls and women in the community
- ☒ Awareness-raising sessions on reproductive health, the risks of protection and SGBV, and information on available services
- ☒ Sessions on acquiring new life skills
- ☒ Training in financial management and income-generating activities



Before the project, women were beaten by their husbands, the choice of husbands was left to the parents, who they could not disobey, and income-generating activities were strictly reserved for men and boys. Children's rights were not respected and they were forced to do the worst forms of work, such as field work, carrying heavy loads and fetching firewood. All girls were circumcised. In my opinion, the space has been a way of keeping the whole community away from obscurantism when it comes to the rights of children, women and girls.

President of the Balandougou women's group



Intergenerational dialogue

The intergenerational dialogue is a forum where girls, teenagers and women of different generations can discuss and exchange ideas in complete confidentiality. These intergenerational dialogues are facilitated by an PI facilitator at the AGSS. They enable girls, teenagers and women to understand each other better, overcome obstacles together and strengthen community ties. In this way, the AGSS becomes a place where misunderstandings and conflicts can be resolved, helping to strengthen the community fabric and promote social cohesion.

Mothers, mothers-in-law, sisters-in-law and grandmothers-in-law, daughters-in-law, young women and teenage girls were able to get together in a friendly environment to discuss a range of topics, including:

- ✓ Children's rights
- ✓ The specific risks faced by girls and how they feel (child marriage, domestic violence, FGM, etc.)
- ✓ Barriers to access services
- ✓ Girls' concerns
- ✓ The role of teenage girls in the family, community and society
- ✓ The role of mothers and grandmothers in protecting daughters

Facilitating discussions on the role of girls and women and on violence within the family or community allows participants to express their experiences and ideas in a confidential and unique way, to rethink certain ideas or decisions and to discuss certain practices in the community. Thanks to these dialogues, the girls ask questions that they would never have been able to ask outside this specific context, such as marriage, sex, intimate violence and assault. By the end of the project, 576 intergenerational dialogues had reached 1344 adolescent girls and 979 girls aged between 7 and 14 at the various project sites.



I like taking part in generational dialogues because I get to say what I think to the other older women in my family. It's the first time I've been able to say what's in my heart. It's a framework that calms me down a bit and relieves me when certain themes touch on certain aspects of my life. Thanks to our meetings, my mum and I have learnt a lot about forced marriage, female circumcision and girls' education. I used to think that everything we went through was normal and necessary for our integration into society and, above all, for the good of our family. The awareness campaigns made me see the consequences of these practices.

Young participants in the project

LESSONS LEARNED

- Intergenerational dialogue helps to **challenge cultural norms** that may contribute to sexual violence. Elders can play a crucial role in **positively influencing attitudes** and **behaviour** within the community.
- Intergenerational dialogue helps to **empower young girls** by building their confidence and encouraging them to express their needs and concerns.
- AGSSs provide an opportunity to **educate girls about sexual violence**, its different forms, and the rights that protect them. Informed girls are more likely to recognise and report situations of violence.
- By creating links between girls, AGSSs encourage **mutual support**. Girls who have survived similar experiences can share their stories and offer valuable support to others.

Distribution of menstrual hygiene management kits

The contextual analysis revealed that many adolescent girls faced increased risks of menstrual insecurity due to the impact of the COVID-19 crisis (lack of access to services, poverty). They also face stigmatisation and social exclusion during their periods. Adolescent girls therefore face numerous barriers in accessing hygiene products, which limits their mobility and further hinders their access to basic services such as school, health services or protection programmes, increasing their vulnerability to SGBV.

In the absence of services in Kita to meet these needs, the project has distributed 755 menstrual hygiene kits to AGSS participants.

The beneficiaries of the kits were identified according to the following criteria:

- Participate in girl-friendly spaces and teenage girls' activities,
- Be aged between 13 and 17,
- Be a teenager identified by the AGSS facilitators as meeting the vulnerability criteria,
- Or being a survivor of SGBV.

The production of the kits was carried out jointly with the teenage girls and women of the community in order to take into account their specific needs. The materials and contents of the kits were determined by the teenage girls themselves. Each kit contained: a loincloth, a t-shirt, a reusable cotton menstrual kit, a sheet, a whistle, a paste/cream, a toothbrush, a pair of shoes, washing powder, a solar torch and a piece of underwear. Reusable cotton towels were preferred by teenage girls, who prefer to wash them after use.

The distribution of kits was accompanied by awareness-raising and education sessions on sexual and reproductive health rights (SRHR), including menstrual hygiene management. The modules were contextualised with the participation of adolescent girls. Four image boxes were produced by the adolescent girls, tested at community level and then used by the child protection committees in awareness-raising campaigns.

Following this activity, the project team conducted a post-distribution follow-up survey. This survey revealed that the AGSS served as a safe space where teenage girls could talk freely about a subject that is culturally taboo. All the teenage girls interviewed said they felt safe during the distributions. The majority of distributions were carried out by female PI staff. In some cases, community leaders asked to supervise the distributions; in these villages, the distribution was carried out outside the AGSS.

The follow-up survey also showed that the teenagers would like the kits to be distributed more frequently or to be redesigned with more materials to cover their needs over a longer period. Finally, the teenage girls pointed out that they were facing difficulties in managing menstrual pain, which the kits did not address, especially as medicines such as paracetamol were unavailable in their community. Following this feedback, the contents of the kit were reviewed during subsequent distributions in order to meet the needs expressed.

LESSONS LEARNED

- The participation of teenage girls in the development of the kits has enabled us to **target their needs precisely**, while **adapting the response** to the cultural specificities of their context.
- The post-distribution follow-up survey is necessary to adapt the response to the **changing needs** of adolescent girls.
- The distribution of the kits should be accompanied by **awareness-raising sessions** on SRHR to inform teenage girls about the different menstrual hygiene management options available and to improve their knowledge of sexual and reproductive health.



Income-generating activities

Activities to support the setting up of income-generating activities (IGAs) for adolescent girls have been carried out at the AGSSs. IGAs reduce the vulnerability of adolescent girls to SGBV by offering them alternatives to child marriage and to situations of economic dependence that put them at risk. Economic empowerment also increases adolescent girls' ability to make decisions about their lives, their access to and control over resources, and improves their social status by giving them more say in family and community decisions. It also facilitates the reintegration and emancipation of SGBV survivors and prevents the risk of re-victimisation.

The project provided IGA support to 200 adolescent girls aged over 15 who could no longer be integrated into the school system and to young women aged between 18 and 24 who were survivors or at risk of SGBV.

In order to set up these IGA support activities, the following actions were carried out:

- The project team carried out a market study to identify promising sectors in the project area. These included livestock fattening, sheep and goat rearing, and the sale and/or processing of agricultural products.
- The teenage girls and young women received training in financial management (such as arithmetic, budgeting and savings), IGA development and business skills (including the creation of business models, analysis of market and customer needs, and sales techniques).
- Each teenager and young woman received 100,000 CFA francs to finance activities such as sheep and goat rearing, and the sale and/or processing of agricultural produce.
- The project teams carried out post-distribution monitoring in order to measure beneficiaries' satisfaction with the process and the support received, and to examine how the funds were used as well as the success of the IGAs.



With the arrival of the project and its spaces, women and girls are reporting cases of gender-based sexual violence, places where victims can be cared for and listened to, to are accessible, and the taboo surrounding gender-based sexual violence is beginning to be lifted. Young women are carrying out income-generating activities at community level and contributing to household expenses. This is a favourable factor for the economic empowerment of girls and women in our community, and more specifically in the project's intervention areas.

Representative from the Local Service for the Promotion of Women, Children and Family (SLPFEF) in Kita

LESSONS LEARNED

- AGSSs promote the **economic empowerment** of adolescent girls by providing training and/or support in setting up IGAs in a supervised and secure environment. This helps to reduce their vulnerability to exploitation and violence.



Psychosocial care and referral of adolescent girls survivors of SGBV

One of the main objectives of an AGSS is to identify and manage SGBV cases. Case management includes psychosocial support for SGBV survivors and their families, and referrals to complementary services to meet survivors' needs.

Case managers, with the support of their supervisors, build trusting relationships with victims and their families, assess their needs, define objectives, plan interventions and coordinate the necessary services. PI uses specific tools⁸ which the team has adapted to the local context of Kita.

All registered participants received comprehensive care, including medical, psychological, legal and emergency assistance, with monetary support to access necessary services. A fund for emergency transport was also available for survivors. To ensure quality medical care at the time of referral, PI, in partnership with Médecins du Monde Belgium (MdM), evaluated and improved these services, in particular by distributing HIV Post-Exposure Prophylaxis (PEP) kits⁹ and training medical staff in the clinical management of SGBV.

The final evaluation of the project highlighted the need to maintain awareness-raising efforts in the intervention areas in order to improve access to care services without the direct intervention of PI case managers.

Moreover, less than 1% of survivors have chosen to go to court, mainly because of the culture of silence, fear of reprisals and stigmatisation, and a lack of knowledge about and confidence in the judicial system. Added to this is the absence of an effective presence of the judiciary in the Kita area, with the sole exception of the district, which has a court with a children's judge. In addition, the community often favours mediation by traditional chiefs to the detriment of the justice system. The project sought to discourage this practice because of its negative effects on survivors.

⁸ IRC "Caring for Child Survivors" tool and case management tools from the "Case Management" working group of the Child Protection Sub-Cluster in Mali.

⁹ HIV Post-Exposure Prophylaxis (PEP) is an emergency medical response given to an individual who has been exposed to HIV to prevent possible HIV infection in the exposed person. For more see: [PEP Kit Programme | HR Portal \(un.org\)](#)

LESSONS LEARNED

- In a context where SGBV is taboo, AGSSs make it possible to **identify** teenagers at risk or survivors of SGBV. AGSSs provide a **safe** and **confidential** space for sharing experiences without fear of judgement, thereby facilitating the disclosure of SGBV.
- AGSSs provide essential information to vulnerable teenage girls, and facilitate their **access to psychological, medical and legal support services**.
- It is important to train AGSS case managers in **active listening** to identify signs of trauma or violence in teenage girls, by observing their verbal and non-verbal signals.
- The culture of silence, fear of reprisals, stigmatisation and lack of confidence in the justice system limit the use of formal justice in cases of SGBV. **Sharing information** about the justice system with at-risk adolescent girls and survivors and **raising awareness** among community players about the importance of these bodies is essential to ensuring justice for SGBV survivors.
- Safe spaces can be equipped to provide basic **medical services**, including **emergency care** for SGBV survivors.¹⁰ This ensures immediate and appropriate medical care.

¹⁰ GBV AoR Helpdesk (2022) Understanding the Core Functions and Differences between Women and Girls Safe Spaces and One Stop Centers. [Understanding the Core Functions and Differences between Women and Girls Safe Spaces and One Stop Centers – GBV AoR Helpdesk 2022 | Gender-Based Violence Area of Responsibility](#)

STEP 4

Monitoring & evaluation

To ensure the overall accountability of the project, the team has been trained in setting up and managing feedback mechanisms tailored to children and teenagers. Each area is regularly evaluated to identify potential improvements and maintain the quality of activities. Monitoring and evaluation exercises are carried out on an ongoing basis.

Daily monitoring, carried out by community volunteer facilitators and PI protection officers, analyses the girls' participation in each type of activity, the use of materials, communication during the activities and the quality of exchanges. Each activity ended with an evaluation of the girls' satisfaction, using teaching methods adapted to their communication skills (for example, through the use of different printed characters expressing different emotions: happy/satisfied, disappointed, angry, worried, etc.). Suggestion boxes were set up in the AGSS and accountability focal points were appointed in the community child protection committees to collect complaints.

The project team used various tools from the **Child-Friendly Spaces toolkit** (the space observation monitoring sheet, resilience scale, psychosocial well-being scale), the results of which were shared and discussed with the teenage girls on a monthly basis. The project team also used the Generalised Self-Efficacy Scale to measure the impact of the AGSS on improving adolescent girls' self-confidence and sense of self-efficacy, important factors in empowering survivors and preventing future violence.

The final evaluation and the quality of the exit strategy were assessed by an external consultancy firm.

STEP 5

Exit strategies

The PI team works constantly with members of the community, and there are various local services to support care.

In this context of partnerships with communities and services, capacity building is a process of mutual learning between stakeholders. These partnerships make it possible to increase the quality of services and results, but also to strengthen solidarity with local services and communities, and to recognise their expertise. The community approach is an important part of the exit strategy. The establishment and strengthening of 40 community protection committees has ensured the continuity of SGBV prevention through awareness-raising activities, as well as the referral of survivors to available services. Conflicts and complaints can be managed by setting up information feedback mechanisms. In addition, the involvement of 720 community leaders trained and committed to child protection issues and the rights of adolescent girls and women, as well as the 25 AGSS monitors who oversee the achievements at community level, enhances this effort..

As a result, these spaces, designed with the community and the teenage girls, and improved with local services, will be passed on to the communities with support throughout the duration of the project.



Reflections on the impact of AGSSs on the lives of teenage girls



AGSSs were an **important intervention** in the “Responding to the critical needs of SGBV exacerbated by COVID-19 in Kayes Communities” project. The case study revealed a significant impact of the AGSS in preventing and managing sexual violence in the target community. These spaces, designed to be holistic, have demonstrated their effectiveness through various dimensions, including the creation of a safe environment, the integration of intergenerational dialogue, the provision of direct care services, and the introduction of IGAs. These spaces are one of PI’s responses to emergencies aimed at the participation and empowerment of adolescent survivors of sexual violence to socialise, learn and express themselves as they rebuild their lives.

In terms of **prevention**, the AGSSs have been a key entry point for survivors of SGBV, facilitating safe access to specialist protection, health and legal services. Case management identified a total of 97 cases of SGBV, 49% of which were physical assaults, 14% rape and sexual assault and 13% psychological and emotional violence. Trained case managers were able to identify and refer survivors for holistic and individualised care tailored to their age and needs. As a result, 96% of the SGBV survivors identified said that they had received high-quality, safe care that respected their dignity. The case management system has therefore been effective in identifying cases of SGBV and providing holistic care to 100% of survivors through referral to PI. Nevertheless, more needs to be done to strengthen the capacity of communities to support survivors without the intervention of PI. AGSSs are therefore an essential element in strengthening care for survivors.

The care and referral services were accompanied by a range of **educational and fun activities**. The AGSS facilitated access to information, knowledge and skills in a safe, caring environment reserved exclusively for

adolescent girls. Through the various activities offered, which were designed to be participatory and age-appropriate, such as the distribution of hygiene kits, life skills sessions, etc., the knowledge of teenage girls and women increased significantly. 81% of teenage girls and women stated that they had improved skills in relation to SGBV, compared with 45% before the project.

In addition to learning activities, the AGSSs are first and foremost a safe place where teenage girls can have **fun**. Playful activities such as drawing, storytelling, sport and intergenerational dialogue have also helped to improve the well-being of teenage girls. In fact, 77% of the teenage girls interviewed during the final evaluation stated that they had the psychosocial skills to ensure their self-fulfilment. The AGSSs have therefore provided teenage girls with a space that is reserved for them, where they can have fun, learn and forge relationships with each other in order to entertain and strengthen community ties.

An AGSS is also a place to facilitate the **empowerment** of adolescent girls. In the Kita context, economic empowerment was identified as a real need for young women, including all adolescent mothers and married girls. Setting up IGAs as a complementary intervention is a strategy for contributing to the financial empowerment of participants.

In Kita, an essential element in the success of the AGSS program was **community involvement** and the support of key community players. In the context of the implementation of the project as a whole, the positive changes in attitudes towards gender equality and against gender-based violence were significant with 83% of community members stating that they were in favour of gender equality compared to 12% before the project. Similarly, 84% of traditional and community leaders said they had positive attitudes towards gender equality and GBV, compared with 18% before the project.

Recommendations

Following the implementation of the AGSSs in the commune of Kita and the lessons learned, PI can propose the following recommendations to improve the protection of girls in Mali:

1. Carry out a gender analysis, risk and needs assessment and mapping of protection services before setting up an AGSS

Implementing an AGSS requires examining community norms and practices, including the power relations that impact on adolescent girls. It is essential to understand the risks faced by adolescent girls and the behaviours and attitudes that may increase the risk of protection and SGBV as a result of their participation in the activities offered by the AGSS (such as the risk of increased domestic and intimate partner violence as a consequence of participation in the space's activities).

Before launching an AGSS, a mapping and assessment of protection services must be carried out to ensure the referral of cases of violence disclosed within the AGSS. This mapping can be carried out by collecting information from communities, adolescent girls and protection organisations and clusters/working groups.

2. Ensure the active and respectful participation of adolescent girls in the design and development of an AGSS

Adolescent girls and women must be involved from the design of the AGSS and throughout its development, including site selection, construction, organisation of activities and evaluation of the programme. Their participation must be voluntary, respect their schedule and avoid increasing their mental workload. Before the space is inaugurated, it is crucial that their opinions and concerns about the impact of the activities and possible mitigation measures are taken into account.

3. Set up an all-female AGSS management team

Although the team can be adapted to the local context, it is preferable for AGSS to be all-female in order to accommodate cultural preferences that favour single-sex environments, allowing adolescent girls to feel more comfortable, secure and free to discuss sensitive topics related to their experiences and well-being. This facilitates communication and trust, allowing teenage girls to feel understood and supported by people who may share similar experiences or specifically understand gender-related challenges.

Recruiting an all-female team can be difficult due to the qualifications and experience required, so it is important to focus on the personal qualities and ability of each candidate to actively support adolescent girls in the community. Professional skills can be developed by putting in place a comprehensive training programme for the team on setting up an AGSS, running fun activities, identifying cases of SGBV and protection, psychological first aid and communicating with adolescent girls. The team must receive ongoing support.

4. Optimise psychosocial support in AGSSs by offering a variety of activities adapted to the age and needs of participants

An AGSS aims to improve the psychosocial well-being and strengthen the social ties of girls, adolescents and young women, particularly in humanitarian contexts. The psychosocial support activities implemented as part of the AGSS aim to mitigate the impact of displacement, chronic stress and the feeling of lack of control over one's life and environment experienced by adolescent girls.

These activities can be informal, such as sewing groups, coffee or tea sessions, and dance sessions. Other more formal activities with groups may include psychosocial interventions or life skills training. These activities should be conducted in the local language and adapted to the age of the participants, their individual needs and the local culture.

5. Use intergenerational dialogue as a key strategy for destigmatising and combating SGBV in AGSSs

Intergenerational dialogues have proved effective in helping to combat SGBV. They make it possible to discuss taboo subjects that are not talked about outside these spaces. They provide a safe space to discuss taboos, particularly around family influences on intimate life, by encouraging discussions between teenage girls, their mothers-in-law and other girls and women in the community.

These intergenerational dialogues are much appreciated by the community. They allow different people to express their emotions and encourage the sharing of experiences between generations, improving understanding and awareness of each other's rights. So, these dialogues appear to be an essential strategy for de-stigmatising and combating SGBV.

6. Strengthen the impact and sustainability of AGSSs through the strategic involvement of community and religious leaders

The project evaluation reveals that community engagement is crucial to the sustainability and acceptance of an AGSS. It is important to identify key allies such as religious and community leaders, including women. These leaders have a profound influence on cultural and religious norms within their communities.

Their support enables AGSSs to be integrated respectfully into the local context, promoting their legitimacy and acceptance. This cooperation also encourages the active participation of the community, building trust and collective responsibility. In addition, the involvement of religious and community leaders helps to address sensitive issues such as sexual violence. They can help overcome cultural resistance by establishing an open dialogue. They understand the specific cultural and religious nuances of their community. Their involvement ensures that the programmes and services offered by AGSSs are culturally appropriate, which increases their effectiveness.

As an extension of this local involvement, awareness-raising campaigns on child protection and referring adolescent girls to AGSSs are also carried out by community child protection committees.

7. Mobilise AGSSs to identify cases of SGBV and refer them to services

The AGSS provides psychosocial support, shares information and refers adolescent girls to available protection services. The AGSSs have had a significant impact,

because before they were set up, cases of GBV were rarely reported due to taboos and a lack of recognition of abusive behaviour. Today, thanks to the support of facilitators and case managers, adolescent girls are learning to recognise and report various forms of violence, including neglect and forced school drop-out.

The AGSS can also be used to provide specialist services on an ad hoc basis, such as screening for malnutrition by medical staff, as part of an exchange with specialist organisations.

However, it is necessary to maintain awareness-raising efforts in the intervention areas to encourage SGBV survivors to access care services, even without the direct intervention of PI case managers.

8. Integrate AGSSs into an overall strategy for protecting children in emergency situations

AGSSs are an essential part of an overall strategy to protect children in emergency situations. However, they must be complemented by community initiatives such as creating or strengthening protection committees, raising community awareness of gender equality, and involving men and boys in the fight against SGBV. In addition, activities promoting financial empowerment, such as setting up income-generating programmes or savings and solidarity groups, are also recommended to strengthen the effectiveness of AGSSs.





Annex

AGSS Activities

- Adolescent Girl Safe Spaces Guidance Note: internal document available upon request
- All the tools mentioned are available in the [Child-Friendly Spaces toolbox](#)
- AGSS site selection checklist: internal document available upon request
- Child-Centred multi-risk assessments: [a field guide and toolkit](#)
- Plan International. [Adolescent Life Skills and Parenting Toolkit](#)

Guidance, tools and capacity-building:

- [Child Friendly Space Guidance Note and Toolkit](#)
- [Adolescent Programming Toolkit: Guidance and tools for adolescent programming and girls' empowerment in crisis setting](#)
- Gender Transformative Programming and Influencing guidance note: internal document available upon request
- [Child-friendly Feedback Mechanisms](#)
- Gender, Age and Inclusion Analytical Framework and Tools: internal document available upon request

Other safe spaces guidance:

- International Rescue Committee and International Medical Corps. [Women and Girls' Safe Spaces: A Toolkit for Advancing Women's and Girl's Empowerment in Humanitarian Settings](#)
- UNFPA. [Women & Girls Safe Spaces: A guidance note based on lessons learned from the Syrian crisis](#). March 2015.
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