



Society for Women Development and Empowerment of Nigeria
 ADOLESCENT GIRLS' INITIATIVE FOR LEARNING AND
 EMPOWERMENT PROJECT (AGILE), STATE
 Project Implementation Report (3)



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Executive Summary

Kano state is one of the 12 states implementing the World Bank funded project The proposed Adolescent Girls Initiative for Learning and Empowerment (AGILE) which is geared towards improving the quality of the girl child education and lay the foundation for a long-term engagement in adolescent girls' education and empowerment.

The schools as a platform to empower girls through education, life skills, health education, GBV awareness and prevention, negotiation skills, self-agency, and digital literacy skills. It is a five-year (5) project, that will work with the Federal Government and support the participating states to improve secondary education opportunities among girls, and to achieve its objectives through targeted assistance following key project principles and objectives.

This report details activities carried out from in April 2023 to May 2023. Within the period under review, the following activities were carried out in a bid to achieve the set goals

The activities carried out include one day review meeting with facilitators from pilot 1&2 schools and mentors to review performance. Assessment of the treatment schools is ongoing with the principals to ascertain their readiness for the takeoff of the safe space. The cascade training of participants selected from the 100 schools comprising of vice principals, G&C, school mistresses was conducted.

However, some challenges were encountered in the period under review. The challenges include: late take off of the baseline assessment which will affect the timeframe allocated to finalize the training, non-availability of conducive safe spaces in some schools to accommodate the girls leading to congestion

Project activities

Bi-Annual Review meeting with mentors and facilitators

A one day meeting was conducted with the facilitators from pilot 1&@ schools and the mentors, the meeting was used to provide refresher training to the facilitators to address the observations from the supportive supervision reports of the mentors. The participants were also taken through the observations on the following

- Safe space facilitation styles
- Cohort branding
- Participants' participation and understanding of the topics
- Personal hygiene of the girls

- Environmental hygiene

the highlights of the observations include

- most of the facilitators use innovations during facilitation to address local leads of the girls and practical scenarios. The facilitations are of activity based especially use of role plays and case studies
- group presentations are displayed on the walls and cohorts are branded by the names selected by the members
- engagement with the girls indicated their participation and understanding of the topics in the modules and increased self esteem that influenced their eagerness to participate
- there is great improvement in the personal hygiene of the girls for the physical outlook, even though some do not have complete uniform especially shoes
- observations and engagement with the principals indicated non availability of some logistics that will provide enabling environment for the girls

group meetings were conducted between the facilitators and the mentors to further discuss observations specific to the schools, identify challenges and develop action plans to address them.

Recommendations

- meeting with the principals to address specific challenges
- engagement with the AGILE SPIU team to escalate challenges
- mentors to further build capacities of facilitators based on their areas of needs and develop implementation plans to be shared with SWODEN
- SWODEN to source for more pictures for branding of cohorts
- Link up with the system strengthening component for the use of the renovated classrooms to ease congestion and supply of equipment

One day review meeting with SPIU

A one day review meeting was conducted with 17 participants from the Kano AGILE team/SWODEN team on successes, achievements and challenges of the project.

Project implementation update presented highlighted achievements and activities conducted so far which includes:

- Advocacy meeting with stakeholders
- Curriculum review and finalization
- Selection and training of mentors
- Selection of facilitators both within and outside the school
- Cascade training to 300 selected facilitators

- Conducted assessment of schools to ascertain availability of classes, garden space, toilets, water etc.
- Enrolment of beneficiaries and commencement of learning sessions across 42 pilot 2 schools
- Conducted meeting with GBV subsectors on creating synergy to address GBV in Kano state
- Distributed teaching and learning materials across 42 pilot schools
- Regular supportive supervision to safe spaces across the 42 pilot school
- TOT to mentors on Gender Based Violence (GBV)

Participants were also informed of the upcoming activities which includes:

- GBV cascade training to school administrators
- Commencement of learning sessions across pilot schools as soon as baseline evaluation is finalized.

the visit also provided technical support to improve the project implementation

Human Resources

School need assessment

The assessment of the 58 treatment schools using assessment tools that looked at availability of safe space, water, toilets and other amenities conducive for roll out of the program is ongoing. The principals are fully engaged

Training of mentors on Gender Base Violence prevention and management

A three days training was conducted, The training built the capacity of the mentors on strategies to prevent genders base violence, reporting pathways, management of clients and follow up. Fifty 6 (56) participants attended the training including representatives from SWODEN/AGILE team and State Implementation Unit.

Training content

1. “what is Gender

The differences between sex and genders were highlighted with contributions from the participants as follows:

Sex is the classification given to a male or female according to their biological trait

- It is assigned to a person at birth
- It is either male or female

Gender is the physical, behavioral and personality trait of a male or female as defined by society

- It is affected by person’s culture
- It is changeable
- It determines the roles played by a women, men, boy and girl.

2. Gender Inequalities,

Unequitable access to services: different scenarios were used to depict the inequalities experienced by both sexes especially girls/women at the community level that exposes them to GBV. Two images were displayed and portrayed examples of inequalities among the male and female, this is seen as common practice within our communities that most at times females are being denied many life opportunities as compare to their male counter parts making the females vulnerable to violence

Gender roles: the participants were taken community social norms and attitudes that shapes the lives of both boys and girls through the attitudes, privileges, opportunities and activities that people see as socially acceptable for men, women, boys and girls. The participants were made to understand that Gender roles can be changed in the family, at work and in the community , example:

Gender discrimination: a situation in which someone is treated less because of their expected roles as man or women,

Gender stereotypes the participants were taken through different gender stereotypes (the societal expectation or attributes assigned to a men and women) existing at the community level. Some skills and trades are attributed to either of the sexes and any deviation is considered abnormal. Example: Women are also expected to be gentle and quiet, while men are expected to be bold. This has great influence in preventing the girl child to achieve her potentials and be vulnerable to GBV

Recommendations for addressing gender inequalities

The following were identified

- **Gender stereotypes** can be changed through building capacities of Men, women, boys and girls can choose to take up any role or tasks they like.
- **Social Inclusion** involves promoting and providing equal opportunities and resources for both male and female. People who are commonly excluded in the community include:
 - People with disability especially disabled girls and women are often the most excluded because most of interventions do not take into consideration their challenges, so they have limited access to information and services
 - Women and girls are usually excluded from decision making at family and community level, there is the need for equal access to information and access to services using special communication media
 - Displaced people due to war, insurgency, community clashes etc often loose their identity and all their resources, they therefore prone to gender base violence and excluded from community activities. Increase awareness and access to services at IDP camps

3. Gender Base Violence/Abuse and categories of Abuse

The participants were taken through the different types of abuses being experienced by adolescents at both family and community level.

Abuse refers to any act or series of acts that result in harm, potential for harm, or threat of harm to a person. It includes maltreatment and /or violence against girls, and women, boys and men.

Some of the types of abuse include;

- ✓ **Physical abuse**
- ✓ **Emotional Abuse**
- ✓ **Sexual Abuse**
- ✓ **Neglect**

Men, Women, Boys and Girls can be abused in various ways.

Physical Abuse: physical injury which most of the times happen in familiar or intimate relationships. Also known as domestic abuse. (There is NEVER an excuse for physical violence)

Emotional Abuse: this refers to verbal attack or insults from one person to another. Using derogated words on someone, name calling, embarrassments: all fall under emotional abuse, and can cause lifelong issues.

Sexual Abuse: forceful sexual intercourse (**both anal and vaginal**) without consent. Examples of sexual abuse include:

- Being forced to kiss, rub, and touch your private areas or those of another person. This is molestation
- Being forced to watch sexual activities
- Forced or attempted penetration against will; commonly referred to as Rape

Neglect: deprivation of care and social amenities such as food, clothes and shelter for people under their care, does not protect them from physical and emotional harm; does not ensure that they are properly guided, or does not provide medical care when it is within easy reach due to gender issues .

A:The root causes of GBV and prevention .

- Cultural factors, i.e. Early forced marriage and cultural taboo such as raping of mad women in order to get rich, homosexuality in men to increase social status etc.
- Legal factor, religion and historical tradition have sanction physical punishment of women under the nation of entitlement and ownership of women by men.
- Political factors i.e. differences in political parties of spouse may lead to divorce in marriage, physical violence (beating and killing of opposition), some politicians engaged in rape and other form of sexual violence to get power.
- Economic factors i.e. poverty (due to poverty both men and women engage in GBV for survival.)
- Insecurity and street hawking expose both sexes to GBV
- Lack of orientation and guidance from parents, guardians and caregivers
- Conflict and war.

B: Prevention needed

- Community sensitization by traditional and religious leaders on the consequences of cultural taboos that fuel GBV

- Counselling of students on GBV by G&C in schools
- Sensitization on GBV and provision of strong pro judicial support to victims of GBV by the ministry of justice through the court to bring perpetrators to book
- Provision of quality religious and western education to build their capacities to know their rights and defend themselves
- Adherence to good community norms and values that protect women
- Introduction of Life skills programme at community level for out of school girls that will emphasise on entrepreneurship acquisition, education and vocational to increase the self esteem of women/girls and empower them to fight for their rights
- Campaign against GBV up to the grassroots level with special focus on people with disabilities
- Creating awareness on self-esteem and control.
- Legal action against perpetrators through implementation of existing laws

C: Referral Pathways:

The Ministry of Education (AGILE Project) Grievance mechanism was explained which indicated that all Suspected and identified cases of GBV to be reported using existing pathways using the ministry of Education grievance mechanism. The following groups were identified to play key roles in providing services

Role of MDAs and Others Stakeholders in the Rreferral Pathways

a. G&C and or Ffacilitator:

- Guidance and counselling services at the school level
- Taking appropriate action to deal with perpetrators at the school level
- Domesticating of victims and provision of emergency support,
- Facilitator should be able to exhibit strategic observation techniques during facilitation to identify threats of GBV by beneficiaries
- Act as the first point of contact with regard to any complain on GBV related issues.
- Collaborate with other stakeholders (i.e. G&C, Mentors SBMCs, principals, etc.) to report and follow up cases of GBV
- Should be able to help in documenting, exhibiting evidence and preservation of evidence to support the law

b. Mentors in reporting or handling GBV

- Counselling, to give psychosocial -support and advice to the victim
- Medical support (depend on type of GBV) through referral to WARAKA centres
- Follow up to ensure that proper medical care has been given to the victim
- To ensure confidentiality and perpetrators of GBV are brought to justice,

c. ministry of Health on GBV:-

- The ministry of health facilities are the first point of referral and response with regard to related cases and injuries through WARAKA CENTRE.

- Need for establishment of specific health centre that will be handling and documented cases.
- Special gynaecologist team that will be handling such victims for treatment.
- Awareness campaign through sensitization on TV and Radio programme for the in and out school girls on the health effect of rape.
- Provision/assigning of doctors to each zonal office that will be handling GBV cases if occurred.

d. Ministry of Justice on GBV:-

- Bringing culprit to justice
- Provide dedicated lawyers to speeding up trials
- Encourage information and counselling support
- Discourage corruption practice among staff of the ministry of justice on GBV issue and other related issues.
- Facilitated in amendment of GBV laws to include severe punishment for perpetrators
- Assign professional lawyers to provide free legal service to vulnerable victims.

E. Ministry of women and social development: -

- Psychosocial support through Counselling services
- Referral services to access other available service
- Support/ empower women to be economically viable
- Provide Rehabilitation services to clients
- Provide Follow up services.

f. Ministry of Education:-

1. Provide quality **Education**: transformation of individuals from ignorance to insight for self-protection
2. Policy formulation and implementation
 - (a) Discipline: positive change of behaviors, character and characterization of students
 - (b) Create awareness on GBV among students
 - (c) Empowerment students with information and knowledge
 - (d) G&C/ Gender officers to improve engagement with students and provide oversight
 - (e) Setting committee at the school level develop and track plan of action

g. Community leaders at community level to stop GBV.

- Creating enabling environment at community level where resident feel welcome, safe and have the opportunity to become involved in turning dangerous areas into safe neighborhood.
- Developing practical guidance for building systems that will address factors that contribute to GBV
- Conduct periodic feedback meetings at the community level
- unequal Gender power relation

h. Law enforcement agencies (Police, NAPTIP, HISBA, Vigilante groups etc)

- To prevent occurrence of GBV at all levels
- To ensure prompt access to justice by clients
- To ensure protection of the rights of the clients according to the law
- To offer protection to the clients

challenges identified

Current challenges identified include

- Some schools do not have female Guidance and counseling focal persons and most of them are males
- Some schools are not fenced, so men trace pass and violate girls
- Incidences of teachers violating girls were reported
- Inactive SBMC/PTA in some schools to follow up cases
- Inadequate engagement with the community stakeholders to address factors increasing GBV
- Uncooperative behaviors of parents whos' children are violated in reporting cases for redressal

Recommendations

Recommendations to address the challenges were discussed to ensure successful implementation of the project

- Out sourcing of safe space facilitators from the surrounding communities through advert and recruitment to address the shortage of female teachers
- Advocacy to ministry of Education for deployment of female G&C to the female schools
- Create partnership with other CSOs/NGOs and CBOs to create awareness and provide empowerment for vulnerable groups
- Provide services that will Address the needs of child survivors.
- Refer victims to health facilities to access prompt clinical services.
- Engage SBMC/PTA to develop plans to prevent GBV at school and community level
- Engage with community stakeholders to address existing community activities that fuel GBV

Cascade training on GBV prevention and management

Cluster 1&2 comprising of 100 schools and **344** participants were trained by the mentors using the existing GBV modules. The training built the capacity of the mentors on strategies to prevent gender base violence at the school and immediate communities, reporting pathways, management of clients and follow up to ensure justice. Participants fully participated and expressed readiness to work toward the success of the project. The participants were taken through the different processes based on the curriculum used for the TOT.

The participants were taken through the different processes of awareness creation, identification, reporting, psychosocial support and follow up of clients to ensure access

to justice. The participants worked in groups to develop implementation plans at the school level. The workplans include the following

- Stepdown training to other school teachers
- Setting up of GBV committee that will ensure tracking of GBV incidences at the school level
- Meeting with SBMC/PTA to sensitize them on the issues of GBV and their roles in addressing the issues
- Facilitate meeting with community stakeholders to sensitize them on their roles and responsibilities in addressing the factors that are fueling GBV in their communities
- Inclusion of GBV awareness into girls club activities

Enrollment and commencement of safe space sessions

Beneficiary enrollment and commencement of safe space cohorts was conducted across the 42 pilot schools. A total of 86 cohorts were formed across the 42 pilot schools and **6023** girls enrolled. School assessments were carried out across the 58-treatment schools, 164 cohorts formed and 9840 girls enrolled awaiting commencement of safe space activities after the baseline assessment.

Pilot 1 schools

S/N	NAME OF SCHOOL	NUMBER OF COHORT	NUMBER OF STUDENTS ENROLLED
1	GGSS GABASAWA	1	100
2	GGASS WANGARA	2	120
3	GGSS MADOBI	1	52
4	GGSS GARUN BABBA	2	88
5	GGSS KURA	3	268
6	GGASS DUMAWA	3	185
7	GGASS GOGORI	2	110
8	GGSS TSANYAWA	3	147
9	GGASS AMINA GETSO	3	149
10	GGSS GUDE	3	170
11	GGSS GARO	3	180
12	GGASS RIMIN GADO	4	200
13	GGSS KARAYE	2	120
14	GGASS CHULA	2	80
15	GGASS BEBEJI	3	165
16	GGSS KIRU	5	209
17	GGSS BUNKURE	4	196
18	GGASS GURJIYA	2	87
19	GGSS BURUM BURUM	2	137

20	GGASS GARKO	2	120
Grand Total		52	2883

Pilot 2 Schools

S/N	NAME OF SCHOOL	TOTAL NUMBER OF SS1 AND 2 STUDENTS	NO. OF COHORTS	Total number of girls enrolled
1	GGSS BELI	177	1	60
2	GGASS YAKO	278	1	60
3	GGSS GALA	116	1	60
4	GGASS UNGUWAR GYARTAI	102	1	60
5	GGASS BARKUM	500	2	120
6	GGASS TORANKE	259	1	60
7	GGASS YAJIN RANA	205	1	60
8	GGSS DOKA	153	1	60
9	GGSS GWARMAI	90	1	60
10	GGSS HARBAU	120	1	60
11	GGASS SAYE	246	1	60
12	GGASS TUDUN WADA DANKADAI	400	2	120
13	GGSS ABDU MARIRI	1188	3	180
14	GGASS RIMIN DADDO	491	2	120
15	GGASS SHANONO	512	2	120
16	GGASS DURBUNDE	205	1	60
17	GGSS BADAWA	905	4	240
18	GGSS DANGORA	210	1	60
19	GGASS DAL	237	1	60
20	HAJ. MARIYA SUNUSI GSTC GWARMAI	177	2	120
21	GGSS ZAKIRAI	390	2	120
22	GGSISS YALWAN DANZIYAL	134	2	120
	TOTAL	7095	34	2,040

Treatment schools 1

S/ N	Name of School	number of SS1 and SS2 Students	Number of Cohorts	Number Girls enrolled
1	GGSS AJINGI	471	2	120
2	GGASS Ajumawa	274	2	120
3	GGSS Hausawa	531	3	180
4	GGSS Babbangiji	243	2	120
5	GGSS Chiranchi	1724	5	300
6	GGSS AISHA SHEHU	552	3	180
7	GGSS DAWAKIN KUDU	350	2	120
8	GGSS DAWAKIJI	280	2	120
9	GGISS Dambatta	423	3	180
10	GGASS Danzabuwa	311	2	120
11	GGASS Dawakin tofa	623	3	180
12	GGSS Dorayi babba	968	4	160
13	GGSS Dukawuya	1291	5	300
14	GSC GARKO	238	2	120
15	GGSS KOFAR NAISA	420	2	120
16	GGSS Gandun Albasa	1543	4	240
17	GGASS Gwammaja	355	2	120
18	Prof Hafsat A.U. Ganduje GSTC	377	2	120
19	G.G.A.S.S Ado Na Maituwo	454	3	180
20	GGSS KABO	547	3	180
21	GGASS KAWAJI	2794	5	300
22	GGC KANO	640	4	240
23	GGC Gezawa.	149	1	60
24	GGSS Medile	372	2	120
25	GGSS SHARADA	2824	5	300
26	GGSS Dabo	530	3	180
27	GGSS KOFAR KUDU	456	3	180
28	GGASS UNGOGO	207	1	60
29	GGSS Shekara	555	3	180
	Total			

Treatment Schools 2

Name of School	SS1 and SS2 Students	Number of Cohorts	Number Girls Enrolled
GGSS,BULUKIYA	767	4	240
GGSS KURNA	1562	3	180
Government Girls Arabic Secondary School Dambatta	788	3	180
GGSS YANKATSARI	258	2	120
GGSS YARGAYA	181	2	120
GGSS Dawanau	670	3	180
GGSS kwa	369	2	120
GGAS MASALLACIN,FAGGE	193	2	120
GGSS Danrimi	877	3	180
GGSS Jogana	344	1	60
GGSS Dorayi karama	1305	5	300
GGSS Unguwar dabai	374	2	120
GGSS Sani mai nage	647	3	180
Sen. Bello Hayatu Girls Science and Tech Gwsrzo	261	2	120
GGSS MARIAM ALOMA MUKHTAR	550	3	180
GGSS MARMARA LOKON MASAKA	197	2	120
GGSS UMMA ZARIA	420	3	180
GGSS Sheka	1174	4	240
G.G.S.S Giginyu	775	4	240
G.S.T.C. Kano.		4	240
New GSTC KANO	1370	4	240
GGUC KACHAKO TAKAI	169	1	60
GGSS DARMANAWA	600	4	240
GGSS Sallari	319	2	60
G.G.S.S Fatima Muhammad	557	3	180
GGASS Taraunin Kudu	338	2	120
GGASS UNGUWA UKU	1241	5	300
GGASS Lambu.	236	2	120
GGSS BACHIRAWR TUKWANE	559	3	180
Total			
Grand total			6360

SUPPORTIVE SUPERVISION

The 40 trained mentors were allocated to all the schools for supportive supervision visits during safe space sessions. Supportive supervisions were conducted using the checklist developed for data capturing and reporting templates developed were used for submission of monthly reports.

The project consultants from SWODEN and the SPIU team members conducted joint monitoring to selected schools for spot checks during the reporting period

Supportive supervision visits to pilot schools

Supervisory visits to all the pilot schools were conducted and provided technical assistance.

During the visits the following activities were conducted

- the safe sessions were observed and technical assistances provided for the improvement of learning
- meetings were held with the facilitators and the principals and challenges were addressed
- learning materials were also replenished

The field reports provided highlights of the following

- inadequate classrooms in some school
- some cohorts are not branded
- some principals are not providing oversight to ensure quality
- inadequate toilet facilities
- some facilitators are not innovative in their methods of facilitation
- inadequate clean water sources in some schools
- unclean environments in some schools

follow up actions

- meeting with SPIU to facilitate the use of renovated classrooms for use as safe spaces and provision of clean water and toilet facilities
- refresher training for facilitators on the use of learner centered teaching methodology to improve facilitation skills
- facilitators to engage beneficiaries in environmental sanitation activities
- work with facilitators to ensure branding of cohorts and source for IEC materials to support

3. DISTRIUTION OF LEARNING MATERIALS

Learning materials were distributed to all the 42 pilots' school. The 22 pilot 2 schools were given additional learning materials to engage 20 additional beneficiaries ;

Items provided included

- Exercise books and Biro's for the beneficiaries
- Chalks and or White board makers,
- Water gum for practical demonstrations of creative thinking
- Permanent markers for development of materials
- Cardboard papers
- Masking tapes.

- Scissors
- Cardboard papers

Challenges

The identified challenges in the month under review were as follows:

- Delay in commencement of learning sessions in treatment 1 and 2 schools as SWODEN is still waiting for baseline evaluation.

Targets Reached

Trainings conducted	
Service Providers	Number that attended
Training of Trainers on GBV	56
Cascade training of school administrators on GBV management batch A	182
Cascade training of school administrators on GBV management batch B	162
Review meeting with facilitators and mentors	168
Meeting with SPIU	100
School assessment	
Number of schools assessed	100
Number of facilitators engaged	300
Number of cohorts formed	250
Number of beneficiaries enrolled	12,383
Safe Space Sessions	

Number of sessions pilot 1 (Dec. 22-May 23)	42
Number of sessions pilot 2 (March -May 2023)	18
Number of modules Pilot 1	6
Number of Module Pilot 2	3

Up coming activities

- Commencement of safe space sessions in all the 58 treatment schools
- Continue sessions in the 42 pilot schools
- Continue Supportive supervision of safe space sessions
- Quarterly review meeting with state GBV desk officers
- Distribute Monthly supplemental materials to schools
- Conduct quarterly meeting with State GBV Sub-Sectors to create awareness and provide update on AGILE Project Implementation.
- Conduct Bi-annual meetings with 100 school principals and other key stakeholders for review, discussion and feedback on implementation of safe spaces

ANNEXES



PRINCIPAL_DATA_BA
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Review meeting with SPIU



Group work on GBV Prevention during ToT



Feedback of Supportive supervision and group work during review meeting



Cascade training of school administrators on GBV prevention and management



Empowered AGILE Girls



Practical session of sewing of reusable pads using cloths and foam during session



Group sessions during the life skills



Supportive supervision of Safe space



Distribution of Learning Material