CMI REPORT

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Life skills in non-formal contexts for adolescent girls in developing countries

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Acknowledgements

Executive summary

How can young women in developing countries best be prepared for success in their lives and livelihoods? Life preparation requires learning different types of knowledge and skills in formal, non-formal, and informal learning contexts. Since the advent of the Education for All initiative in 1990, the international community has recognized that in addition to academic knowledge like basic literacy and mathematics skills, young people need to learn so-called "life skills" (UNESCO 2004 & 2012; UNICEF 2012). Life skills are *the combination of skills (what one has), knowledge (what one knows), and attitudes (what one believes and values) that constitute a set of competencies (what one can do) that enable youth to adapt to, function and thrive in society*. They enable individuals to translate knowledge, skills, and attitudes into specific behaviors to cope with, navigate, or transform life's challenges (Kwauk and Braga 2017). To successfully function as adults in society and to navigate the social, economic, and political challenges of the 21st century, young people must be able to think critically, participate politically, live peaceful and healthy lives, create and pursue economic opportunities, navigate and use new technologies, and process information in ways that translate into positive individual and societal development.

While there is international recognition of the importance of life skills for child and youth development – particularly for achieving positive behavioral change and health outcomes – more knowledge is required to better understand the broad spectrum of life skills that young women in developing countries in particular require, and how non-formal education contexts can best deliver these skills. Young women in these contexts face particular challenges in advancing socially, politically, and economically due to poverty and gender-based discrimination. While the formal education sector is expected to deliver the skills young women (and men) need to overcome these challenges, the non-formal sector has emerged to become an important space for life skills development, particularly for girls who may have dropped out of school. Yet, while there are a quite a number of existing non-formal life skills programs that target young women in developing countries, there are few studies of their scope, number, and curricula.

We set out to help fill this knowledge gap through a systematic cross-national study of non-formal life skills programs for girls. This study has three main research questions. First, we are interested in knowing more about the life skills programing landscape: What non-formal life skills programs are being implemented in developing countries that benefit adolescent girls? Who do these programs serve? What teaching methods do they use? Second, we want to know more about the design of these programs: What do these programs teach and why, and how does political, social, and economic context shape the content of programs in terms of determining what skills are viewed as most important to teach to girls? Third, we are interested in the intended outcome of life skills programs: what outcomes are life skills programming aiming to help girls improve?

We adopted a three-stage approach to answering our research questions. First, we conducted a comprehensive review of the relevant literature on life skills programs for girls, so as to establish the existing knowledge base. We then mapped non-formal life skills programs benefiting young women in the three countries, and collected data on a total of 103 programs. Finally, we surveyed

779 adolescent female program participants and 54 project managers, and asked follow-up qualitative questions with 30 participants.

Key findings

1) *Literature review*
   a. On balance, the few existing rigorous evaluations of life skills programs benefiting young women conclude that these programs generally positively influence psycho-social and attitudinal outcomes, health, and relationships. They can help to prevent early marriage, and they help to develop important economic and cognitive skills.
   b. There is a lack of systematic documentation across countries on what kinds of life skills programs are being offered to girls across developing countries and by whom, how these programs are designed, and what outcomes they intend to achieve.

2) *Program landscape*
   a. Despite the generally positive findings in the academic literature on life skills in developing countries about the impact of life skills programs on girls, the programs we surveyed do not seem to always serve the most vulnerable girls. This is further confirmed in the results of the survey.
   b. Life skills programs use a variety of teaching methods and emphasize the use of participatory activities in training sessions.
   c. Most life skills program instructors are trained and regularly evaluated. Programs also claim that they are regularly evaluated.
   d. Most life skills programs involve community members in program delivery, but do not always require parental consent to participate.

3) *Program design*
   a. The most commonly taught skills in non-formal life skills programs for girls are social and interpersonal skills.
   b. Program content is generally aligned with the skills that beneficiaries desire.

4) *Program intent*
   a. Participants report greater gains and impact on specific cognitive, health, and personal growth areas in which they exercise high levels of personal agency, than on structural challenges like employment prospects and marriage over which they have little personal control or agency.
   b. Participants are generally highly satisfied with program content, and they prioritize attending trainings.

Based on the findings from this study, we recommend a number of steps in research and practice to improve knowledge about non-formal life skills programs for vulnerable adolescent girls. First, further research on this topic is needed to better understand how and why programs have an impact on beneficiaries. Second, process-based longitudinal evaluation is needed to see how and whether girls are learning specific types of skills and how they apply them in their lives. Third, many life

skills programs appear to teach several skills in combination, and further research is required to understand whether the successful acquisition of skills, as well as translation of skills into change, is a function of skill inter-dependency. Fourth, programs should alter their recruitment methods so as to ensure they benefit the most vulnerable girls. Doing so requires more investigation to know what funding incentives program administrators are responding to in designing and delivering programs. Finally, more investigation into – and connection between – formal schooling and non-formal life skills programs is required to understand how the two may better work in tandem to strengthen life skills development for vulnerable girls.

1   Introduction

Since the advent of the Education for All initiative in 1990, the international community has recognized that in addition to academic knowledge like basic literacy and mathematics skills, young people need to learn so-called "life skills" (UNESCO 2004 & 2012; UNICEF 2012). Life skills are *the combination of skills (what one has), knowledge (what one knows), and attitudes (what one believes and values) that constitute a set of competencies (what one can do) that enable youth to adapt to, function and thrive in society.* They enable individuals to translate knowledge, skills, and attitudes into specific behaviors to cope with, navigate, or transform life's challenges (Kwauk and Braga 2017). To successfully function as adults in society and to navigate the social, economic, and political challenges of the 21st century, young people must be able to think critically, participate politically, live peaceful and healthy lives, create and pursue economic opportunities, navigate and use new technologies, and process information in ways that translate into positive individual and societal development.

Non-formal education – defined by UNESCO (2012) as any structured teaching and learning activity outside of formal schools – is an important arena for transmission of life skills, albeit one that has been understudied. Non-formal education and training programs are vital avenues for reaching disadvantaged and out-of-school youths, such as girls. The number of children and youth out of school is increasing, with girls and young adolescents in developing countries estimated to be a large proportion of those not attending school (UNESCO 2015). While there are quite a few non-formal life skills programs in existence benefiting young women in developing countries, there are relatively few studies that can say something comprehensive about the scope of non-formal life skills programs for girls, including how many there are, what they teach and how, and what skills they teach and what skills girls prioritize.

In this study we aim to improve understanding of the current state of non-formal life skills education and training programs that serve adolescent girls in developing countries. We conducted a comprehensive literature review and carried out surveys in Lebanon, Tanzania and Ethiopia. For the case studies, we mapped 103 non-formal life skills programs benefiting young women in the three countries, surveyed 779 adolescent female program participants and 54 project managers, and asked follow-up qualitative questions with 30 participants.

The remainder of this report is organized as follows: Section 2 discusses research design, followed by findings from the literature review in Section 3. Section 4 presents the findings from our literature review . Section 6 provides a summary of our aggregate findings across the three countries and sections 5, 6, and 7 report disaggregate data by country. In section 8, we summarize the major findings of the study and offer recommendations for policy and further research.

2   Methodology

This study has three overall research objectives. First, we are interested in knowing more about the landscape of life skills programing: What non-formal life skills programs are being implemented in developing countries that benefit adolescent girls?[1] Whom do these programs serve? What teaching methods do they use? Second, we are interested in the design of these programs: What do these programs teach and why, and how does political, social, and economic context potentially shape the content of programs? Third, we are interested in the intended outcomes of life skills programs: How are life skills programs intended to help girls confront specific life challenges?

To answer these questions, we adopted a mixed methods research design consisting of three stages: a comprehensive literature review (presented in the next section); a mapping of non-formal life skills programs currently being implemented for adolescent girls in Ethiopia, Lebanon, and Tanzania (sections 4–7); and a survey of program beneficiaries and administrators that collected both quantitative and qualitative information (also sections 4–7). In this section, we discuss the research design in more detail, as well as the various methodological choices and their limitations. Copies of the data collection instruments are presented in Appendix 3.

Research design

Our research questions necessitated a mixed methods research design. Primarily quantitative data was required to answer our question of *landscape:* what life skills programs for adolescent girls look like (e.g., what types of non-formal life skills programs serve adolescent females in developing countries, who these programs serve, and what teaching methods they use). Quantitative data was also used to answer the question of *design:* how life skills programs are designed and delivered (e.g., what skills such programs teach and the potential role of context in program design). Both quantitative and qualitative methods were used to answer the question of *intent* (e.g., what outcomes programs the training was anticipated to help influence). We used surveys and follow-up qualitative interviews to understand the answers to these questions and compare our findings across the three contexts. To our knowledge, there are few cross-country studies of life skills programs in developing countries, and this study provides a geographically comparative perspective that is currently lacking in the life skills literature.

Ethiopia, Lebanon, and Tanzania were selected for the primary data collection for three main reasons. First, the Norway-based research team had extensive experience and background knowledge of the context in each of these countries. Second, life skills programs are prevalent in the three countries. Finally, life skills programs are prioritized by non-government organizations in the countries and by the respective country governments.

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[1] For *adolescents*, we follow the World Health Organization's definition of individuals between the ages of 10 and 19. We use the term *developing country* to mean countries with a medium or low ranking on the Human Development Index (HDI); many of these countries are also classified by the World Bank as low- and middle-income countries. However, we recognize that these national-level rankings ignore variation within countries and that there may be large segments of the population within a country (such as forced migrants, the rural poor, slum dwellers, and ethnic minorities) who live in conditions far below the national average.

Data collection in the three countries was done in collaboration with local partners and took place during 2017. The Norway-based team designed the data collection instruments, drawing from the findings of the literature review presented in the next section and from the team's wider collective knowledge about poverty and gender. Data collection instruments were revised with feedback from the local partners. The partners were responsible for carrying out the data collection, specifically for mapping life skills programs and for surveying program beneficiaries as well as program administrators. The in-country partners are well-established, reputable, and experienced organizations in the fields of development studies, education, and gender. In Tanzania, the partner was Development Pioneer Consultants; in Ethiopia, it was the Ethiopian Development Research Institute (ERDI); and in Lebanon, it was the Center for Lebanese Studies (CLS). Government permission to conduct the studies was acquired by the local partner in each country, while the Norway-based team secured ethics clearance with the responsible Norwegian authority (the Norwegian Centre for Research Data). All data analysis was carried out by the Norway-based team. Nearly all of the quantitative data analysis is based on descriptive statistics; we discuss the qualitative data analysis below.

As with all research, this study has limitations. First, the high costs of the program mapping and surveys limited the resources available for collecting more in-depth qualitative data on the perceptions and views of the program participants. Budgetary constraints also limited the sample size for the surveys in each country. We were also not able to conduct in-depth qualitative discussions with program administrators. Second, because the study is based on a survey only of current beneficiaries and program administrators, we are unable to independently establish program impact. Thus, our analysis is limited to examining the intended outcomes of life skills programming, based on how participants described the usefulness and relevance of the programs for their future. Third, while the program mappings are at national level, and hence indicate a reasonably comprehensive overview of the current life skills trainings in the three countries, the surveys are primarily restricted to urban areas, due (again) to budgetary restrictions.

Stage one: Literature review

The first stage of our study was a comprehensive literature review of the existing academic and policy literature on life skills programs in developing countries. This review had three objectives: (1) to define the key concepts of the study; (2) to determine the existing global landscape of non-formal life skills programs in developing countries; and (3) to situate the study within a larger body of knowledge, establish the wider significance of the study, and determine the knowledge and programming gaps to which our findings can contribute. We also used the literature review to guide design of the data collection instruments, particularly in determining what life skills to ask program participants about in the survey. We discuss the research methods and protocol in more detail in the next section of this report and provide full details in Appendices 1 and 2.

Stage two: Life skills program mapping

The literature review showed that the concept of "life skills" is often defined so broadly as to include almost any form of non-academic education programming. Thus, we chose to limit our in-country data collection efforts to focus on life skills programming implemented by youth clubs, most of which were provided to youth groups in non-formal contexts (that is, outside of formal schools).

The local partners identified relevant organizations offering life skills training and coursework, using a list provided by the Brookings Institution. Snowball sampling methods were used to identify additional organizations. In addition, the country partners used internet searches, non-government organization (NGO) registration lists from relevant government offices, and other sources of information to identify programs. Partner staff contacted the organizations via phone, email, and in-person visits to headquarters offices.

Scope and limitation of the mapping exercise
The mapping activity aimed to provide a snapshot of the life skills training options available to adolescent youth in the three study countries. All programs offering life skills training to adolescent girls were included in the list, whether or not they also included other beneficiaries besides adolescent girls. In each country, the survey team tried to contact and profile all the life skills program providers identified through internet searches, document consultation, and snowball sampling. While we do not claim that we have a complete census of life skills programs in these three countries, we are confident that we have mapped all major providers currently offering life skills training to adolescent girls in each country. There are, however, a few limitations: in a very few cases, a program was not profiled if the program officer or manager was not accessible by phone or the program did not have a headquarters office in the city for a face-to-face meeting. Moreover, in Lebanon, several programs were either unresponsive or did not follow up on repeated requests for information, while in Tanzania some programs were reluctant to participate in the study due to perceived lack of benefits and because of research participation fatigue.

The program mapping survey is found in Appendix 3, and a full list of the organizations that participated in the survey is found in Appendix 4.

Stage three: Beneficiary and program administrator survey

This part of the study aimed to gain deeper insight into the types of life skills training available to adolescent girls in the three countries, and the relevance and usefulness of these trainings, as perceived by the beneficiaries. The survey was carried out with 779 adolescent youth and 54 project or youth club managers in Ethiopia, Lebanon, and Tanzania between April and July 2017. For each club in the sample, seven to ten beneficiaries were randomly selected to participate in the survey and answer a structured questionnaire. In addition, two girls from ten randomly selected clubs in each country (20 girls per country) were selected to answer a series of qualitative questions after the conclusion of the survey. Given the small number of interviews this entailed, we read through all of the responses for a sense of the range or breadth of information included in them. In each country chapter, we provide examples of responses for each question in order to give a sense of the range of responses.

A list of all the questions asked in the survey is found in Appendix 3 of this report, as are the follow-up qualitative questions. To our knowledge, while there are other large studies of life skills programs, this is the first cross-national survey of non-formal life skills programs and beneficiaries to date. The data we collected provide insights into our research questions of *what* life skills programs exist, what they teach, and whom they serve (in other words, the landscape of programming); *how* programs teach (and the role context may play in program design, if at all) (the design of programs); and *why* programs approach life skills in the ways that they do and for what intended outcomes (the intent of programs). Importantly, our findings also highlight knowledge gaps and areas for future research in the field of life skills programming in developing countries.

3   Literature review findings

To begin answering the research questions, we engaged in a comprehensive review of the academic and policy literature. We outline the full procedure we followed in Appendix 1 and provide a full list of references collected during our review in Appendix 2. We used a pre-determined set of terms to guide our literature review and updated this list as new, relevant terms emerged. We searched the full list of terms in academic databases and on the webpages of organizations that are involved in life skills programming in developing countries, either as providers or as evaluators. Our efforts resulted in well over 200 documents. To narrow down the number of documents, we excluded studies (i) that do not focus on developing countries, (ii) do not address life skills as a specific focus, (iii) that examine life skills programs in formal school settings only, and (iv) that make no mention of adolescent girls. In the end, we reviewed 146 documents.

This section summarizes our findings from the literature review. First, we begin by establishing a definition of the core concept of our study, *life skills*. Then, we outline the outcomes that the life skills programs reviewed in the literature claim that they to try to achieve for adolescent girls across the world in order to put our empirical findings from Ethiopia, Lebanon, and Tanzania into a wider comparative frame. This also allows us to better understand what programs intend girl participants to be able as a result of their participation. We follow this with a discussion of non-formal versus formal life skills approaches and the types of pedagogical methods used to teach life skills. Finally, we discuss how context might shape programs by influencing what skills are considered important to teach to adolescent girls in developing countries.

3.1   Defining "life skills": Conceptual development and differentiation

What are life skills? Which types of skills are considered life skills? Which are most important for young people to learn and develop? There is no universally agreed-upon definition of the concept of *life skills*, and, in fact, many of the documents we reviewed do not explicitly define the term. This is likely not only because context determines both the definition of life skills and which skills are important to learn (see WHO 1997), but also because the concept entails a large range of competencies, as shown in Table 3:1 below. The most widely adopted definition of life skills is that of the World Health Organization (WHO), which defines "life skills" as "abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life" (WHO 1997, 1).

Before laying out our definition of life skills, we wish to distinguish between three concepts that are often conflated in the life skills literature: *skills, knowledge,* and *attitudes*. Skills, knowledge, and attitudes are interdependent, but they are not one and the same. A *skill* is a broad concept that is defined by the OECD (2016) as the "capacity for carrying out a complex and well-organized pattern of either thinking (in the case of a cognitive skill) or behavior (in the case of a behavioral skill) in order to achieve a particular goal" (5). Skills are practical applications that "enable people. They are capacities to function...[they] give people the tools with which to shape their lives" (Kautz et al. 2014). *Skills* are tools, abilities, and capacities: they are the "know-how" needed to translate

knowledge and attitudes into action. On the other hand, *knowledge* is a body of information, while an *attitude* is a mindset towards and belief about an object or goal (ibid.).

Aggregating the many different definitions put forward in the various literatures, we define *life skills* to mean *the combination of skills (what one has), knowledge (what one knows), and attitudes (what one believes and values) that constitute a set of competencies (what one can do) that enable youth to adapt, function, and thrive in society*. Life skills enable individuals to translate knowledge, skills, and attitudes into specific behaviors to cope with, navigate, or transform life's challenges (Kwauk and Braga 2017). These challenges are many, varied, and context-specific, but broadly include the need to live and interact with others in a complex society; to satisfy basic cultural, material, and security needs; and to achieve and maintain psychological, social, and mental well-being while minimizing health and environmental risks (Botvin and Griffin 2004; Yankey and Biswas 2012; Maganani et al. 2005; Svanemyr et al. 2015; Yuen et al. 2015). For girls, this includes gender-specific challenges, such as achieving good sexual and reproductive health, preventing early marriage, reducing domestic violence, and acquiring empowering livelihoods skills.

In addition to differentiating between skills, knowledge, and attitudes, we must further differentiate between types of skills. Life skills are distinct from academic skills like literacy and numeracy. They are also not vocational or technical skills such as money management, entrepreneurship, or cooking, although these types of skills are often taught alongside life skills (WHO 1999; Yankey and Biswas 2012; Gazioglu and Canel, 2015). It should be noted, though, that some studies and programs consider technical skills like money management and financial literacy to be life skills, including the non-government organizations BRAC, the Women's Foundation, and Plan International (see also Edmeades, Hayes, and Gaynair 2014). However, several scholars argue that these types of livelihood-related skills are not life skills because to be considered a life skill, the competency in question must be transferable to another situation (Gould and Carson 2008; Ibarran et al. 2014). For instance, pro-social skills enable individuals to thrive in the workplace as well as in other daily scenarios.

The WHO recognizes five core areas of life skills: (i) decision-making and problem-solving; (ii) creative and critical thinking; (iii) communication and interpersonal skills; (iv) self-awareness and empathy; and (v) coping with emotions and with stress (UNICEF 2012, p. 8). UNICEF prioritizes ten specific skills, categorizing them into three areas: (a) communication and interpersonal skills (interpersonal communication skills; negotiation and refusal skills; and cooperation, teamwork, and advocacy skills); (b) decision-making and critical thinking skills; and (c) coping and self-management skills (internal locus of control, managing feelings, and managing stress) (UNICEF 2012).

Speaking specifically to the skills component, we view life skills as *tools for achieving positive change*. For instance, decision-making and problem-solving skills enable individuals to assess options for courses of action, as well as the effects of these different options, and to deal constructively with problems. Creative and critical thinking skills empower individuals to analyze information, explore alternatives, and respond adaptively to situations. Through communication

and interpersonal skills, individuals can positively express themselves verbally and non-verbally. Self-awareness and empathy entail recognition and understanding of the self and others, while coping skills allow individuals to manage negative emotions and stress. These have broader, positive social effects, as shown in Table 3:2.

Following Mangrulkar, Whitman, and Posner (2001) and the UNICEF (2012) categorization outlined above, we categorize life skills into three areas, as shown in Table 3:1: social and interpersonal; personal; and cognitive.

TABLE 3:1. Specific life skills mentioned in the academic and policy literatures

Social and interpersonal – relations with other people	Personal – management of oneself	Cognitive – analytical abilities
- Time management - Respect for others - Ability to work in teams - Tolerance, cooperation - Conflict resolution - Communication - Refusal skills, including resisting social pressure - Assertiveness - Egalitarian gender role attitudes - Expressing one's opinion - Leadership - Negotiation - Sociability - Empathy - Rights awareness - Civic responsibility	- Management of emotions - Self-regulation, control - Self-esteem - Self confidence - Self-awareness - Stress management - Persistency and perseverance	- Problem solving - Goal-setting - Planning for the future - Organizational - Study skills - Critical thinking - Creative thinking - Decision making - Understanding consequences - Ability to use information - Health: sexual and reproductive; physical fitness; nutrition; hygiene; substance abuse - Negotiation of risk

TABLE 3:2. Purpose of life skills - examples

Skill (tool)	Expected outcome	Larger personal or social impact
Conflict resolution	Ability to resolve problems non-violently	Peaceful inter-social relations
Self-regulation	Manage negative emotions and stress	Ability to positively relate to other people, express oneself, and meet needs

Finally, in taking a wider view on adolescent development, it should be noted that life skills may be necessary, but are not on their own sufficient, for equipping young people to effectively address the various challenges in their lives. Rather, in today's globalized and ever-changing world, children and youth require a wide range of interrelated academic, livelihood, and psychosocial competencies – a breadth of skills – to survive and thrive (Winthrop and McGivney 2016).

TABLE 3:3. Selected alternative definitions of life skills from the reviewed literature, in chronological order

Source	Definition
Smith et al., 2007	Life skills are "the knowledge, skills, and attitudes required for an individual to function in society and be able to satisfy basic cultural, material, and security needs" (11).
Goudas and Giannoudis, 2008	"Life skills enable individuals to succeed in the environments in which they live. Life skills can be physical (e.g., taking a right posture), behavioral (e.g., communicating effectively), or cognitive (e.g., making effective decisions)" (529).
Yadav and Iqbbal, 2009	"Life skills are essentially those abilities that help promote mental well being and competence in young people as they face the realities of life. Life skills enable individuals to translate knowledge, attitudes and values into actual abilities – i.e. what to do and how to do it. Life skills are abilities that enable individuals to behave in healthy ways, given the desire to do so and given the scope and opportunity to do so" (62).
Yuen et al., 2010	"A student's 'life skills' comprise a set of everyday competencies and perceived self-efficacy that facilitate academic progress, personal and social development, and career planning. Examples include (inter alia) study skills, interpersonal relationship skills, self-management and leadership skills, skills in problem-solving, career decision-making and strategies to further develop and utilize one's talents" (296).
UNESCO, 2012	Life skills are "personal management and social skills which are necessary for adequate functioning on an independent basis. . . . [They] cover learning to know, learning to do, learning to be and learning to live together" (5).

Yankey and Biswas, 2012	"Life skills are psychosocial competencies and contribute greatly to achieving psychological, social and mental well-being" (514).
Lai et al., 2013	Life skills approaches build "competencies for interpersonal relations, decision-making, critical thinking, and emotional coping skills...and prepare youth to live meaningfully and successfully in a rapidly changing society" (129).
International Youth Foundation, 2014 (see Global Partnership for Youth Employment)	"Life skills are a comprehensive set of universal cognitive and non-cognitive skills and abilities, connecting behavior, attitudes, and knowledge, which youth can develop and retain throughout their lives. Life skills increase young people's well-being and help them to develop into active and productive members of their communities" (3).
Gazioglu and Canel, 2015	Life skills "prepare youths to be active participants in society and to cope with the problems of adults in youth in daily life. . . . They are the are personal and social skills related to daily life. . . . They refer to making decisions that include responsibility for a healthier life and choosing appropriate behavior" (25–26).
Cadena et al., 2015	Life skills are "the ability to meet day-to-day challenges and make informed decisions about life" (3).
Svanemyr, Baig, and Chandra-Mouli, 2015	Life skills are "psycho-social skills that determine valued behaviour and include reflective skills such as problem-solving and critical thinking, as well as personal skills such as self-awareness, and interpersonal skills" (251).
Amin et al., 2016	Life skills are an "integrated set of critical thinking, personal, and interpersonal competencies needed to lead productive and fulfilling lives" (39).

Outcomes targeted by life skills programs

What do life skills programs hope to achieve? What abilities do they intend girls to develop? What actions do they anticipate beneficiaries to be able to take as a result of having participated in the program? In Table 4, we list examples from the literature of non-formal life skills programs targeted to adolescent girls in developing countries and their outcomes, as identified through rigorous program evaluation reports. We then discuss the evidence of positive outcomes provided in these evaluations, focusing on five areas: (i) psycho-social and attitudinal outcomes, (ii) health and relationships, (iii) early marriage, (iv) economic skills, and (v) cognitive skills.

TABLE 3:4. Examples and outcomes of non-formal life skills interventions targeted at adolescent females in developing countries,
as identified in the literature review

Provider – Program name – Countries (citations)	Content and delivery model	Participants	Outcomes
CorStone – Girls First Resilience Curriculum –India (Leventhal 2015)	• 23 weekly peer-support sessions carried out at schools by women facilitators for poor adolescent girls. • Aimed at strengthening emotional resilience (coping, adaptability, persistence), self-efficacy, and socio-emotional skills (i.e., beliefs about helping others in community).	Middle-school girls at government schools in rural Bihar, India (one of India's poorest regions)	Improvement in participants' psychosocial outcomes; no effect on participants' levels of depression or anxiety
Centre for Development and Population Activities (CEDPA – Better Life Options – India (Acharya et al. 2009)	• Groups formed to enable girls to meet and interact regularly (daily), through meetings at local program centers. • 6–9 month life skills curriculum to develop girls' agency, foster egalitarian gender attitudes, raise awareness of health issues (especially sexual and reproductive topics), and receive livelihoods skills training.	Unmarried adolescent girls in rural Lucknow district (Uttar Pradesh)	Enhanced agency of participants, including improved gender roles
BRAC – Empowerment and Livelihood for Adolescents (ELA) – Bangladesh, Uganda, Sierra Leone, and other African countries (Bandiera et al. 2012; 2014; n.d.; Kashfi et al. 2012; Shahnaz and Karim 2008)	• Adolescent development clubs meeting 5 afternoons a week in a fixed place. • Female mentors teach adolescent girls vocational skills (both income-generating activities and financial literacy) and life skills (sexual and reproductive health, management skills, negotiation and conflict resolution, leadership, gender-based violence and women's legal issues such as child marriage). • Clubs also host recreational activities.	Adolescent girls from disadvantaged backgrounds, in both rural and urban areas; a nominal fee is charged for participation, prevents some girls from participating	Positive impact on financial outcomes (e.g., income generation), formal school attendance, and sexual and reproductive health

Provider – Program name – Countries (citations)	Content and delivery model	Participants	Outcomes
BRAC – Girls Education Program and Adolescent Reading Centres – Afghanistan (Echavez et al. 2014)	• 5-day course discussing general and reproductive health and women and children's rights.	Adolescent girls with primary-level education but unable to continue schooling; implemented in Kabul and Parwan provinces	Increased knowledge of health, enhanced rights awareness, improved literacy
Shaping the Health of Adolescents in Zimbabwe (SHAZ!) – SHAZ! Life Skills Curriculum – Zimbabwe (Dunbar et al. 2010; 2014)	• 10-part program that teaches orphaned adolescent girls HIV and reproductive health knowledge, as well as issues related to gender, culture, and physical and sexual violence, with the aim of strengthening their capacity to confront the forces that put them at risk. • Program includes relationship negotiation, strategies to avoid violence, and the identification of safe versus risky places . • Also provides business and vocational training and mentoring, as well as enterprise skills and financial literacy, to prepare girls to engage in microenterprise activities connected to microloan finance. • Life skills curriculum inspired by Stepping Stone and CDC-Zimbabwe Talk Time.	Out-of-school female adolescent orphans	Improved sexual and reproductive health knowledge and improved relationship power; poor results for business success and loan repayment
Ethiopia Ministry of Youth and Sports – Bright Future – Ethiopia (Erulkar et al. 2011)	• Program taught at local community centers 3–5 times a week by female mentors for out-of-school slum-dwelling adolescent girls. • Provides basic literacy, HIV, and reproductive health information, as well as life skills (self-confidence, gender-based violence, personal hygiene, financial literacy and savings).	Out-of-school slum-dwelling adolescent girls, including rural-to-urban migrants, domestic workers, and orphans; implemented in urban areas in Addis Ababa and Amhara regions	Improved social relations, knowledge about sexual and reproductive health, and literacy and numeracy

Provider – Program name – Countries (citations)	Content and delivery model	Participants	Outcomes
Room to Read – Girls' Education Program – Nepal (Cadena et al. 2015)	• "Social mobilizers" assist adolescent girls with the transition to secondary school through female mentorship and life skills training (self-awareness and confidence, expressing and managing emotions, empathy, self-control, critical thinking, decision-making, perseverance, communication, creative problem-solving, and relationship building).	Adolescent girls from economically disadvantaged areas in the Terai region	Improved literacy; mixed results for prevention of early marriage
CARE International – Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA) – Ethiopia (Edmeades and Heaves 2014)	• Program seeks to mitigate the effects of early marriage and to support married adolescents in their transition to adulthood. • Adolescent girls are organized in groups to receive information and services on sexual and reproductive health; economic empowerment (how to save and invest money, participation in employment and income-generating activities); and other skills (how to care for a newborn, decision-making, how to communicate in a relationship).	Child brides in rural Amhara region	Gains in communication, decreased gender-based violence, and improvements in sexual and reproductive health, positive financial and mental outcomes, and social support
Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents (BALIKA) – gender-rights awareness training – Bangladesh (Amin et al. 2016)	• Weekly meetings of adolescent girls with female mentors and peers in BALIKA centers to learn skills to transition from girlhood to adulthood. • Basic life skills training provided first, including critical and creating thinking, basic sexual and reproductive health information, decision-making, learning to say no and to compromise, physical and emotional changes in adolescence, hygiene, food and nutrition, HIV/AIDS, child marriage, and family planning.	Rural adolescent girls in communities with high prevalence of child marriage	Reduction in child marriage among participants

Provider – Program name – Countries (citations)	Content and delivery model	Participants	Outcomes
	• Gender module follows this and teaches more about sexual and reproductive health and rights, gender and power dynamics, gender rights and negotiation, and gender-based violence • Program is influenced by the Population Council's "It's All One Curriculum"		
Innovations for Poverty Action – Curriculum on negotiation and communication skills – Zambia (Ashraf et al. 2013)	• 2-week after-school program to teach girls negotiation and communication skills	Secondary school girls in Zambia	Improvements in negotiation skills, positive social interactions, and health outcomes
International Youth Foundation – Kenya Youth Empowerment Program (Ninaweza) – Kenya (GPYE 2013)	• 8-week training program for young disadvantaged women in Nairobi area informal settlements • Participants provided with technical training in ICT and with life skills program (self-awareness, emotional intelligence, problem solving, goal setting, job searching, health practices, workplace ethics)	Young women living in informal settlements in Nairobi	Improved self-confidence
Population Council and 3 other NGOs – Ishraq Program – Egypt (Brady et al. 2007)	• Program for adolescent out-of-school girls that involves literacy classes, life skills program, and sports activities • Girls meet in groups at youth centers 4 times a week, 3 hours per day, with female promoters • Life skills training includes discussions about interpersonal relations, communication, negotiation, decision-making, critical thinking, gender and other social norms, and health beliefs and behavior (reproductive health topics were optional for younger girls)	Out-of-school adolescent girls in rural villages in Egypt	Changed attitudes about gender roles, and reported improvements in self-confidence

Provider – Program name – Countries (citations)	Content and delivery model	Participants	Outcomes
	• CEDPA's New Horizons curriculum is used for life skills training		
World Education – Youth on the Move – Girls Access to Education (GATE) – Nepal (World Education, n.d.)	• GATE curriculum combines health education with literacy and numeracy skills and information on safe migration, sexual abuse, child labor, and trafficking	Unknown	Improvements in communication, health knowledge, and academic performance
ACORD - Stepping Stones – Angola, Tanzania, Uganda (Hadjipateras et al. 2006)	• Teaches gender awareness in order to reduce girls and women's vulnerability to HIV/AIDS through transformed gender relations and inequalities • Method involves working in sex and age-based peer groups over a period of 3–4 months, to build up participants' confidence over time to negotiate and cope with HIV and AIDS through self-realization, learning, sharing, and caring, as well as rethinking negative social and cultural norms	Varies across project sites	Increased knowledge of sexual and reproductive health and positive impact on women's social status
International Rescue Committee – Sisters of Success – Liberia (Koroknay et al., n.d.)	• Goals are for adolescent girls to adopt healthy behaviors, build confidence and self-esteem, learn and practice their rights, develop savings and financial literacy habits, increase community participation and involvement, and work towards personal development goals • Mentors meet in sessions (groups) twice a month over 15 months	Adolescent girls in Monrovia	Evaluation is forthcoming, carried out by Innovations for Poverty Action, the World Bank, and the International Rescue Committee

Psycho-social health and attitudinal outcomes

Existing evidence suggests that life skills programs can have a positive impact on psycho-social issues as well as on attitudes. Marcus et al. (2017) conduct a comprehensive review of 63 studies about the empowerment impact of 44 girls clubs and life skills programs around the world and found that half of the reviewed programs contributed to psychosocial gains for girl participants (for instance, in increased confidence), while three-quarters of the programs contributed to positive changes in gender-related attitudes and discrimination (for example, views about early marriage and mobility limitations). Leventhal et al. (2015) evaluate the Resilience Curriculum, which was developed for rural, poor adolescent girls living in Bihar, India. A randomized controlled trial of the program shows a statistically significant improvement in self-reported psychosocial outcomes for program participants, including in their emotional resilience (coping skills, adaptability, and persistence), self-efficacy, social-emotional assets (including social skills and beliefs about helping others in the community), psychological well-being (greater life satisfaction and positive affect), and social well-being (stronger connections with peers). The examination shows no effect on participants' self-reported levels of depression or anxiety.

Acharya et al. (2009) use a quasi-experimental research design to examine The Better Life Options program for adolescent girls, a non-formal life skills program delivered to adolescent girls in India. Comparing pre- and post-program surveys of program participants, their research shows that the program had a positive and significant effect on enhancing girls' agency (decision-making ability, mobility, sense of self-efficacy, and access to resources), and on gender role attitudes for the participants who attended the program regularly.

A randomized controlled trial of the employment- and income-generation Ninaweza training program in Kenya shows that the program was successful in bolstering the self-confidence of participants who reported low confidence in their skills prior to program participation. In a randomized controlled trial of a separate, trauma-focused cognitive behavioral therapy program delivered by non-clinical facilitators to a group of war-affected, sexually exploited girls in the Democratic Republic of Congo, O'Callaghan et al. (2013) show evidence of reduced observable symptoms of post-traumatic stress, depression, and anxiety and conduct problems, and increased pro-social behavior in the girls. These gains were either maintained or improved (in the case of depression and anxiety symptoms and pro-social behavior) three months post-intervention.

Effects on health and relationships

Several studies evaluate programs that have a combined focus on health and relationship outcomes. Acharya et al. (2009)'s evaluation of The Better Life Options program shows a positive impact on girls' knowledge and awareness of sexual and reproductive health matters, as well as an increased preference not to engage in early marriage. Dunbar et al. (2010) evaluate the SHAZ! HIV and reproductive health and economic skills program using survey and pre- and post-participation surveys and interviews. The 2010 evaluation shows improvements in participants' health knowledge and relationship power, but business success and loan repayment was poor. In a follow-up study, Dunbar et al. (2014) employ a randomized controlled trial and found evidence of a

lowered risk of transactional sex, a higher likelihood of using a condom, and fewer unwanted pregnancies among participants.

Erulkar (2014) carries out a controlled pre- and post-comparison of the Biruh Tesfa program in Ethiopia, which was designed to reduce the social isolation of adolescent girls in urban slums through enhanced social safety nets and to provide them with health information and functional literacy skills. The study shows that participants were more likely to report having social support and more likely to score highly on HIV knowledge questions. Literacy and numeracy scores of participants also increased. These authors also evaluate a separate program called Meseret Hiwott, which was designed to support married adolescent girls in rural areas by widening their social networks, teaching them to navigate the power dynamics that relegate them to an inferior status in the household, and providing reproductive knowledge (including on HIV/AIDS) and financial literacy skills. Their post-test cross-sectional examination shows that participants were more likely to use family planning services, obtain voluntary HIV counseling and testing, and negotiate spousal accompaniment to clinic visits. They also were more likely to report receiving assistance with domestic work from their husbands.

Echavez et al.'s (2014) evaluation of BRAC life skills education and livelihoods training in Afghanistan through a controlled comparison and interviews shows that the program increased girls' knowledge of health, as well as their literacy skills and rights awareness. Participants had actually used their new knowledge of health, for example, by seeing a doctor to address a health concern or improving personal or household hygiene practices.

Edmeades et al. (2014) carry out a randomized control trial of a CARE-led program called TESFA (Towards Economic and Sexual Reproductive Health Outcomes for Adolescent Girls). The program aimed to mitigate the effects of early marriage for married adolescent girls in Ethiopia and to delay marriage for unmarried girls through skills training, financial and livelihoods training, and health information and services. The results show that married girls had large gains in communication with their husbands; experienced a decrease in levels of gender-based violence; had improved mental health; made increased investments in productive economic assets; had improved knowledge and use of sexual and reproductive health services, including family planning; and reported increased social capital and support.

Ashraf et al. (2013) examine a program in Zambia that focused on improving adolescent girls' health and educational outcomes. Based on randomly assigning participants to the program, their post-intervention assessment showed that participants' self-reported negotiation skills increased, as did participants' sense of control over their lives. Participants also reported more positive conversations with people, increased food consumption, and improved HIV and sexual health knowledge.

Pronyk et al. (2006) evaluate the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) program, a combined microfinance and HIV training curriculum. Their randomized controlled trial shows that the program had a positive effect on household economic wellbeing, social capital, and gender equity. Furthermore, the authors estimated that over a two-year period, levels of intimate partner violence were reduced by 55% in women in the intervention group relative

to those in the comparison group. There was, however, no impact on the rate of unprotected sexual intercourse with non-spousal partners.

Finally, Hadjipatera et al. (2006) use pre- and post-participation surveys of participants to evaluate the Stepping Stones program in Angola, Tanzania, and Uganda, which aimed to enable participants to negotiate and cope with HIV and AIDS. Participants reported increased knowledge and understanding of HIV/AIDS and other sexually transmitted diseases; a reduction in high-risk cultural and sexual practices; a positive impact on women's status; a reduction in taboos around talking about sex (both between partners and with children); and improved community responsibility for taking action to spread awareness.

Early marriage

Three studies in our literature review specifically examine non-formal life skills programs aimed at reducing early marriage and pregnancy. Through ex-post surveys of 189 students and interviews with 89 key informants, Cadena et al. (2015) show that some participants in the Room to Read program in Nepal reported success in avoiding early marriage. Overall, early marriage was more common prior to the life skills training and the program helped to change community perceptions about educating girls and delaying marriage. In addition, the program positively influenced children's reading habits and abilities. Respondents felt the program had a positive impact on girls' enrollment, retention, and completion rates for formal schooling. Girl participants felt more empowered to emphasize the importance of education with family and community members.

Amin et al. (2016) use a randomized controlled trial to examine the outcomes of the Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents (BALIKA) program, which also aimed at eliminating child marriage. Girls received training in gender rights and negotiation, critical thinking, and decision-making. In the gender-rights component, participants received information on sexual and reproductive health, gender rights and roles, negotiation, critical thinking, decision-making skills, and gender-based violence. The full program was found to reduce child marriage at ages 16 and 17 among participants by approximately one-third in intervention villages relative to control villages.

Finally, Brady et al. (2007) use a controlled comparison to evaluate the Ishraq program in Egypt, designed to reduce the vulnerability of out-of-school adolescent girls by changing gender norms and community perceptions about girls' roles in society through a life skills program, sports, and literacy classes. Program participants expressed a desire to marry at older ages and to have a say in choosing a husband. Participants overwhelmingly objected to female genital cutting (FGC) for their future daughters. Only 1% of Ishraq graduates believed FGC is necessary, compared to 76% of nonparticipants. Girls who participated regularly in Ishraq reported higher levels of self-confidence than nonparticipants: 65% said they often feel "strong and able to face any problem."

Economic empowerment and livelihood outcomes

The majority of the rigorous evaluations we found of programs that aim to improve girls' livelihoods are evaluations of BRAC's life skills programs. Shahnaz and Karim's (2008) comparison approach

shows that participation in BRAC's Empowerment and Livelihood for Adolescents (ELA) program strengthened microfinance engagement and entrepreneurship among girl participants, as they were more likely to take loans and to earn substantially higher amounts of money, compared to non-participants. Moreover, participation in ELA Centre activities was strongly associated with girl participants' socialization with other adolescents and mobility outside the home.

A 2012 study of the ELA program in Uganda uses surveys and in-depth interviews to find that the program led to a large increase in girls with bank accounts, a growth in savings levels, a large decrease in teen pregnancy, and an increase in condom usage. The report also evaluates the ELA program in Bangladesh, finding that participants reported a sharp increase in the number of days a year they spent on income generating activities, a rise in financial literacy, an increase in communication with parents and spouses, and a positive impact on girl participants staying in school (Kashfi et al. 2012).

Finally, a randomized controlled trial carried out by Bandiera et al. (2014) of the BRAC girls club program in Uganda shows that the combined provision of vocational and life skills in the program had a positive and significant effect on advances in economic and social empowerment for participants.[2] Participants were more likely to engage in income-generating activities, and school drop-outs were more likely to re-enroll in formal schooling. The program also resulted in reduced early childbearing and early marriage rates, as well as in lowered reports of engagement in involuntary sex. Participants showed gains in knowledge about HIV and pregnancy and increased self-reported condom use.

Academic outcomes

Some of the studies examining the effect of life skills development on girls' academic outcomes, like literacy and numeracy or enrollment, retention, and completion, also examine impact on a number of other life outcomes, such as health and early marriage. We were able to locate just one study that specifically examines the impact of life skills training on learning outcomes. A survey of past participants in World Education's Youth on the Move program in Nepal – which combines a health education curriculum with literacy and numeracy skills with information on safe migration, sexual abuse, child labor, and trafficking – finds improvements in participants' performance in Nepali language and math, in addition to health and communication (World Education, n.d.).

In summary, a number of studies show that participating in life skills programs often results in positive gains for girls. The bulk of the evidence points towards positive contributions to psycho-social, early marriage, health, economic, and learning outcomes. However, as many programs teach several skills in combination with each other and measure a wide range of outcomes simultaneously, it is not easy to understand exactly how and why programs have an impact on improving one particular outcome; which skill (or set of skills) are most important for achieving a specific outcome; or whether programs that focused on improving one outcome alone would achieve the same effect as a program aimed at improving multiple outcomes at once. It may be

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[2] See http://voxdev.org/topic/labour-markets-migration/impact-skills-development-adolescent-girls-uganda-and-liberia for a recent update and discussion of this study.

difficult to pinpoint what outcomes life skills enable and how because programs aim to achieve so much. This can have the effect of reproducing the idea that life skills development is a panacea for all challenges that vulnerable girls face in developing countries, as well as the notion that girls simply need to become more resilient and better skilled, without much thought as to how her environment might constrain her ability to apply her new skills for better outcomes.

3.2   Formal versus non-formal approaches

In general, life skills programs in formal education settings consist of (often) mandatory school-based interventions in which the participants may have an opt-out option. Such interventions are often implemented on the initiative of government bodies and have an overarching societal aim, such as fighting the HIV/AIDS epidemic, reducing substance abuse and teenage pregnancy, preventing suicide, or improving the retention of females in school.[3]

In contrast, non-formal life skills interventions include programs and clubs that operate outside of school hours and are generally attended on a voluntary basis. These programs are typically initiated and implemented by non-governmental organizations like BRAC, UNICEF, CARE, Room to Read, Plan International, the Population Council, and the Norwegian Refugee Council, as well as by foundations that may enjoy close collaboration with government ministries, like The Women's Foundation. Non-formal education and training programs can be important avenues for reaching disadvantaged and out-of-school youth.[4] This is essential, considering that there remain a large number of children and youth out of school, with girls and young adolescents in developing countries estimated to be a large proportion of those not attending school (UNESCO 2015).

The non-formal life skills programs in the literature we surveyed often target disadvantaged, marginalized youths, including the very poor in both urban and rural contexts, out-of-school youth, orphans, married adolescents and young parents, disabled young people, sex workers, street children, youth head-of-households, slum dwellers, drug users, youth living in violence-affected areas or who have been directly affected by violence (including armed conflict), youth from socially marginalized groups (such as ethnic minorities), migrants, and youth displaced by natural or man-made disasters and crises. However, the studies we reviewed generally do not specify how these participants are recruited, nor do they provide much information about whether the participants are actually from those disadvantaged groups.

Non-formal life skills programs often seem to teach a combination of skills, as opposed to life skills programs delivered as stand-alone or isolated subjects in the formal schooling system, such as a sexual and reproductive health class. In particular, non-formal life skills programs take an

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[3] The formal education sector plays an important role in life skills delivery, which the international community recognized right from the start of the global Education For All (EFA) campaign in the early 1990s. In fact, the third EFA goal is "ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life-skills programmes", while the sixth goal aims at improving "all aspects of the equality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy, and essential life skills". As a result of this emphasis, life skills have been included in several countries' national EFA strategies (UNESCO 2012).
[4] UNESCO (2012) defines non-formal educational contexts as any structured teaching and learning activity that occurs outside of formal schools.

integrated approach, teaching vocational skills, children's rights, and/or literacy in combination, as well as reproductive health, contraception, and HIV/AIDS (cf. Acharya et al. 2009; Bandiera et al. 2014; Kashfi, Ramdoss, and MacMillan 2012; Dunbar et al. 2010).[5] Financial literacy and health skills are taught together in several programs to enhance women's empowerment and agency. From our survey of the existing literature, it appears that most, if not all, non-formal life skills programs include a combination of two or more of the three components in Table 3:3: *social and interpersonal skills* (e.g., communication), *emotional skills* (e.g., resilience), and/or *cognitive skills* (e.g., decision-making or critical thinking). Non-formal life skills programs often take place for a relatively short amount of time, both in terms of each individual meeting time but also in terms of program duration. However, participants usually meet several times a week. The adoption of a combined approach to teaching life skills can be efficient for individuals who must dedicate most of their time to domestic and/or livelihood-generating responsibilities, rather than to schooling.

There may be another good reason for this combined approach. Several studies in the economic empowerment literature, in particular, have demonstrated the importance of combining different types of skills training for improved economic outcomes. These studies show that most effective life skills programs deliver both (a) vocational and cognitive skills (so-called "hard" skills) and (b) "soft" skills, such as psycho-emotional and pro-social skills. For instance, Heckman and Kautz (2012) showed that individuals who participate in programs that teach both "soft" and "hard" skills do better in the labor market and workplace and that personality and psychological traits ("soft" skills) predict success in life. Adhvaryi and et al. (2016) made a similar argument in their study of female garment workers in India, showing that non-cognitive or soft skills account as much for long-term economic success as cognitive and technical abilities. Furthermore, in their evaluation of BRAC's ELA program, Bandiera et al. (2014) found that life skills interventions that combine vocational and life skills content perform as well – and perhaps even better – at reducing certain risky behaviors than programs focused exclusively on vocational training or classroom-based learning.

Non-formal life skills programs are often conducted at centers, which are run either by an NGO or by a private individual. These centers provide safe spaces where young people are free to develop their skills and to participate in recreational activities such as reading books, socializing, playing games, singing, and dancing. Some non-formal programs offer health care services at the centers, including check-ups, medical care, and/or the supply of contraceptives or hygiene articles. Moreover, non-formal programs often use female peer mentors or teachers that have received training from the NGO or other implementation partners, particularly for teaching topics related to sexual and reproductive health (cf. O'Callaghan et al. 2013). Studies on the effectiveness of using peer mentors are somewhat mixed, but they appear to work in many settings, especially when the mentors are from the same community (Austrian 2010). The mentors themselves learn and develop their own skills from these experiences. If peer mentors are not used, local role models are usually recruited as mentors and teachers. The mentors get to know the participants closely and are can support, teach, and advise program participants.

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[5] While we exclude vocational skills from our definition of life skills, we do recognize that many non-formal life skills programs also include vocational training (see, for instance, Bandeira et al. 2015; Adoho et al. 2015; FAO, n.d.; Brudevold et al., n.d.; Uganda Youth Development Link 2006; Morton and Montgomery 2012).

Non-formal life skills program activities are diverse and are intended to be fun as well as educational. For example, sports are used to emphasize teamwork and collaboration, and drama and role-play activities are used to practice social relations and situations in which negotiation or refusal skills are needed. "Empowerment" is often emphasized as an outcome in life skills programs, particularly the economic and social empowerment of girls in terms of financial know-how, reproductive and health knowledge, and the ability to better participate in decision-making. In addition to having a wider topical focus than formal programs, non-formal life skills programs are often more flexible than formal life skills programs. In many cases, the participants themselves contribute to shaping the program in terms of which, and how, skills are taught. This is a great advantage, as it allows participants to practice decision-making and leadership.

Because many life skills programs encourage young people to speak up if something is unfair or not right, and because of the sensitive nature of some of the topics that are raised (such as sexual education and gender-based violence), some programs have received negative feedback from community members who do not agree with the curricula, or who do not agree that allowing young people to attend is a worthy endeavor. In extreme cases, girls themselves can receive violent backlash from family and community members who do not agree with the behavioral changes girls may exhibit. Successful models of engagement to overcome this resistance in non-formal programs involve the community members against who oppose the program (including religious leaders) in carrying out the program and/or conversations and negotiations with those who oppose the program (cf. Erulkar et al. 2011; Acharya et al. 2009; O'Callaghan et al. 2013; 2014; Brady et al. 2007; Svanemyr, Baig, and Chandra-Mouli 2015).

3.3　The role of context in shaping program design

For non-formal life skills programs, in particular, to have a positive effect on improving the lives of adolescent girls, program designers must be attuned to the social and economic context in which these programs are implemented, as the challenges that girls face will differ within and across countries. The WHO (1997) recognizes the importance of context in planning the content of life skills programs: "the skills which can be considered life skills are numerous; their nature and definitions vary according to context and culture" (quoted in Gazioglu and Canel 2015, 26). Some providers have recognized this; for example, BRAC has adapted its universal youth club model to local conditions in several countries (Bandiera et al. 2014; Cadena et al. 2015). Other programs actively solicit participant and community member feedback and adjust the program based on stated needs, or gather information on community norms, attitudes, and practices prior to designing the program (cf. Amin et al. 2016; Dunbar et al. 2014).

The case of rural Egypt shows how sensitivity to community feedback might inform the content of life skills programming. Brady (2007) writes that the curriculum for the Ishraq Program for out-of-school adolescent girls had two parts, with the first module designed to cover life skills like negotiation and critical thinking and the second designed to cover reproductive health topics like gender-based violence, marriage, pregnancy, contraception, and health. "[G]iven the sensitive nature of its contents, the material was separated in this manner to satisfy communities that preferred not to offer the reproductive health portion of the curriculum to younger girls; permission of community members was secured before the material was taught" (14).

The studies we reviewed suggest that girls and young women need particular types of life skills to address and mitigate gender-specific challenges, including the gender-specific discrimination and inequalities that girls suffer. For instance, adolescent girls in locations as diverse as India, rural Egypt, Uganda, and Sierra Leone face a number of challenges to their economic empowerment that life skills programs can and do try to address (Acharya et al. 2009; Brady et al. 2007; Bandiera et al., n.d.). Adolescent girls in these countries often discontinue education at an early age due to early marriage, childbearing, and heavy domestic duties. As a result of restrictions on their abilities to exercise choice and agency over various aspects of their lives, they are more likely to have limited social networks, be socially excluded, and to be highly dependent on men. Typically, they then enter adulthood without market skills or access to economic resources and are excluded from the labor market. As a result, have few opportunities to generate their own income. In the case of Egypt, improving literacy levels and communication skills in adolescence has been an important part of addressing existing gender inequalities in employment (Brady et al. 2007). These types of skills can enable girls to step out of isolation in the home and into opportunities for livelihoods in the public sphere.

Cadena et al. (2015) note that Nepalese girls generally have a harder time completing and succeeding in school, especially when they come from economically disadvantaged areas. This is largely because of cultural traditions that require girls to take on heavy domestic duties and that place less value on girls than boys. In such a context, life skills can help to overcome the psychosocial effects that could lead to school drop out. Life skills can also equip girls with the ability to negotiate the type of key life decisions around staying in school that could either perpetuate or reverse gender inequalities in educational achievement.

Leventhal et al. (2015) and Pronyk et al. (2006) argue that girls require psychosocial programs because they are at higher risk of psychological disorders due to gender-based discrimination and violence, early discontinuation of education, and child trafficking. For example, armed conflict is more common in developing countries and can impact women and girls particularly hard. In particular, young women are particularly susceptible to becoming victims of sexual violence related to armed conflict, which can lead to physical and psychological trauma as well as socio-economic problems such as stigmatization and missed educational and financial opportunities (O'Callaghan et al. 2013). Girls in such situations need skills that enable them to advocate for their rights, work through trauma, and lead independent lives.

Finally, in the southern African region, HIV/AIDS is a predominant issue that life skills programs can help young women to address. Some studies suggest that young women between the ages of 15 and 24 years of age accounted for 20% of new HIV infections among adults globally in 2015 – although they are just 11% of the adult population (UNAIDS 2017). For example, in Zimbabwe, life skills programs focused on HIV are vital for girls orphaned by AIDS, since being orphaned raises a girl's vulnerability to HIV, due to the contextual factors of poverty and gender inequities (Dunbar et al. 2010; 2014). Similar situations exist in Ethiopia and Bangladesh, where married girls and those living in urban slums are highly vulnerable to HIV infection. Life skills programs have been implemented in these countries to deliver knowledge about HIV and health, as well as to mitigate the effects of child marriage or delay it altogether through financial, livelihood, and communication

training. Bandiera et al. (2012; 2014) view life skills programs as vital for providing adolescent girls with the knowledge they need to make informed choices about sex, reproduction, and marriage.

3.4 Conclusion: Summarizing the existing evidence base

Our comprehensive review of the policy and academic literature on non-formal life skills programming for girls in developing countries has revealed that quite a few of these programs exist around the world and that they have resulted in a number of positive outcomes for participants. Life skills seem to be important for adolescent girls to overcome context-specific, gender-based inequalities. Some of the more important challenges to girls are health-related (primarily those related to sexual and reproductive health and family planning), and are due to gender-based violence, discrimination, and disempowerment. Life skills programs can provide adolescent girls with the tools they need to overcome these barriers to improved personal well-being and greater social, political, and economic inclusion.

Despite what the literature suggests is generally a positive impact of life skills development on girls in developing countries, the literature is quite limited. There is a lack of systematic documentation on what kinds of life skills programs are being offered to girls across developing countries and by whom, for what purposes the programs are offered (that is, their intended outcomes), and how these programs are designed. The lack of a robust evidence base documenting such programs means we have limited knowledge about whether the patterns and trends in life skills programs we see in the literature hold across more countries. Our study therefore focuses on improving knowledge about these questions of *landscape*, *design,* and *intent* in two countries that have not been covered well in the existing literature regarding life skills programs for girls (Lebanon and Tanzania) as well as in one country that has been somewhat better addressed in the literature (Ethiopia).

4 Comparative findings

4.1 Introduction

In this section, we present the most important aggregate findings from the three countries of the program mapping exercise and survey of program beneficiaries and administrators. In the three sections that follow this one, we separately examine the findings for each country. We group the findings according to our areas of inquiry: *landscape* (what non-formal life skills programs serve adolescent females in developing countries, whom they serve, and what teaching methods they use); *design* (what programs teach and how context potentially shapes program content); and *intent* (the intended outcomes or results of program participation).

4.2 The landscape of non-formal life skills programs for girls

In the program mapping exercise, we collected data on 103 programs across the three countries. The mapping covered all non-formal programs that provide training to adolescent girls. Some of the programs have dozens of branches across the country providing training, while others have a single training program running in one location. One-third of the programs in our sample were started by an NGO, while the remaining were initiated by the government, private or public donors, youth themselves, or schools. The large majority of programs (84%) benefited both boys and girls; only a minority of programs claimed to serve girls only. Most participants were adolescents.

TABLE 4:1. Who established the program?

NGO	35%
Public sector agency (e.g., a ministry or department)	11%
Youth members of the organization	9%
Donor (public or private)	8%
School	5%
Multiple partners (combination of one of the previous 6 categories)	3%

Who do non-formal life skills youth club programs target? Not always the most vulnerable girls

In our review of the relevant, existing academic and policy literature on non-formal life skills programs, we found that many programs claim to serve disadvantaged and vulnerable youth. Consistent with our definition of life skills (see section 3 of this report), we identify an adolescent girl as vulnerable if her socio-economic background, health, and educational level are such that she is less likely to thrive without additional support. In our survey of program beneficiaries, we operationalized the term to include the following groups: (i) orphans; (ii) school drop-outs; (iii) girls who are disabled or have parents with a disability; (iv) girls who come a from financially

unstable family (as indicated by father's unemployment); (iv) girls who do not live with their parents; and (v) girls in displaced families.

The data analysis shows that many life skills programs target neither the most marginalized individuals nor girls in particular. Rather, the organizations running life skills programs in the researched countries generally target *all* youth, in particular, easily identifiable and easily reached youth. The majority of beneficiaries in the sample are educated and literate. Their parents are likewise educated, literate, currently employed, and (with few exceptions) are not disabled. Most beneficiaries have been enrolled in school at some point and are either currently enrolled in formal schooling or have recently discontinued formal schooling (i.e. they have recently completed a full cycle of schooling, or have dropped out before completing schooling).

As the table below shows, less than 10% of the life skills programs surveyed target vulnerable youth, while more than 20% explicitly target students and 50% target all youth/adolescents. We found that on average, just half (50%) of the beneficiary girls surveyed as part of this study could be classified as vulnerable under this definition. This varies by country: only 39% of beneficiaries we surveyed in Ethiopia can be considered vulnerable per our definition, while in Lebanon and Tanzania, the figure is 29% and 47%, respectively. Some (16%) of surveyed beneficiaries had more than one source of vulnerability; for example, they were disabled and lived with people who were not their parents. Being out of school was the most prevalent form of vulnerability, with 21% of the surveyed beneficiaries in the sample having dropped out or never attended school. This was followed by living with people other than parents (16%).

Many studies also suggest that migrants and refugees are more vulnerable than locals facing similar economic and physical health conditions. When we incorporate citizenship status in the vulnerability indicator, we see that life skills trainings are better targeted in Lebanon than in the other two countries we researched. With this new dimension added in, in Lebanon, 88% of the beneficiaries we surveyed were vulnerable, with a quarter of them facing more than one source of vulnerability. In contrast, there are only slight increases in vulnerability when factoring in migrant status in Ethiopia and Tanzania. I Ethiopia just 39.33%, and in Tanzania just 47.62%, of respondents are considered vulnerable even under this wider definition of the term.

TABLE 4:2. Main target group for training

All adolescents/youth	50%
Students	22.22%
All vulnerable youth	7.41%
Any girls	9.26%
Only vulnerable girls	1.85%
Other	9.26%
Total	**100%**

Efficiency in targeting may be influenced by the way the programs disseminate information and recruit participants. In Lebanon, more than half of the providers directly identified and recruited beneficiaries fitting certain criteria, while in Ethiopia direct recruitment accounted only for 19% of program participants. Interestingly, across the countries, beneficiaries were four to eight times less likely to know about the programs from print or social media than from word-of-mouth.

TABLE 4:3. How did you learn about the program?

	Entire sample	Ethiopia	Lebanon	Tanzania
Word of mouth	40%	42%	34%	40%
Contacted directly by training provider/NGO	38%	19%	56%	45%
Print or social media	8%	12%	6%	5%
Local government office	5%	8%	2%	3%
Other	10%	18%	3%	5%

Most programs did not report having a set of explicit criteria for participant selection; rather, they allowed any interested adolescents, both male and female, to participate in their programs.

TABLE 4:4. Beneficiary selection criteria

57% of programs reported using no background criteria to target beneficiaries, and only **5%** of programs reported recruiting poor youth

86% of programs recruited both male and female participants

45% of programs targeted any interested adolescent, **18%** targeted youth currently in school, **10%** targeted girls, and only **2%** targeted vulnerable girls

81% of programs reported that age was the most important recruitment criteria

TABLE 4:5. Profiles of girl beneficiaries across all three countries

97% could read, and **98%** could write

Participants reported completing **8** years of schooling (on average); average age in the sample is 16

63% were currently attending school, **21%** had recently dropped out (within the past two years), and **13%** had recently finished school

Only **4%** reported being disabled

Most reported their parents were still alive and not disabled

Most reported that their fathers were educated, literate, and working in formal or non-formal employment

Life skills programs use a variety of teaching methods and emphasize participatory activities

Approximately 80% of the programs included in the mapping exercise reported using a combination of interactive teaching methods. Nearly all (93%) of beneficiaries rated the instructional methods in their programs as either "very good" or "good."

TABLE 4:6. What are the main teaching methods used?

Participatory/interactive	9%
Others	4%
Individual/group mentoring or counseling	2%
Group work/discussion	2%
Practical field training	2%
Teaching/lecturing	1%
Combination of the above options	80%

In the survey, program administrators again reported that their programs used participatory teaching methods, course materials, and activities, although many programs also used traditional lecturing methods.

TABLE 4:7. Main teaching methods used as reported by program administrators

Teaching methods	Number of programs
Participatory/interactive	48
Group work	43
Teaching/lecturing	37
Individual/group mentoring	17
Practical field training	14
PC/tablet	6
Other	2

TABLE 4:8. Type of course materials used (as reported by program administrators)

Type of course materials	Number of programs
Training instruments and props	50
Written teaching materials	42
Only oral discussion	9

TABLE 4:9. Type of course materials used (as reported by program administrators)

Type of program activities	Number of programs
Discussion	51
Role play or drama	37
Art	28
Writing	24
Sport	14
Practical application	14
Other	4

Most life skills program instructors are trained and regularly evaluated

Programs surveyed in the mapping exercise reported that a majority of life skills program instructors were trained program staff and/or had a teaching background.

TABLE 4:10. Who teaches?

Trained personnel	65%
Teachers	9%
Students/youth	7%
Public sector employees	2%

As these categories are quite broad, it is interesting to look at the specific information provided per country:

TABLE 4:11. Profile of instructors, by country

Country	Who teaches?
Ethiopia	• Trained personnel: NGO-trained instructors, facilitators, mentors, NGO staff, trained local community members, volunteers, consultants, organization members, and staff from other organizations like the United Nations • Regularly employed teachers • Youth (students and junior leaders) trained through peer training, former program participants, university students, and interns • Public sector employees (such as health officers)

Lebanon	• Trained personnel: NGO-trained instructors, facilitators, mentors, NGO staff, volunteers, consultants, coaches, and psychologists • Regular teachers
Tanzania	• Trained personnel: NGO-trained instructors, facilitators, mentors, NGO staff, and senior counselors • Regular teachers • Youth (students and junior leaders) trained through peer training • Public sector employees

Three-quarters (75%) of the programs included in the mapping exercise reported that they provide some kind of training to program instructors. Nearly three-quarters (71%) of programs reported that they regularly evaluate program instructors. In contrast to the mapping exercise, the survey suggests an even higher rate of training and evaluation of trainers, though it is not clear why. In the survey, program administrators reported that nearly all of the programs (90%) provide pre-course training to program instructors as well as feedback on performance.

The table below gives more information about the forms of instruction, training, and follow-up that programs use (as reported in the program mapping exercise), disaggregated by country:

TABLE 4:12. Forms of instructor training & follow-up by country

Country	Forms of instructor training & follow-up
Ethiopia	• Training of teachers and regular supervision, reporting, and feedback • Training of trainers and rigorous mentorship with daily check-up and supervision • Training of trainers, monitoring through field visit, evaluation and reporting • Reporting and physical supervision • Continuous assessment of trainers • Regular follow-up and field visit • Post-training assessment and feedback from participants • Impact assessment and evaluation after training • Evaluation of trainings
Lebanon	• Pre- and post-tests, supervision, feedback from participants and social workers • Regular supervision to ensure training implemented properly • Training and evaluation forms, supervision • Induction training followed up through classroom observation • Initial training, follow-up through feedback, coaching, and recurring trainings • Classroom observation • Training of trainers, then monitoring and evaluation • Supervisor follow-up • Evaluations of staff every 6 months
Tanzania	• Short-term training with monthly follow-up • Follow-up and technical support on teaching plans

- Teachers receive the same training as young people so as to understand young people
- Training workshops and seminars
- Program-specific training, regular reports, testing, site visits
- Manuals and checks on use of these
- Monthly staff meetings, attending donor-provided workshops and seminars
- NGO-organized training seminars and workshops, use of periodic reports
- Government trainings
- Student evaluation of trainers
- Regular site visits
- Quarterly supervisions and support visits
- Teacher feedback to headquarters via mobile phone

Programs are regularly evaluated

In addition to program instructors being evaluated, the programs themselves are also evaluated. Nearly all the programs (92%) in the mapping exercise reported that program evaluations or outcome reports were available. Similarly, when we talked to program administrators during the survey, almost all the programs (91%) reported collecting feedback from participants about the program at the end of the training, and 66% reported that they contacted beneficiaries for post-course monitoring and follow-up (though we did not learn what type of data was collected or when or how often it was obtained).

Most life skills programs involve community members, but they do not always require parental consent to participate

More than two-thirds (70%) of life skills programs covered in the mapping exercise reported including other members of the community, such as religious leaders and parents, in program activities. Half of program administrators reported that they required parental consent for participants to attend their programs.

4.3   The design of non-formal life skills programs for girls

The most common skills taught are social and interpersonal skills

When asked to list the top four life skills they offered to adolescent girls, the overwhelming majority of the programs we collected data from listed social and personal skills, followed by health skills.

TABLE 4:13. Top 4 life skills taught (as reported by programs)

Skills category	Frequency, aggregated across all countries	Ethiopia	Lebanon	Tanzania
Social and interpersonal	45%	44%	60%	33%
Personal	20%	19%	12%	28%
Health	15%	20%	21%	14%
Cognitive	12%	9%	16%	15%
Vocational	10%	10%	9%	12%

Program content appears to be aligned with beneficiary desires

We asked beneficiaries to rank the relevance of the specific types of skills they were learning in their programs. Responses about the most important skill under each broad category of skills varied by country, likely reflecting context-specific challenges and priorities. Life skills programs in Ethiopia and Lebanon generally delivered training in skill categories that participants found useful. Beneficiaries in these two countries considered social skills to be the most important skills they were learning, and this skill set was most frequently taught in those countries. However, in Tanzania, beneficiaries considered health skills to be the most important skill they were learning, although only 14% of programs in that country claimed to be teaching health skills.

TABLE 4:14. Beneficiary views on the most important skills learned in their program

Skills category	Ethiopia	Lebanon	Tanzania
Social	74%	77%	13%
Cognitive	1%	7%	24%
Emotional	1%	11%	17%
Health (includes SRH)	24%	5%	46%

TABLE 4:15. Beneficiary views on the most relevant skill learned in their programs

Country	Social and inter-personal	Health	Cognitive	Emotional
Ethiopia	Gender equality	STDs and HIV	Money manage-ment	Self-confidence, self-esteem, and self-regulation
Lebanon	Teamwork	Nutrition	Literacy	Fear
Tanzania	Negotiation	Interpersonal violence	Critical thinking	Forgiveness

4.4 The intent of non-formal life skills programs for girls

Participants reported greater gains in specific cognitive, health, and personal growth areas than in confronting structural challenges as a result of program participation

In the beneficiary survey, we provided a list of specific social/interpersonal, health, cognitive, and emotional skills to program participants and asked them to evaluate the degree to which they had improved their knowledge and attitudes in each area. This list was derived from the literature review (see the previous section of this report). We also asked the girls to tell us whether they believed the life skills training would be useful for their future plans and behaviors. Beneficiaries reported the greatest improvement in knowledge in areas such as domestic violence, safe sex, and self-regulation, and the least improvement in areas such as communication, money management, and nutrition. Participants also reported less improvement in areas they found to be less useful, such as goal setting, financial literacy, and nutrition. The illustration below summarizes beneficiaries' responses relating to their gains in knowledge and the degree to which they felt the skills they were learning would be useful in the future.

TABLE 4:16. Beneficiary views on their gains in knowledge and the degree of usefulness

	HIGH USEFULNESS	**LOW USEFULNESS**
HIGH KNOWLEDGE GAIN	Domestic violence Safe sex Literacy Study skills Reconciliation	Self regulation
LOW KNOWLEDGE GAIN	Communication Mental health Frustration Empathy Money management	Goal setting Financial literacy Nutrition

Beneficiaries reported an anticipated positive influence on future choices where they could exercise high levels of agency

Table 4.17 below shows beneficiaries' evaluations of life skills training in terms of its relevance to their current needs, its practical usefulness, and the general benefits of the training. More than 95% of the beneficiaries assessed the life skills programs as "good" or "very good."

TABLE 4:17. Beneficiary views on the relevance of their training

	Very good	Good	Fair	Weak
The relevance of the training program for my current needs	79.7%	17.8%	2.2%	0.3%
Practical usefulness of training	72.2%	26.0%	1.4%	0.4%
Benefit of training (general)	78.6%	19.7%	1.3%	0.4%

For a more concrete demonstration of the efficacy of life skills training on the lives of adolescent girls, we asked beneficiaries whether they expected life skills training to influence their actual decisions and behavior during the coming year.[6] Table 4:18 summarizes the responses for seven potential areas of influence. The majority of the beneficiaries expected life skills training to shape how they made life-changing decisions and how they related to others. However, there is some variation by country and type of decision. Adolescent girls from Ethiopia, for example, were the most positive in their assessments of the importance of life skills programs on their decisions and goals in their life. They seemed to see their training as having a positive influence on educational, health, relationship, and emotional skills. However, fewer participants from Lebanon reported feeling their training would positively impact their future education and health goals and choices. This may be due to the refugee status of many participants from Lebanon and their limited education opportunities. Overall, beneficiaries anticipated their life skills training would have the least amount of impact on their future marriage plans, employment options, and whether they took on new leadership roles, while the training would have the greatest impact on specific personal and interpersonal outcomes, including respect for others, confidence, and emotional management. In other words, they expected the most impact in areas where they were able to exercise high levels of agency (i.e., in areas concerning their own self-improvement) and the least impact in areas beyond their control.

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[6] For each of the listed goals and decisions, the questionnaire asks: "Thinking forward to the next one year, do you think your current training/education/mentoring through this club will have influenced your: …".

TABLE 4:18. Beneficiary view of the potential future influence of their training

Potential influence of the life skills training on:	Ethiopia	Lebanon	Tanzania	Total
Emotional Management	91	86	80	86
Confidence	99	94	90	94
Ability to respect others	100	94	92	96
Plan for marriage	64	59	27	49
Personal health related choices	99	62	87	86
Educational goals	96	64	80	82
Employment /career goals	77	70	71	73
Sample size	*300*	*185*	*294*	*779*

Participants prioritized attending life skills programs

In the beneficiary survey, 65% of participants stated that they "always" attended their program, and 24% reported "mostly" attending. Sixty-nine percent of beneficiaries said they had no obstacles to attending their program, while 21% reported time to be the biggest obstacle. In addition, 81% of beneficiaries reported <u>not</u> needing to pay for transportation to attend their program, and no one reported this as an obstacle to attendance (only 1% of beneficiaries reported a lack of money or distance/transport as an obstacle) – another indication that the life skills programs in our sample were not necessarily serving the students most in need of the training (i.e., those who were vulnerable in some way).

Participants were highly satisfied with life skills programs

Respondents in the beneficiary survey reported high levels of satisfaction with life skills programs, as shown in Table 4.19 below.

TABLE 4:19. Beneficiary satisfaction

80% viewed the training as very relevant for their current needs

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98% ranked the practical usefulness of the training as well as the benefit of participating as "very good" or good"

80% felt that the training schedule of their program was "very good" or "good"

97% would recommend the training to others

80% knew of others who could benefit from the training

4.5   Conclusion

We set out to find out more about the *landscape, design,* and *intent* of non-formal life skills programs implemented for girls in developing countries. Through a program mapping exercise and surveys of program beneficiaries and administrators, we discovered that the landscape of these programs differs somewhat from what we found in the literature review. Non-formal life skills programs do not always serve the most vulnerable girls, most likely due to the recruitment methods of the organizations running these programs. But the programs on which we collected data did seem to be using participatory pedagogical methods and trained instructors, and they reported being regularly evaluated. Generally, program offerings, in terms of the skills taught, were aligned with what participants wanted to learn, and participants viewed the programs as highly useful and relevant to their achieving goals in situations where they exercise a high level of personal agency. The next three sections of this report explore variation in these findings in each country.

5   Country case: Ethiopia

5.1   Country background

Ethiopia is a country that ranks low in per capita income and even lower on the Human Development Index (HDI). With a population of more than 90 million (CSA 2015), Ethiopia is the second most populous country in Africa. The overwhelming majority of Ethiopians are young, with 70% of the population below 30 years old (CSA 2015). In recent years, the country has experienced significant economic growth, as well as important advances on some human development indicators. However, given the low initial levels of development and uneven economic growth across the country, Ethiopia remains among the bottom 20 countries on the HDI (UNDP 2015).

5.2   Key challenges facing youth in Ethiopia

Education

Ethiopia has come a long way in improving literacy and school enrollment among adolescents. Between 2005 and 2015, net elementary school enrollment increased from 68% to 94% (MOE 2017). However, access to and retention in school remain major challenges for many young Ethiopians. Fairly similar rates of girls and boys are out of school in Ethiopia: an estimated 34% of boys and 31% of girls are not attending primary school, while 42% of boys and 44% of girls are out of secondary school (Education Policy and Data Center 2014).

In particular, rural adolescents are unlikely to attend secondary school, which often entails living away from family in rented accommodations or with host family and friends. The majority of rural residents are subsistence farmers who are not educated, cannot afford to pay for accommodation, and need their children's labor during agricultural seasons. Hence, many rural students drop out after primary school. The completion rate for children in grade 5 (the first-cycle of primary education) is 71%, but this rate dips in secondary schooling to only 54% completing grade 8. There are many reasons that young people drop out of school, including having no school in their village or district, early marriage, economic problems, poor health, and social problems. Students may also drop out of school because of a lack of motivation or due to frustration with school.

Economy

Ethiopia has witnessed rapid economic growth in the past decade and a half. The average GDP grew by 10.8% during the period from 2003/4 to 2014/15 (CSA 2016) and poverty declined significantly (NPC 2016). However, many Ethiopian adolescents are still highly impacted by poverty and deprivation. Child labor is quite common in Ethiopia, particularly in the domestic sphere. A study in Northern Ethiopia showed that more than 90% of school age children are engaged in some kind of work and spend an average of 35 hours a week on household chores, firewood collection, herding, and childcare (Gebru and Bezu 2014). Many young people also work for pay, and even support their parents and siblings through their employment (Pankhurst, Crivello et al. 2015). Young people who work for pay are more likely to work long hours and in hazardous work conditions than those who

are contributing labor for their family business or farm. Children who work for wages are also more likely to be temporarily or permanently out of school. Working migrant youth are particularly vulnerable socially, as they are separated from their immediate family and relatives and thus lack a social network that serves as a safety net and source of moral support.

Health

While there have been improvement in recent years, primary health care services in Ethiopia are still very poor in terms of access and quality, and as a result many people suffer from preventable diseases such as malaria, tuberculosis, and diverse infectious diseases. Young people are also susceptible to sexually transmitted diseases such as HIV/AIDS. The rate of HIV in Ethiopia is low by African standards, but there are still close to 70,000 adolescents living with HIV (UNAIDS 2017). The national level Demographic and Health Survey shows that only 24% of youth have comprehensive knowledge about HIV. Substance abuse is also a serious problem for Ethiopia's youth, for instance, the use of tobacco and *khat*.[7] *Khat* consumption has grown rapidly among youth in Ethiopia. In a recent study, the overall prevalence of *khat* chewing among secondary school students in Eastern Ethiopia was found to be 24.2% (Reda et al. 2012).

Society

The legal age for marriage in Ethiopia is 18 years for both men and women. However, in practice, there is little restriction on early marriage in Ethiopia, since the majority of Ethiopians live in rural areas and perform marriages through traditional ceremonies. Marriages are arranged by parents – often with little involvement from the brides and grooms in the decision-making. Although this has changed in recent years, many young women are still married off without being asked for their consent. The most recent DHS survey shows that 6 out of 10 girls marry before they turn 18 and 38% give birth by the age of 18 (ICF 2017). While arranged marriage is common among both genders, young women are more vulnerable to early marriage and early sexual activity. Only 9% of boys are married before the age of 18 (ibid).

"Child streetism" is another phenomenon that is expanding in urban Ethiopia.[8] Children who run away from home due to breakup of their family, poverty, or abuse end up living in the street –often exposing themselves to worse problems than the ones they left. But runaway children are not the only young people on the street. Migrant adolescents also move to urban areas in the hope of a better livelihood but end up homeless because of a lack of employment opportunities (Habtamu and Adamu 2013). Youth and adolescents living on the street are exposed to a multitude of deprivations and exploitation detrimental to their future, including substance abuse.

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[7] Khat is psychotropic leaf (*Catha edulis*) that has a long history in Ethiopia and was previously chewed by adults in association with traditional ceremonies and prayers.

[8] Exact figures are difficult to come by but many sources report 100,000 street children for Addis Ababa and up to 600,000 nationally (see for instance http://www.irinnews.org/report/48799/ethiopia-focus-street-children-rehabilitation-project).

5.3   Government policies on life skills and youth: Opportunities and challenges

Ethiopia has a National Framework for Life Skill Training (LST), produced in 2008 by the Ministry of Youth and Sports in collaboration with UNICEF. The framework seeks to "lay the foundation for building consensus on the conception of life skills training in Ethiopia and thereby ensure standardization or uniformity of implementation across regions and settings" (MYAS 2008, 14). The framework aims to use life skills training to address societal challenges that are detrimental for the psychosocial well-being of youth.

The national framework targets life skills programs at *young people,* defined in the document to include adolescents and youth ages 10 to 24. In terms of socio-economic background, priority is given to those groups that are more vulnerable: girls, orphans, those residing in childcare institutions, street youth, rural youth, young persons who are out of school, and those with disabilities.

The national framework identifies four broad categories of life skills that reflect the fundamental developmental needs of young persons in general, as well as the specific demands of growing up in Ethiopia: first, personal skills (including cognitive skills like critical thinking and problem solving, socio-cognitive-emotional skills, and personal management skills); second, interpersonal skills (such as communication and interdependence skills); third, group skills (including the ability to cooperate with others); and fourth, what are labeled as "ecosystem" skills (that is, societal and situation management skills) (MYAS 2008, 55). The national framework document also suggests topics that should be addressed in life skills training programs, such as harmful social and traditional practices that predispose young people to risk and useful social and cultural protective behaviors; how to thrive under deprivation; violence prevention; substance abuse prevention; interpersonal relationships; and sexual and reproductive health.

In 2010, the Ministry of Youth and Sports produced a training manual to concretely implement the framework's strategy. The manual is available online and appears to be intended as a main source of information on the government policy on life skills programs.[9]

5.4   Findings – Quantitative

Landscape of life skills training programs in Ethiopia: Results from the program mapping

There has been a growing interest in life skills programs in Ethiopia in recent years. As a result, government and non-government organizations offer many life skills programs. However, to date, there is little research on the nature of life skills programs in Ethiopia and their impact on beneficiaries. The very few existing works suggest that life skills programs are mainly run in urban areas and typically have a narrow thematic focus on health, especially HIV/AIDS and gender-based violence (Kibret 2016). While these are indeed important issues for youth, they are by no means the predominant challenges facing adolescents in Ethiopia. Informal discussion suggest that NGOs

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[9] The national framework document does not appear to be currently publicly available. We obtained a soft copy of the national framework document after contacting the relevant bureau at the Ministry of Youth and Sports, but we have not located any document referencing the framework other than the manual.

focus on these issues partly because they are easier to get funded than training on other life skills, which are just as important for adolescents in Ethiopia.

In our program mapping exercise, we identified 43 organizations and groups that currently run life skills programs or provide support to youth clubs with a life skills training component. The list of clubs and programs is provided in Appendix 4. Our mapping covers all the major providers of life skills training programs for girls in Ethiopia. As Table 5:1 shows, most of the programs are established or run by NGOs, while 23% of the programs are established by the public sector. Although NGOs run more programs, the programs run or supported by the public sector have a wider reach. The NGO life skills programs are usually run on project basis, in one geographic location, and often with only one group of trainees at a time. In contrast, publicly funded life skills programs run multiple trainings simultaneously and in different geographic locations. For example, the Ministry of Health's adolescent and youth health program provides multiple life skills trainings in all regions of Ethiopia.

Our program mapping data shows that adolescent girls in urban areas have more access to life skills training than girls in rural areas. An estimated 40% of the programs are active in both rural and urban areas, while 52% provide training only in urban areas. In terms of regional distribution, our mapping shows that every region in Ethiopia has at least one active program, but the majority of programs are concentrated in Addis Ababa and in the Amhara region.

TABLE 5:1. Who established the program?

Program/club established by:	Number	Percentage
NGO	24	55.81%
Public Sector	9	20.93%
Members	6	13.95%
School	2	4.65%
Private sector/donor initiative	2	4.65%
Total	43	100%

Program content

The most common types of life skills trainings are (i) those that build social and interpersonal skills and (ii) those that develop awareness and management of sexual and reproductive health. A number of programs also provide training that enhances problem-solving, organizational, and self-reliance skills. However, very few training programs target personal management skills, such as emotional management and self-awareness. Table 5:2 summarizes different types of life skills training the adolescent girls in our sample received. The top four types of training programs offered reveals a mix of training in social and interpersonal skills, cognitive skills, health-related skills, and emotional management skills. The most frequent type of training offered is health-related training,

followed by social and interpersonal skills. Fewer programs offer emotional management training (see Appendix 4).

Beneficiaries typically receive more than one type of training. In fact, we found that 88% of the beneficiaries reported receiving training for two or more types of skills. More than half of the programs offered training in four skills, while only three programs (10%) provided training in just one life skill. This suggests that programs try to provide a broad range of training to beneficiaries. While the broad coverage is potentially beneficial in terms of addressing multiple sources of challenges, there is a trade off with how well participants can be trained in each component skill, especially given the fact that the average time spent on life skills training is just 10 hours.

TABLE 5:2. Types of life skills training beneficiaries received

Type of training offered by the life skills programs	Number of girls that received life skills training[a]
Social and interpersonal skills (conflict prevention, leadership skills, rights awareness)	222
Health-related skills (interpersonal violence, personal health status, sexual and reproductive health issues)	258
Cognitive skills (problem solving, organizational skills, self-reliance skills)	176
Emotional skills (managing personal emotions, managing interpersonal emotions, self worth)	74

a-   Note that beneficiaries typically received more than one type of training

The focus on social and interpersonal skills and health-related skills is contrary to the national framework's prescription, which identifies "personal skills" as the highest priority type of life skills training and defines the term "personal skills" to include cognitive skills, socio-cognitive-emotional skills, and personal resource management skills. The national framework bases this prioritization on the social, cultural, and economic situation of the country. Other skills, such as interpersonal, group, and macro-level ecosystem skills, are to be built on well-developed personal skills.

Teaching staff, teaching methods, and program evaluation

The majority of the programs use teachers or experts trained to provide life skills training. However, some also use local experts with no special training. For example, the adolescent and youth health program of the Ministry of Health uses local health extension workers with no specialized training. In most cases (83%), those who conducted the life skills training were themselves trained by other professionals, but in some cases, clubs and programs used teachers, senior students, or health extension officers without providing further training. The overwhelming

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majority of programs (90%) also stated that trainers, teachers, and facilitators received feedback about their performance, although further questions indicated that the feedback was neither frequent nor regular.

All the programs employed a combination of training techniques. Individual and group mentoring was very popular and adopted by all the life skills programs, and 80% of programs reported using participatory/interactive methods. In contrast, only 40% of programs reported using classroom teaching/lecturing and these were never the only teaching method. The activities ranked as most important to be used in the life skills training programs were role play/drama (53% of programs) and group discussions (40%). Most programs typically combined several activities that complemented each other, such as role play, discussion, art, sport, writing, and hands-on practice.

Beneficiary profile

It appears that only a few life skills programs targeted adolescent girls and young women in particular. Of the 43 large and small life skills programs included in this mapping, only six were targeted to female beneficiaries, while the rest were available for both male and female participants. Of those programs providing training only to female beneficiaries, only two programs targeted young women and girls. The life skills programs in Ethiopia also did not target vulnerable social groups: only five of the programs used socioeconomic background for targeting beneficiaries. The targeted groups in these five cases were (i) youth from poor families, (ii) people vulnerable to HIV infection, (iii) victims and survivors of violence, (iv) street children, and (v) the homeless.

TABLE 5:3. Main target beneficiary group

Target group	Programs (Number)
All adolescent/youth	14
Students	11
All vulnerable youth	2
Girls only	1
High performing students	1
Street children and mothers	1

Assessment of life skills training programs: Results from the beneficiary survey and qualitative interviews

Our survey of beneficiaries and program administrators covers 30 organizations that provided life skills training to adolescent youth through youth clubs. The sample includes 30 program administrators and 300 adolescent girls participating in those 30 programs.

Beneficiary background characteristics

Table 5:4 summarizes the key background information for the respondents in our beneficiary survey. The average age of the respondents was 16. All of the respondents had attended school at some point in their life. Almost 80% were currently enrolled as full-time students, and the remaining had either dropped out, finished school, or were part-time students. The average years of education for the respondents was similar to the national average education level for girls ages 15–19 in urban areas, as reported in the 2016 nationally representative DHS survey (ICF 2017).[10] In fact, when we computed education levels for this specific group in our sample (15-19), we found that the life skills beneficiaries had a higher level of education than the national average. This is partly a reflection of the high concentration of students in life skills training programs.

Taken together, the personal and socio-economic background of the beneficiaries suggest that life skills trainees seem to come from an average family in urban Ethiopia. If anything, they are better off in terms of some indicators. To look more deeply into this, we constructed a vulnerability index to identify what share of the life skills trainees are vulnerable. A girl is "vulnerable" if at least one of the following holds true: she (i) has a disability, (ii) lives with people who are not her parents, (iii) is orphaned, (iv) has a father who is unemployed, or (iv) has dropped-out of school. Less than half (40%) of the beneficiaries were vulnerable girls.

TABLE 5:4. Summary of beneficiary background information

Characteristic	Sample statistic
Age	Average of 15.8 years
Marital status	99% were unmarried
Living arrangement	77% lived with their parents
Employment status	94% were not employed
Physical disability	99% reported having no physical disability
Literacy	99% could both read and write
Years of formal schooling completed	Average of 8 years
Schooling status	79% were full-time students; 5% were drop-outs; 11% had finished their studies
Length of time out of school	Average of 1.5 years; those who were not in school reported this was because they were not in good health (14%), needed to work to support themselves or their family (21%), or could not afford school fees and expenses (64%)

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[10] Note that the median educational attainment for rural youth in that age group is zero.

Training attendance and frequency

The girls learned about the life skills training programs through different sources, but mainly by word-of-mouth. Some were directly contacted by training providers, while others were informed by their teachers. Only 12% learned about the program through print or social media.

About 23% of respondents reported that their program met more than once a week, 31% reported meeting weekly, 10% met every two weeks, and 28% met monthly. Just over half (52%) felt the training schedule was "very good" and 44% reported that it was "good." The overwhelming majority of participants claimed that they attend training fairly regularly, reporting that they attended always (72%) or mostly (18%). While many reported that they faced no obstacles to attending the training regularly (71%), nearly a quarter (23%) indicated that lack of time was a problem. However, it is important to note that financial problems, including problems related to transportation costs, did not appear to be important obstacles, as this was cited by less than 2% of respondents – despite the fact that 33% of participants reported taking public transport to reach the training venues.

The programs varied in the level of the training intensity. Table 5:5 shows the distribution of the length of the trainings in our sample, the total number of sessions, and the length of each session. There are different modalities for the design of the trainings. Some trainings lasted only a week, while others ran for up to five months. Similarly, the number of sessions for each training program and the length of each session varied significantly. The median intensity of training was 10 hours of training, and the time in training ranged from 2 to 144 hours.

TABLE 5:5. Training schedule and length of training

	Minimum	Median	Maximum
Overall course length (in weeks)	1	4	20
Total number of sessions in one life skills training/course	1	4.5	48
How long each session lasts (in minutes)	40	105	480

Program relevance and performance

The assessment of the life skills programs by the beneficiaries was overwhelmingly positive. The surveyed adolescent girls shared their beliefs that the life skills trainings were relevant and useful. Asked about whether they would recommend the training to others like them, nine out of 10 beneficiaries said "yes."

TABLE 5:6. Overall assessment of training

	Very good	Good	Fair
The relevance of the training/program for beneficiary's current needs	84%	17%	
Training schedule	53%	45%	3%
Training method/s	74%	26%	
Practical usefulness of training	76%	24%	1%
Benefit of training (general)	91%	10%	

Skills relevance

The beneficiaries surveyed were asked to assess their life skills programs in terms of the specific skills taught. This assessment focused on the usefulness of each specific skill to their needs and the effect of the training in changing their knowledge, attitudes, and practices. They assessed the skills within four categories (health, social and interpersonal, cognitive, and emotional). We found that the results were largely consistent with the overall assessment of high relevance and usefulness. Eighty to 100% of respondents evaluated the life skills trainings as very important. The overwhelming majority (more than 60% in all cases) reported high improvement in their knowledge, attitudes, and practice due to the training. Beneficiaries listed the skills in Table 5:7 below as being the most important to learn:

TABLE 5:7. Beneficiary views on the most relevant skill learned in their programs

Social and interpersonal	Health	Cognitive	Emotional
Gender equality	STDs and HIV	Money management	Self-confidence, self-esteem, and self-regulation

Future plans

Table 5:8 summarizes beneficiaries' responses to a set of questions asking whether the life skills training they received would influence their decisions and goals in the coming year. This question was meant to capture the effect training in specific skills might have had on specific goals and decisions. For example, marriage decisions may be influenced by training on health management (e.g., teenage pregnancy), cognitive skills (e.g., goal setting), social-interpersonal training (e.g., negotiation), or emotional management (e.g., self-confidence).

TABLE 5:8. Expected influence of training on beneficiary's condition, choices and goals over the next 12 months

Influence of the life skills training on:	% of trainees responding yes
Emotional Management	91
Confidence	99
Ability for respectful relation with people	100
Plan for marriage	64
Personal health related choices	99
Educational goals	96
Employment /career goals	77
Sample size	300

The table above shows that the overwhelming majority of respondents expected life skills training to influence important behavioral outcomes, decisions, and goals. This suggests that the beneficiaries perceived their life skills training to have improved their knowledge and changed their attitudes and behavior, thus influencing their relationships and decisions in life. This is in line with our subjective findings, where beneficiary girls reported significant changes in their knowledge of and attitudes about the life skills topics they were trained on. The in-depth qualitative interview data also supports this finding.

5.5 Findings - Qualitative

Below we summarize and provide examples of key findings from the qualitative interviews. These interviews were meant to capture participants' motivation, goals, and expectations in their own words. The interviews also aimed to identify aspects of the life skills training appreciated by the beneficiaries.

Motivations

Motivation to join

Many reported that they joined a life skills program because the type of training being offered was interesting or relevant to their lives. The majority reported wanting to know more about gender and health issues, including gender-based violence and HIV/AIDS. Some indicated that the topic was particularly relevant for their lives. Example responses included the following:

- "I decided to join to get more knowledge about gender violence."
- "I was eager to know more about reproductive health and HIV/AIDS."

- "I decided to join the club so as to get more knowledge about reproductive health and sexually transmitted disease and to widen my knowledge about HIV/AIDS."

Perceived main benefits of participating

Most interviewees cited improved self-confidence and communication skills as the main benefit of the training. For instance, one girl stated, "I am able to develop my self-confidence and communication skills. It encourages me to be more [of a] role model in pursuing change." Similar sentiments were often reported in conjunction with the other most valued benefit of the training – improved awareness on health related issues that are important to them and their peers. For example,

- "I have better awareness about HIV/AIDS and [the training] improves my communication, decision-making skills and [I am] able to develop further my self-confidence."
- "When I participated more, I became more aware about conventions of children rights, HIV/AIDS prevention and control mechanisms and gender violence."

The majority of the qualitative survey participants mentioned improving self-confidence and assertiveness either as a goal by itself or in relation to achieving other broader or specific goals. Communication skills and time management were also frequently mentioned. For example,

- "The training increases my self-expression skill and self-confidence."
- "The training enhances my commitment and determination to achieve my objectives in the future."
- "It helps me to improve my time management skills and how to achieve my goal as I planned it before."

Social outcomes

Perceptions of parents and community members

The life skills trainings were generally well received by parents and other guardians of the beneficiary girls. Some parents encouraged their children's participation because they were eager for them to learn more about sexually transmitted disease. The respondents gave several examples of this: "They have positive attitude towards the club. They are encouraging my participation in this club to broaden my knowledge on HIV/AIDS and others sexually transmitted disease"; "They think that the club's focus on HIV/AIDS and sexually transmitted disease will make me more careful in my personal life and they have shown positive attitude towards it." Others provided support and encouragement because of the changes the life skills training effected: "They have positive attitude towards the club. It is because my elder sister, who was the member of this club previously, has shown a behavioral change and they expect positive changes on me as well"; "The positive change they have observed in my behavior and character makes them more supportive to the club program." Still others had a positive attitude towards the training because their children reported

it as useful and important to them. None of the girls reported experiencing a negative attitude towards the training program either from their parents or other community member.

Changes in social life due to training

When asked if they had experienced any changes in their social life as a result of participating in a life skills program, all respondents answered affirmatively. However, many described the changes in their skills rather than in their social lives (experience). For example, "Yes, I have experienced positive change in communication and self-expression skills and further develop my self esteem"; "I have developed communication and self-expression skills." Nonetheless, a few did report changes in skills that led to changes in their social lives: "I have become more courageous in my decision-making and more confident. I am becoming more open for discussion and friendship"; "I am able to share my experiences with new friends and broaden my friendship network."

Individual outcomes

Most useful activities

Respondents were asked to identify the specific training activities that they found most useful, relevant, and effective. The majority of the participants liked group. Most mentioned that group discussions were the most useful activity and they frequently mentioned their appreciation of the "openness" of these group discussions. As there is a cultural constraint on openly discussing gender- and sex-related topics in Ethiopia, it appears that this method of delivering the life skills training had an advantage beyond the subject matters taught or discussed. Many interviewees also mentioned posters and chart-based presentations as useful.

Most useful skills or information

Respondents were asked to identify the most important skills and information learned in the life skills training programs. For many, the most important information they received was on HIV/AIDS and gender-based violence. For example, "I have learnt how to protect myself from HIV/AIDS and being fully aware of its transmission and prevention mechanism. I am able to develop more knowledge on reproductive health and diseases"; "Knowledge on how and by whom gender violence usually conducted, that was the most important one." In terms of skills, many mentioned resisting peer pressure and identifying and solving problems as the most important: "The most important skills I received are how to withstand peer pressure/peer influence, dialogue and discussion and self-assertiveness in my behavior"; "I have learned about gender violence and developed problem solving tactics – that was the most important one."

Application of what has been learned

Asked whether they had applied what they learned in the programs at home, at work, and/or at school, almost all the respondents responded "yes." Some reported that they had become active at school and in the community due to their training. Example responses included the following: "Yes, I have applied my knowledge in our school by being active in drama play and group discussion session"; "I have applied it in personal health and hygiene management practice at home. I am working with the community in disabled people care and support program." Others considered

sharing their knowledge and training with their family at home and with their friends at school as a practical application: "Yes, I have applied it at home for my family and at school for my friends"; "Yes, I have applied it at home. Currently, I am very active in sharing my experience for my younger sister." Given that many life skills trainings focused on health-related skills, information sharing could have a potentially significant positive multiplier effect on families and communities.

5.6   Conclusion

There is a need for life skills programs that target adolescent youth in Ethiopia. In addition to the social and environmental risks that are common for young people across the world, young people in Ethiopia also face very specific challenges. Since Ethiopia is a poor country, both boys and girls have limited access to school, health services and information, resulting in lower levels of educational and health attainment. For girls, this is compounded by widespread harmful cultural practices and attitudes that are detrimental for their physical and psychological wellbeing, such as early marriage and pregnancy.

Our mapping of life skills programs currently running in Ethiopia indicates that several programs offer training to adolescent girls. However, the overwhelming majority of the programs are not specifically targeted to girls and are thus likely to have limitations in terms of methods and content to address the needs of female youth. Many trainings are targeted to a broad group of youth and students. While Ethiopia's national framework for life skills training identifies orphans, street dwellers, migrants, and out-of-school youth as target groups for life skills intervention, the life skills programs currently running in Ethiopia are not targeting these groups.

In terms of content, the most common type of life skills training we found was health-related, closely followed by social and interpersonal skills training. These are only two of the seven topics identified by the national framework as a content for life skills training, however. In terms of implementation, trainings are offered by trained instructors, although in some cases programs use school teachers, senior students, or health extension officers without giving them further training. Programs typically provide training in more than one type of skill and use a combination of training techniques.

The beneficiaries' assessment of the life skills programs was overwhelmingly positive, and they considered the programs to be very useful and relevant. The majority of the beneficiaries expected life skills training to influence their behavior as well as their future decisions and goals. Given that this is a subjective assessment of current beneficiaries, who in many cases do not have experience with similar programs, we will not take this as evidence of the efficacy of the life skills training programs. However, we can conclude that beneficiaries of these programs value them and, thus, that a well-delivered life skills program has a potential to equip adolescent girls in Ethiopia with the competencies needed to thrive in their communities.

6   Country case: Lebanon

6.1   Country background

Lebanon is a middle-income country with a human development index (HDI) rank of 0.763 (2015), which puts the country in the high human development category (65 out of 188 countries). Despite rapid rebuilding and human development after the civil war (1975–1990), Lebanon is a deeply divided country and the scene of repeated inter-state conflict, public unrest, and communal and political violence (Knudsen and Kerr 2012). Civil war and regional conflict has made the country host to a large population of individuals affected and/or displaced by conflict (especially those from Palestinian and Syrian). Over the past decade, the country has seen significant increases in life expectancy and mean years of schooling, but extreme income and wealth disparities remain (Assouad 2017). The Syrian conflict (2011–present) has led to major refugee displacement to Lebanon, now numbering close to 1.5 million refugees from Syria (approximately one-third of the total population). The displacement crisis has strained Lebanon's public services, infrastructure, and educational facilities. The refugee crisis has also affected the economy and slowed trade and tourism, causing growing unemployment, lower wages, and a price and rental hike that has pushed more people into poverty (Kukrety 2016).

6.2   Key challenges facing youth in Lebanon

Education

Enrollment in formal schooling as well as literacy rates are quite high in Lebanon, and gender distribution of enrolled female students is nearly on par with males. From 2005 to 2015, the mean years of schooling increased from 7.6 to 8.6; however, this is still significantly lower than the expected years of schooling of 13.6 years (UNICEF 2016). There are high levels of grade repetition and drop out in the country's public schools, which serve 30% of the population primarily in the country's most impoverished areas (MEHE 2014, 28; HRW 2016).

Of the approximately 500,000 Syrian refugee children of school age (6–15) in Lebanon, about half are estimated to be out of school. Enrollment of adolescent Syrian refugees ages 15–18 in secondary school is extremely low, less than 3% (HRW 2016, 3). This is compounded by the complexity of the Lebanese curriculum, in particular, the language barrier. Maths and science are taught in either French or English, presenting an almost impossible challenge for Syrian children coming from an Arabic schooling background. This leads to a low enrollment (61%) and high dropout rates (27%) among Syrian refugee children. By comparison, the mean drop-out rate for Lebanese students is almost half (at 15%) the rate of Syrian students (MEHE 2014, 21). In order to increase school enrollment for displaced youth, the Lebanese government, with support from international donors, has waived school fees for all primary school children. Important barriers to schooling include transportation costs, security concerns (e.g., bullying), modes of punishment in the classroom, and the generally low quality of education. For these reasons, many refugee parents prefer to enroll younger children in non-formal education (NFE) programs closer to home or camp.

Economy

Lebanon's GDP growth has stalled since the onset of the Syrian civil war in 2011. During the first two conflict years (2011–2013), it fell from an estimated 8% to 1.5%. The shrinking economy has pushed an additional 170,000 Lebanese into poverty (MEHE 2014). The latest poverty data (from 2008), shows that about one-third (28.5%) of Lebanese are poor and living on less than US$ 4.00 per day. About 300,000 individuals (8%) are considered extremely poor, living on less than US$ 2.40 per day, and are unable to meet their most basic food needs. Around 1.2 million children and youth in Lebanon are currently identified as "vulnerable" (ibid.). The regional poverty disparities are striking, with the highest poverty rates in the North and in the Bekaa Valley that borders Syria. Those worst off are displaced Syrian refugees who mostly live below the poverty line, surviving on irregular and seasonal wage labor income in combination with emergency relief from the UNHCR. Palestinian refugees suffer from similar problems and poverty levels, and have faced a reduction in support from the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA) (Kukrety 2016).

Around 870,000 of the Lebanese population is between 10 and 19 years old (2012 data).[11] The official unemployment rate for the total labor force is only 6.5%, but there is widespread unemployment afflicting youth ages 15–24. Female participation in the labor market is low, at just 23.5%, compared to 70.3% for men (UNDP 2016). About 53% of women complete secondary education, compared to 55.4% for men. Youth unemployment is high for both men (18.6%) and women (24.3%). Even higher figures are reported for the country's Palestinian refugees who, despite completing formal education using a Lebanese curriculum (in UNRWA schools), are barred from entering a number of professions and are thus relegated to the informal labor marked and low-paid menial jobs (Shuayb 2014). Both Palestinian and Syrian refugees have problems accessing the formal labor market, due to discriminatory policies and a lack of civil rights. Palestinian refugee women have a very low rate of economic participation at just 15% overall (10% among married women) (Abdulrahim 2017). Since 2015, Syrian refugees have been barred from seeking work and survive on the fringes of the informal housing and labor market (UN-HABITAT and UNHCR 2014). Additionally, the Syrian refugee crisis has lowered wages and increased competition for work, mainly among the poor working in the informal sector.

Health

The life expectancy of Lebanese nationals is high for both genders (79.5 years), but gender-based inequalities are significant. Fertility rates and family size are correlated with poverty and are thus highest in North Lebanon and the Bekaa Valley, but both maternal mortality rates and adolescent birth rates are low. The adult HIV infection rate is also very low, at just 0.1% (UNICEF 2016: 131). Women suffer from gender-based violence, which is especially prevalent among low-income refugee households, even though Lebanon now legally penalizes domestic violence (UNDP 2016). In general, women in refugee households suffer from a range of health issues (both physical and mental) that are caused by poor living conditions, a lack of proper medical care, and limited access to health clinics (Parkinson and Behrouzan 2015).

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[11] See http://www.youthpolicy.org/factsheets/country/lebanon/.

Society

To make ends meet, both Lebanese and non-Lebanese individuals turn to negative coping mechanisms that affect school enrollment and educational attainment. Restricted mobility and livelihood opportunities have pushed some non-Lebanese youth to drop out of school, enter the labor market at a young age, and marry early. The latter predominantly affects adolescent girls, who are also less likely to return to school once married. In 2016, Lebanon passed a bill to end child marriage below 18 years of age, but religious communities are allowed to sanction marriage of under-aged girls (HRW 2016, 81). Both child marriage and child labor is low for Lebanese citizens, but is estimated to be as high as 23% among Syrian refugees, depending on settlement type and place (Mourtada, Schlecht, and DeJong 2017, 54). For Syrian girls especially, sexual harassment and other safety concerns often lead parents to either withdraw them from school or deter them from enrolling through early marriage. There has been an estimated threefold increase in child marriages among Syrian girls in the country since 2012 (HRW 2016, 70).

6.3   Government policies on life skills and youth: Opportunities and challenges

Despite the ongoing education reforms in the MENA region, Lebanon's educational system does not deliver the skills needed to succeed at school or at work (UNICEF 2017, 4). To address this problem and reach vulnerable groups (both Lebanese and non-Lebanese), a multi-stakeholder framework on "Life Skills and Citizenship Education (LSCE) in the MENA" region was launched in 2015. The framework targets life skills training to adolescents ages 15–18 living in underserved communities, using a four-dimensional model of learning that covers 12 core skills (see Table 6:1 below). The framework's aim is to mainstream life skills programs on the national level; however, the framework remains poorly integrated in national policies and plans (UNICEF 2017, 14).

TABLE 6:1. Life skills and citizenship education in the MENA region

Dimension of learning	Skills cluster	Skills
Cognitive	Learning to know	Creativity, critical thinking, problem solving
Instrumental	Learning to do	Cooperation, negotiation, decision making
Individual	Learning to be	Self-management, resilience, communication
Social	Learning to live together	Respect for diversity, empathy, participation

Source: UNICEF (2017, 7–8)

Non-formal education (NFE)

Non-formal education (NFE) has been a major part of the humanitarian response in Lebanon since the start of the Syrian refugee crisis in 2011, even though NFE-training and programs are not regulated by Lebanon's Ministry of Education and Higher Education (MEHE), nor does the government approve training or certificates. Despite popular demand, there has been an overall reduction in NFE since 2015, amidst concern over the quality of the training and the lack of state control of funding and curricula (HRW 2016, 73, 75). In 2015, the MEHE withdrew support for NFE programs run by NGOs and the government's response has since shifted towards accelerated learning programs (ALPs) that aim to reach pupils and students (ages 7–17) who have missed out on schooling for more than two years (ibid., 27).

Several new education initiatives have been started to increase education options, such as expanding enrollment in private and UNRWA schools (for Palestinians), ALPs, and remedial classes (mainly for Syrians). These initiatives cater to specific age and competence profiles (see Table below) and aim to prevent what has been termed a "Lost Generation." However, a large number of refugee children have remained out of school.

In mid-2014, Lebanon adopted the new policy "Reaching All Children With Education" (RACE), which aims to enroll 500,000 Syrian refugees of school age (3–18) in formal and non-formal education (HRW 2016, 24). By 2015, about 250,000 Syrian children had been enrolled in public, private, or semi-private schools (160,000 in public and 90,000 in private and semi-private schools).

TABLE 6:2. Profiles of beneficiaries by education approach

Type of training	Target groups
Accelerated learning program	Children ages 10–18 who have basic literacy and numeracy skills
Non-formal education	Children ages 10–18 who have dropped out of, or never attended, school
Life skills	Adolescents ages 15–18 in under-served communities (especially informal tented settlements)

Source: Adopted from MEHE (2014, 29)

6.4   Findings - Quantitative

Landscape of life skills training programs in Lebanon: Results from the program mapping survey

We mapped 22 life skills programs in Lebanon, almost all of which appear to have been started by NGOs. Most of the programs were run in both rural and urban areas (59%), with smaller numbers

only in urban (28%) or only in rural (5%) areas. Programs sampled for the survey predominantly worked in underserved urban and rural areas, including settlements catering for the displaced.

Program content

Typically, the providers ran several types of life skills courses. About one-third (32%) taught more than 10 life skills. This broad-based approach to skills training could reflect that providers seek to offer a wide range of courses to match the diverse target and user groups, rather than running narrowly focused or specialized coursework and trainings.

TABLE 6:3. How many life skills are taught?

Number of skills taught	Number of programs	Percentage of programs
4	2	11
5	3	16
6	1	5
7	1	5
8	3	16
10	6	32
12	2	11
14	1	5
Total	**19**	**100**

As shown in Table 6:4 below, life skills training in Lebanon has predominantly targeted social and personal skills. No programs report teaching sexual and reproductive health (SRH) and only a minority of providers taught general health. Personal and reproductive health issues were, in fact, taught, but often under different labels, in order to respect local sensibilities.[12]

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[12] A variety of bilingual teaching materials (booklets, brochures, and pamphlets) were available in English and to a lesser degree in Arabic on issues such as reproductive health, sexually transmitted diseases, gender-based violence, human and drug trafficking, drug abuse, child labor, early marriage, and gender equality (UNFPA and UNICEF 2016). The fact that booklets on homosexuality and child sex abuse were available in Arabic and aimed at a youth audience demonstrates a willingness of programs to address sensitive topics, but their usage as course and training materials is unknown (see ibid., 104, 126).

TABLE 6:4. What life skills does the program teach?

Skills category	Programs (Percentage)
Social and interpersonal	60
Personal	12
Cognitive	16
SRH	0
Vocational	9
General health (not SRH)	21

Teaching staff, teaching methods, and program evaluation

As would be expected in a life skills training program, most participatory and interactive group trainings were implemented in classroom situations, with only a few field training components. The primary instructors included trained specialists, social workers, teachers, or university graduates, usually seconded by a local trainer, coach, or animator/facilitator, and in some cases assessed by a program supervisor or through internal evaluation procedures (pre- and post-course).

TABLE 6:5. Teaching and training methods

Method of training used	% of programs using
Lecturing/teaching in class	77
Participatory or interactive	77
Mentoring	50
Group work and activity	82
Practical training	9

Beneficiary profile

Of the surveyed programs, about one-fifth targeted girls only (20%), whereas almost two-thirds targeted both boys and girls (60%), and the remainder (20%) had other target criteria. The mean minimum and maximum ages of girl participants were 11 and 25 years. Some programs had participants even older than 40 years old, but about 28 of the programs surveyed report a maximum participant age of 25 years, meaning that the majority of the programs targeted adolescent youth (ages 18–25).

Assessment of life skills training programs: Results from the beneficiary survey and qualitative interviews

Beneficiary background characteristics

The beneficiary profiles show that the large majority of program participants were unmarried females living with both parents in rented or owned accommodations. The girls over age 15 had, on average, completed seven years of primary education and were currently either enrolled (51%) or had dropped out of school (44%). The mean years of schooling (7.6), was slightly less than the country average (8.6).

TABLE 6:6. Summary of beneficiary background information

Personal background	Percent	Mean
Age		15.2
Marital status	93% unmarried	
Living arrangement	96% lived with parents	
Employment status	96% not employed in any form	
Physical disability	95% not disabled	
Literacy	96% can read and write	
Years of formal schooling completed		7.3
Schooling status	51% were full-time students	
Length of time out of school	Average of 2 years; those who were not in school reported this was because they could not afford school fees and expenses (43%); for "other reasons" (33%); or because they had completed secondary school (20%)	

The percentage of school drop-outs in our sample is significantly higher than the mean drop-out rates for both Lebanese (15%) and non-Lebanese (27%) students in public schools. Moreover, these figures suggest that the programs attract a high share of adolescents who have either left school or may never have attended school. The fact that most of the participants (56%) had been contacted directly by training providers suggests the opportunistic recruitment of beneficiaries enrolled in or who recently left school.

Almost all had two living parents (94%), but about one-quarter of the parents suffered from some form of disability (24%). In the majority of cases, the fathers were illiterate (70%), while almost one-third fully employed (28%), mainly in the business (non-farm) sector (33%). Home-ownership

was relatively high (44%), especially given the fact that a large part of the sample were displaced refugees; nonetheless, this statistic was still significantly lower than the country average of 70%.[13]

Ethnic composition

In order to better assess vulnerability, a closer look at the ethnic composition and citizenship status of the beneficiaries is useful. As shown by Table 6:7 below, the majority of those surveyed were either Palestinian (44%) or Syrian refugees (38%), with smaller portions of Lebanese and other nationalities. In general, both the Palestinian and (even more) the Syrian refugees are vulnerable groups characterized by low school enrollment and high drop-out rates. This suggests that life-skill training caters to vulnerable groups (whether intentionally or unintentionally), although the small size of the survey means the sample is non-representative and cannot be generalized.

TABLE 6:7. Nationalities in sample

Nationality	Percent	N
Lebanese	15	28
Palestinian	44	81
Syrian	38	69
Other	3	6
Totals	**100**	**184**

Training attendance and frequency

There was great variation in the length of life skills courses and training sessions, and the programs were often integrated with formal schooling, therefore following the academic calendar. The large majority of programs (median value) ran the training program for 12 weeks, with an average of two sessions per month, each lasting about two hours.

TABLE 6:8. Length of program

	Min	Median	Max
Program length (weeks)	1	12	50
Number of sessions	4	24	216
Session length (minutes)	60	120	600

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[13] Home ownership is lowest in major cities such as Beirut and Tripoli (approx. 45%) and highest in rural areas (approx. 85%) (UN-HABITAT and UNHCR 2014).

There is great variety in the intensity of the skills training among programs. There is no simple explanation for this variability, except that some programs were run in connection with ordinary schooling, hence taking place over the course of a semester or school year.

TABLE 6:9. Intensity of program (total hours of training)

	Min	Median	Max
Total hours of training	20	60	540

The majority of the students attended trainings on a daily (46%) or weekly (35%) basis. Although the students had to pay for their own transport (96%), most of the students reported no problems in accessing trainings (85%). Seventy percent reported attending all training sessions, while 25% report attending most sessions. Only a minority of the students cited problems of access due to lack of time, distance, support, or motivation, and the percentage of those who reported attending irregularly was also very low (5%). This suggests that those enrolled in life skills programs can attend trainings without difficulty and that they prioritize attending.

Program relevance and performance

As shown in Table 6:10 below, the beneficiaries' overall assessment of their training was very positive. Almost three-quarters of the beneficiaries rated the training's relevance, usefulness, and benefits as "very good." The training schedule and methods received very high marks as well. These findings concur with self-reported benefits accruing from training in a number of studies of life skills (see chapter 3 of this report), but should be interpreted against the specific context of the programs being free of charge, with limited alternatives available in terms of coursework, schooling or employment for the target group (for both Lebanese nationals and refugees). Not only did students rate the life skills programs highly, but they recommended the programs to others.

TABLE 6:10. Overall assessment of training (N= 185)

	Very good	Good	Fair
The relevance of the training/program for the beneficiaries' current needs	79%	18%	3%
Training schedule	69%	27%	4%
Training method/s	78%	20%	2%
Practical usefulness of training	72%	26%	2%
Benefit of training (general)	72%	27%	1%

Skills relevance

Seventy-seven percent of beneficiaries ranked social and inter-personal skills as the most important skills they learned in the life skills programs; health-related and emotional skills were rated second and third, respectively. This finding suggests that in a Lebanese context, social skills are highly valued. Social skills are also one of the priority skillsets in the MENA life skills initiative (see above). Within the skills categories, participants ranked the skills in Table 6:11 as most important:

TABLE 6:11. Beneficiary views on the most relevant skill learned in their programs

Social and interpersonal	Health	Cognitive	Emotional
Teamwork	Nutrition	Literacy	Fear

Future plans

The beneficiaries were asked to evaluate how life skills training could impact their future private and career goals and plans. Generally, beneficiaries were optimistic about the training affecting their ability to make positive changes in issue areas they were most able to influence or change (mainly behavioral). Beneficiaries were more cautious about claiming that life skills training would enable them to make changes in areas decided by others or outside their control, in particular, marriage and career goals.

TABLE 6:12. Expected influence of training on beneficiary's condition, choices and goals

	Yes	No	Don't know
Future marriage plans	49	26	15
Personal health	63	27	10
Confidence in communication	93	2	5
Ability to respect others	94	2	4
Emotional management	86	4	10
Educational goals	64	26	11
Employment plans	70	20	10
Mean	74	15	9

When evaluating potential changes over longer time scales (12 months), the same pattern appears, with expected changes highest in fields that can be influenced by the individual (relations with others , health), and least in areas that are market dependent (employment) or involve back-to-school options.

TABLE 6:13. Expected impact of training over the next 12 months

	Yes	No	Don't know
New leadership roles	75	10	16
Improved health	77	5	19
More employment options	66	14	20
More schooling	75	14	11
Improved relations	93	3	4
Mean	77	9	14

6.5 Findings – Qualitative

The participants were almost unanimously positive of the program and the benefits of the training. Most respondents reported being encouraged by their husband, parents, and family to take part, and the majority report improved attitudes (relations) vis-à-vis parents and peers. All the participants reported positive changes in social relations and sociability: improved trust, communication, self-esteem/confidence, emotional management, and the ability to form new friendships. They also reported better knowledge of rights issues, gender equality, and prevention of early and under-aged marriage. Many of them hoped to apply their new skills in the workplace and planned to looking for jobs in the future.

Motivations

Motivation to join

Some participants attended the life skills program to compensate for a lack of formal education due to early marriage. Overall, the participants expressed a desire to learn new skills, including literacy and the English language (this reflects the vocational component inherent in some courses). One respondent stated, "I was so afraid to talk with people and I had no self-confidence and had difficulties communicating and building relations with people, I told myself I have to work on myself, I have to change. I now I feel self-confident and stronger and I'm not afraid." Another respondent shared her reasons for joining the life skills program: "I want to go back to the school but I couldn't. For this [reason,] I decided to take this course."

Perceived main benefits of participating

The participants reported increased self-confidence, tolerance, communication, sociability, and independence, including better knowledge of their rights and the ills of early marriage. One respondent stated, "[T]he most important thing is to be able to do something for my future and to be successful, like I learnt many things, being independent, having self-confidence." A second respondent agreed, stating that she had learned "how to impose my opinion, defend my right and how others should defend their rights. I learned to protect myself from sexual harassment and to be aware of it. I learned that the early age marriage is bad."

Goal achievement

The respondents reported both personal improvement and the goal of future paid work. One respondent sought to apply her new skills by returning to Syria, stating that her goal for joining the program was ultimately "to do something important in life, I want to become better in communicating with people, not discriminating among people, I'm becoming better in accepting the difference between people." A second respondent was clear on her economic ambitions: "I want to learn so that when I return to Syria I can [find] work. I want to become strong."

Social outcomes

Parent and community member perceptions

Most of the respondents were encouraged by their husband, parents, and family to take part in the life skills program; a few overcame their fathers' reluctance about them attending the program unaccompanied. Only one participant stated that her parents were not supportive of her decision to attend (the "disliked" it), because she was away from home every day. Respondents gave the following examples:

- "My parents are very happy, they encourage me to come, when we came here we were like strangers, a bit shy. The trainers here are very kind and encouraging."
- "My parents and community members are very happy because many girls like me after attending the program have had a chance to return to education and vocational training and learn skills that can help girls to succeed in their lives."

The majority of the interviewees reported improved trust, communication, and social relations with their parents and siblings. For instance, one respondent stated, "In the beginning my father would not let me go out or participate in activities; now he trusts me. He believes that I have become stronger and encourages me to have self-confidence; my father feels more confident to let me go alone." Another respondent said, "[T]here is more communication and openness between me and my mother. We used to fight a lot and little by little she is accepting me, and listen[s] and respect[s] my opinion. The community around me accept[s] me more, they listen more to what I have to say."

Changes in social life

All the participants reported positive changes in social relations and sociability – including improved trust, communication, self-esteem, emotional management, and the ability to form new

friendships. One respondent stated, "Yes, I was engaged and I faced some challenges with my fiancé and I did not know how to communicate with him, and how to discuss or express my feelings. And now I have changed. I know what I want, and I know how to express myself and I learnt how to face challenges of life." Another agreed: "I became better. I am better at managing my anger, and my relation with my parents and people around me is better. I also became stronger."

Individual outcomes

Most useful activities

All reported some positive aspects of the life skills program, whether simply listing an appreciated course activity or more specifically sharing a feeling of improved language skills, self-esteem, self-confidence, goal-setting, or time-management. Some also reported positive experiences from training sessions using teamwork, drama, and art. A respondent said, "[T]he activity where we had to draw people we love, it was important for me. I learnt how to speak with people, I learnt not to interrupt others, I learnt not to use violence." Others liked similar activities: "Friendship session; here learnt how to build friendship, I learnt how to become strong, I learnt how to manage and control my anger."

Most useful skills or information

The responses differed in terms of the most useful skills or information reported, although prevalent skills listed included increased self-confidence, emotional management, and communication, as well an increased understanding of the importance of gender equality, the benefits of completing formal education and the problems of early/under-aged marriage. One respondent said that the most important skills she learned included "to accept the other's opinions, not to discriminate, respect other religions and sects, to work in a team, to be more helpful." Other respondents specifically pointed to gender-related skills: "that a girl should not get married early and should finish her education, equality between the girl and the boy."

Application of what has been learned

One participant explicitly mentioned encouraging others to complete their education and avoid early marriage. Another respondent stated, "I am becoming better at communicating with friends and parents, I feel better, I can control myself when I'm angry." A third respondent said, "I advise my friend to continue her education or not to marry early, and that the girls can also play with ball, not just the boys, we [can] play with the neighbors."

6.6   Conclusion

The programs reported no systematic targeting of beneficiaries and recruited from both in-school and out-of-school youth. The programs offered a wide variety of trainings, with an emphasis on social and personal skills that were overall highly rated by beneficiaries. Sexual and reproductive health topics were not taught, despite the availability of relevant course material. This most likely reflects host country and society sensibilities, although in some cases such topics could have been made part of a program with a broader mental and physical health focus.

The fact that most beneficiaries reported no problems in accessing courses suggests that life skills programs are typically accessible. They may be located near residences and provide a child-friendly and safe learning environment. The qualitative survey confirmed that participants almost unanimously had positive things to say about the life skills programs. In most cases, beneficiaries were encouraged to take part by family or community, further indicating that the courses were considered useful and appropriate.

Paradoxically, findings from exploratory analysis of the survey data suggest that among those who are currently receiving life skills training, vulnerable out-of-school girls view life skills training as potentially shaping future life choices. One possible explanation for this is that the cognitive and abstract thinking that formal schooling nurtures allow students to better exploit the benefits of the training. This, in turn, could be an argument for coupling life skills training with vocational and ALP studies, since single life skills training interventions are less likely to reach and benefit the most vulnerable. Finally, for life skills training programs to reach vulnerable groups, specific profiling and targeting is required.

The fact that life skills training programs ideally seek to reach out-of-school youth, they represent an important addition to the formal (public) schooling sector, which is both weak and underfunded in Lebanon, in line with regional efforts to mainstream life skills training programs in the MENA region.

7   Country case: Tanzania

7.1   Country background

Tanzania is a low-income country according to the World Bank, despite having achieved impressive economic growth over the past decade. The country's status on the United Nations Development Program Human Development Index is categorized as a low human development country with a ranking of 151 out of 185 countries as of 2016. Development outcomes are unevenly distributed in Tanzania, with many urban areas such as Dar es Salaam and Arusha enjoying a higher quality of life than rural areas (UNDP 2014). Despite this, Tanzania has recently made significant progress on health and education indicators, including reducing infant mortality, raising life expectancy, and improving primary school enrollment (ibid.). These are positive developments for a rapidly growing (and predominantly young) and urbanizing population. But there are still many challenges facing young people, including low-quality education, a weak labor market, and high rates of rural poverty, and gender inequality.

7.2   Key challenges facing youth in Tanzania

Education

According to the 2014 Human Development Report, significant gains have been made in recent years in the country's education sector, with 80% of primary-school aged children attending formal schooling (UNDP 2014). However, educational quality is still low: drop-out and failure rates as well as student-teacher ratios are high, and teacher morale and qualifications are generally low. Literacy is also still relatively low (66% of the adult population). Only 1 in 3 Tanzanian youth attend secondary school, with urban and wealthy youth are more likely than rural and poor youth to attend. On average, slightly more girls than boys complete primary school, but girls are less likely than boys to enroll in or complete secondary school, and they are particularly likely to drop out by secondary school age due to pregnancy and early marriage (especially since schools are allowed by law to expel pregnant and married girls) (Human Rights Watch 2017). These figures match what we find in our own survey data, where beneficiaries and their parents report having an average of 8 years of formal schooling.

Economy

Tanzania has a rapidly growing population, and as a result a large youth population. The combination of a high poverty rate, a lack of employment opportunities, and low educational quality means that the country faces significant challenges in leveraging its large youth population as a useful resource for economic development. Tanzania's economy is dominated by agriculture and the informal sector, with limited formal employment (UNDP 2014). In a survey conducted in 2012, half of the sampled youth reported being unemployed, with most stating they were employed in the agricultural sector and just 6% reporting employment in public sector wage jobs (Restless Development 2013). Survey participants stated that they viewed a lack of jobs as the main challenge currently facing young people, while 65% reported they were neither employed nor in school (ibid).

Health and society

As mentioned above, girls' life opportunities (such as completing secondary schooling) are challenged by early marriage and pregnancy. The latest Demographic and Health Survey for the country shows that 27% of females ages 15–19 have already had one child or are pregnant with their first (DHS 2016). Poor, uneducated women have the highest fertility rates. Exacerbating this is a generally low awareness of, and access to, sexual and reproductive health and family planning services (Restless Development 2013). Furthermore, Tanzanian women report low access to health care services due to poverty and geographical distance (DHS 2016). Women are also very likely to be victims of domestic violence (including spousal abuse) and to have experienced physical violence (ibid.).

7.3   Government policies on life skills and youth: Opportunities and challenges

In 2010, The Government of Tanzania adopted a "National Life Skills Education Framework." This document adheres to the definition of "life skills" put forward by the WHO and UNICEF and distinguishes life skills from vocational skills. The document lists self-awareness and social/relationship skills as the two primary sets of life skills, with cognitive skills informing social skills. Self-awareness skills include self-control, managing emotions and stress, goal setting, and time management. Social and relationship skills include communication, negotiation and refusal, cooperation, empathy, conflict management, and team building. Cognitive skills include critical and creative thinking, informed decision making, problem solving, and analytical skills.

The framework stresses that much of the value of life skills training in Tanzania is preventative, for instance, helping young people to avoid contracting HIV or other sexually transmitted diseases and abusing drugs. Life skills are also strongly linked to livelihoods and employment via entrepreneurship, as well as to citizenship. Life skills are taught in the formal school curriculum, but the 2010 framework also recognizes the value of non-formal life skills programs, particularly for youth who are no longer in school. Outcome 5.3.1 of the framework states the goal that quality life skills programs should be expanded to reach all out-of-school children and young people. Many programs serving out-of-school youth follow a peer educator model, but these programs do not have a standardized curriculum.

7.4   Findings - Quantitative

Landscape of life skills training programs in Tanzania: Results from the program mapping survey

We identified 27 organizations that currently implement life skills programs in Tanzania. Of these, the majority of the life skills programs in the sample were established by an NGO. Most programs (66%) were implemented in both rural and urban areas, with just 7% of programs implemented in rural areas only and 14% in urban areas only.

TABLE 7:1. Who established the program?

NGO	41%
Public sector initiative (ministry or department)	12%
Members (youth)	8%
Multiple partners (combination of one of the previous 6 categories)	25%
Community initiative	12%

Program content

The programs in the sample report had a variety of program objectives, including (i) general empowerment, (ii) economic empowerment, (iii) psychosocial support, (iv) leadership skills, (v) protection from abuse and violence, (vi) drug prevention, (vii) peace building and conflict resolution, (viii) school completion, (ix) rights awareness, and (x) recreation. Programs reported offering the following types of services and trainings to beneficiaries: general skills training, economic and vocational skills, education support, and psychosocial support. Other programs reported offering administrative support to youth clubs, rather than running programs themselves. Table 7:2 shows the frequency with which programs reported teaching specific skill areas, with social skills being the most frequently taught skill area.

TABLE 7:2. What life skills does the program teach?

Social and interpersonal skills	33%
Personal skills	28%
Cognitive skills	15%
Health skills (including sexual and reproductive health)	14%
Vocational skills	12%

Teaching staff, teaching methods, and program evaluation

In 55% of the programs in the sample, trained personnel taught the program content, conceivably meaning that the program had trained individuals to teach. Eighteen percent of programs used professional teachers. A further 26% did not provide information about the training level of instructors. Examples of the types of individuals that served as instructors include regularly employed teachers; NGO-trained instructors, facilitators, mentors, and counselors; students and junior leaders who had received peer training; and government officials. The majority of programs (95%) reported that their teaching staff used a combination of pedagogical methods, including participatory and interactive methods, mentoring and counseling, lectures, group work and discussion, and practical field training.

Forty-four percent of programs reported that they trained teaching staff just once, but regularly evaluated staff after training. Twenty-seven percent reported providing a one-time training (with no follow-up), and 27% reported doing regular evaluations but not training the teaching staff. Programs used a wide variety of training methods, including workshops, seminars, and manuals. Ninety percent of the programs reported that they had evaluation reports available.

Beneficiary profile

All programs reported that they included both girls and boys in their programs. On average, the girl beneficiaries we surveyed were between 11 and 21 years of age, and 52% of them were currently attending school. Only 19% of programs reported involving out-of-school youth, although 19% reported involving both in- and out-of-school youth. Nearly half (48%) of programs reported having no specific beneficiary recruitment criteria.

Assessment of life skills training programs: Results from the beneficiary survey and qualitative interviews

Beneficiary background characteristics

Table 7:3 below shows the key background characteristics of the respondents.

TABLE 7:3. Summary of beneficiary background information

Characteristic	Sample statistic
Age	Average of 17 years
Marital status	95% unmarried
Living arrangement	70% lived with their parents
Employment status	79% not employed at all
Physical disability	95% reported having no physical disability
Literacy	96% could both read and write
Years of formal schooling completed	Average of 8 years
Schooling status	54% were full-time students; 22% were drop-outs; 22% had finished their studies
Length of time out of school	Average of 3 years; those who were not in school reported that this was because they could not afford school fees and expenses (43%), that they had completed secondary school (20%), or "other" reasons (34%)

Training attendance and frequency

Nearly half (45%) of the respondents stated that they learned about the life skills training programs they were attending through contact with a training provider or NGO. Forty percent had learned about the program through word of mouth, and 5% through print or social media. Over three-fourths (76%) of respondents had not taken part in other types of trainings or courses outside of school.

Forty-three percent of respondents reported that their programs met on a weekly basis, 34% reported meeting more than once a week, and 14% reported meeting daily. Over half (56%) reported that they always attended the training, and 29% reported that they mostly attend their training. Fifty-five percent reported experiencing no obstacles to attending their program, while 28% reported a lack of time as a major obstacle to regular attendance. Most respondents (85%) did not pay for transportation to their program. About a third (35%) rated the training schedule as "very good," 40% as "good," and 16% as "fair."

Program relevance and performance

Respondents overwhelmingly reported that their life skills programs were very relevant to their current needs: 76% of respondents rated program relevance as "very good," and 19% as "good." Nearly all respondents (98%) stated that they would recommend the course to others. Sixty-eight percent of respondents rated the usefulness of their programs as "very good" and 28% as "good." Seventy percent of respondents rated the benefit of the training as "very good," while 26% rated the benefit as "good." The respondents also reported that they liked the training methods used in their programs, with 34% rating the methods as "very good" and 46% as "good." Only 19% of respondents rated the teaching methods as "fair" or "weak."

Skills relevance

Respondents were asked to provide information about the importance of general skill set areas, and then to evaluate the usefulness of and their improvement in specific skill sub-areas. Beneficiary rankings of these general skills sets generally matched what programs stated that they offered, with the exception of health skills. Most beneficiaries reported health skills as one of the most important skills they were learning, yet few programs from the mapping exercise listed health skills as one of the top sets of life skills they taught. Within these broad skills areas, the greatest frequency with which participants named specific skills in each box as being most relevant were as follows:

TABLE 7:4. Beneficiary views on the most relevant skill learned in their programs

Social and interpersonal	Health	Cognitive	Emotional
Negotiation	Interpersonal violence	Critical thinking	Forgiveness

TABLE 7:5. Top 4 life skills taught (as reported by programs)

Skills category	Programs (Percentage)
Social and interpersonal	33%
Personal	28%
Cognitive	15%
Health	14%
Vocational	12%

TABLE 7:6. Beneficiary views on the most important skills learned in their program

Skills category	Programs (Percentage)
Health (including SRH)	46%
Cognitive	24%
Emotional	17%
Social and interpersonal	13%

Future plans

Finally, respondents were asked to evaluate how the life skills program they were enrolled in would affect their future plans. Responses are shown in the table below. More impact is envisioned on items that are arguably easier for individuals to exert influence over than larger social issues (like the age at which individuals marry).

TABLE 7:7. Expected influence of training on beneficiary over the next 12 months

Future marriage plans	28%
Health	Personal health: 93% Improved health: 95%
Social relations	Ability to respect others: 98% Improved relations: 97% Confidence in communication: 96%
Emotional management	84%
Education	Educational goals: 85% More schooling: 84%

Employment	Employment plans: 75% More employment options: 74%
New leadership roles	72%

7.5 Findings – Qualitative

In addition to the survey questions, we also asked a subset of respondents to answer a set of qualitative questions about their experience with life skills training. Specifically, we asked respondents to elaborate on their motivations for taking the training and about the social and individual outcomes of their participation. Respondents reported positive experiences with their life skills programs, and shared that the programs have enabled them to make positive changes in their lives and in the lives of their family members and friends.

Motivations

Motivation to join

Participants had various motivations for joining their life skills program. Life skills programs were seen by some as a good alternative for youth who were not in school, work, or other productive activities: "I did not want to stay home idle, and when I heard that the program provides education for free I decided to enroll." Other respondents stated a desire to learn specific skills, including confidence, how to avoid early pregnancy, and vocational and economic skills like tailoring. Some reported being recruited by program staff or promotional materials. Finally, two respondents expressed a desire to join the program in order to teach other youth in the future: "I joined because I saw an opportunity to learn about youth problems and also an opportunity of me being able to deliver what I have learned from the program to other youth."

Perceived main benefits of participating

Respondents provided two main benefits of participating in life skills programs. First, several stated that they felt their program was equipping them with skills not taught in school, but needed for employment and general success in life:

- "The program teaches us to be entrepreneurs, which is not taught in the school syllabus."
- "I have learned self-confidence and also to be more positive-minded. These are the things that are not taught in the school curriculum."

Second, many of the respondents listed specific skills they had learned as the main benefit, including self-awareness, self-confidence, self-discipline, health skills (including sexual health and family planning), leadership, decision making, maintaining good social relationships, and general rights awareness.

Goal achievement

Finally, we asked respondents to elaborate on what they hoped their life skills program would help them to achieve in the future. In the survey, 75% of respondents reported feeling that their life skills program would influence their employment options in the future. In the qualitative interviews, some respondents stated that they felt the training would enable them to achieve specific career goals, such as becoming a nurse, doctor, or policewoman. One respondent saw the program as instrumental to her goal of becoming a fashion designer: "I will be one of the best female designers in Tanzania. This is the reason why I pay full attention to my trainers, in order to do the best after studies." Others stated that the training provided them with skills to become an entrepreneur:

- "The program has provided me with skills to run a small business, which I need because sometimes when I have money I don't know how to use it."
- "My life will change for the better because I have learned various life skills including entrepreneurship, which will help me to earn an income."
- Still others viewed their training as instrumental to helping them to further their formal education, become a leader in their communities, and better plan their families. Finally, a few respondents stated that their training would enable them to fight for the rights of others: "The program will specifically help me to fight for women in my community whose rights have been manipulated."

Social outcomes

Parent and community member perceptions of the life skills program

The majority of respondents reported that their parents and community members had a positive view of the life skills programs they participated in. This finding probably reflects the selection bias in the beneficiaries of the programs we surveyed, who were not necessarily the most vulnerable individuals. A few respondents provided more nuanced information, stating that parents and community members had come to view life skills programs positively (but conceivably did not in the past), or that some parents and community members had negative views of life skills programs:

- "The society is not 100% positive but parents are now supportive after they have seen the benefits."
- "My guardians see this as a good course because they have seen so many changes in me such as I am now a mentor to my siblings and they are proud of me."
- "My mom is supportive, but my dad is not."
- "My parents support my participation, but some of the community members see it as a waste of time."

Influence on parent and community member perceptions of beneficiaries

Overall, most respondents reported that their participation in a life skills program has had a positive impact on how the attitudes of their parents and community members towards them. Examples include the following:

- "Before the program, they thought I lack[ed] self-awareness. But now they see me as a changed person. They see me as a matured and respected person."
- "I think the program changed my parents and community because now they are encouraging other girls to participate in the training."
- "Yes, my participation has changed my parents and community opinion about me. My parents now involve me in decision-making and sometimes ask for my advice on some issues pertaining our family."

Changes in social life

Respondents reported positive changes in their social interactions with other people, including increased self-confidence, better decision-making skills, an enhanced understanding of others, less rudeness and laziness, increased persistence, better time management, and better choices in relationships.

Individual outcomes

Most useful activities

Many respondents interpreted life skills to be vocational skills, conflating knowledge and skills. Several listed concrete vocational skills as being the most useful activities they had participated, including tailoring, business and money management, gardening, carpet making, and cake making. Others reported benefiting from public speaking activities, activities designed to build self-confidence, health-related activities, and general discussions.

Most useful skills or information

Respondents primarily found vocational, entrepreneurship, and health skills to be the most useful skills they learned in their life skills programs. One respondent noted that the most valuable information she had acquired was that "girls are not different from boys; we girls can develop just like boys."

Application of what has been learned

Respondents stated that they have applied what they have learned through business activities and interactions with others:

- "I educate my siblings when I got back home about all the life skills I have learned."
- "I have started sewing cloth at home and sell it at affordable prices."
- "Through tailoring I have managed to generate some little income by repairing my neighbors' clothes."
- "Through finance management I have started my business and now it is growing. Through life skills we were training to mentor others and now I am doing that, I help other girls to reach their goals."
- "I have been more careful. I am now abstaining from sex."

- "I have spoken to my brother and some of my friends about safe sex and how to prevent engaging in drug addiction, also about family planning."

7.6   Conclusion

Girl program participants seem generally very satisfied with non-formal life skills programs in Tanzania, and the qualitative evidence suggests that program participation has enabled girls to make positive changes in their lives. However, there are two notable findings from this country case worth exploring further. The first is that most participants, particularly in the qualitative interviews, seemed to equate vocational skills with life skills, and reported a high sense of optimism with regards to the potential future impact of life skills training on employment. The second is that programs are not necessarily teaching the skills that girls both want and see as being valuable for their future, and which the government has emphasized in its life skills policy framework – namely, health-related skills. It is not clear exactly why this is the case, but such a misalignment may indicate a need for more participatory, bottom-up program design to ensure that programs are delivering content that participants need and want.

8 Conclusion: Areas for future research

What types of non-formal life skills programs are benefiting adolescent girls in developing countries? How are these programs designed, and what are the intended outcomes of the programs? This report takes up these three questions through analysis of new data from Ethiopia, Lebanon, and Tanzania. Life skills are defined as the combination of skills (what one has), knowledge (what one knows), and attitudes (what one believes and values) that constitute a set of competencies (what one can do) that enable youth to adapt to, function and thrive in society. They enable individuals to translate knowledge, skills, and attitudes into specific behaviors to cope with, navigate, or transform life's challenges. We find that while non-formal life skills programs do not always serve the most vulnerable girls (contrary to their stated mandate and the few rigorous program evaluations that exist), girls participating in them report feeling highly satisfied and that programs meet their needs. The programs we surveyed are generally using interactive, participatory pedagogical methods, are regularly evaluated, use trained teaching staff, and involve community members and parents in delivery. Program beneficiaries report that they feel they are likely to use the knowledge and skills they gain in life skills programs to influence decisions and areas in their lives over which they are able to exercise a high level of control, compared to those areas like employment and marriage that are likely to fall under the influence of larger structural and social challenges.

To our knowledge, this is the first cross-country, comparative study of non-formal life skills programs targeting girls. While we now know more about programs in Ethiopia, Lebanon, and Tanzania, our research points to a number of knowledge gaps that future research should aim to fill. First, in our review of the literature, we found relatively few studies of life skills programs targeting girls in developing countries, both in the formal and informal education sectors. We also located very few examples of rigorous impact evaluations of non-formal life skills programs in these contexts. Many programs reported that they are evaluated (in Tanzania, up to 90% of programs), but we do not know what is in these evaluations, and a systematic study of program evaluations could shed some light on program impact. While our data collection provides more information about what programs are teaching and what beneficiaries self-report learning, this does not tell us what the actual independent impact of life skills training programs are on skills acquisition or on girls' short-term and long-term life outcomes. More rigorous evaluation studies (and publicly available studies) are thus needed to determine what skills participants actually learn and how they translate what they learn into concrete action. Respondents' assessment of the perceived influence of their life skills training on future decisions suggests that programs retain a heavy emphasis on individual self-improvement (e.g. the development of personal and interpersonal skills) in order to be better citizens who make better personal decisions (e.g. regarding sex, marriage, substance use, schooling, career, etc.), rather than on a set of competencies that can lead them to choose dramatically different future lives than what social and gender norms may dictate. In essence, we need to learn more about what girls can do as a result of their participation.

Second, this raises the critical issue of measurement: this study is limited by its use of self-reported data, and as a result, much of the findings are more a reflection of girls' evaluation of their programs rather than on the actual skills they may have acquired, and of program managers' perspectives on what the intent and offerings of the programs are. That is, there is a gap between what we want to measure and what our measurements are actually capturing. Because life skills development is

different than other content-based education (e.g. literacy, numeracy, technical and other academic-related skills, etc.), measures that capture the underlying processes that demonstrate whether girls can apply these skills in the real world are more desirable and relevant. This is even more the case when considering the assumption that the transferability of life skills from situation to situation is what makes them "life" skills. However, given that research on process-oriented assessments of such 21st century skills like problem solving is just emerging, the current study had to rely on self-report measures.

Third, we also need a better understanding of the effects that have been uncovered in this study as well as the rigorous evaluations that do exist. What is it about life skills training programs that creates positive (or negative) outcomes for girls, and why: the teachers (including selection, training, and teaching methods), participants, curriculum and pedagogy, classroom dynamics, meeting time and place, community and parent involvement, or other factors all together?

Fourth, based on the data we collected, life skills programs seem to be teaching several skills together at the same time, including vocational and technical training. In many cases, there is confusion or inconsistency in what programs are calling "life skills." Oftentimes, "life skills" is taken to mean specific knowledge areas (like knowledge about preventing pregnancy), but leaving out attention to gender transformative attitudes. The conflation of life skills with vocational and technical skills, especially in Tanzania, also begs the question of skill inter-dependency: does successful acquisition of skills, and translation of those skills into change, rely on the acquisition of other skills as well as knowledge areas? For instance, becoming a successful entrepreneur or fashion designer, as desired by some participants in Tanzania, might mean being able to also translate knowledge about sexual and reproductive health, which itself may well depend on learning skills in self-confidence and negotiation.

Fifth, whether context plays a role in program design, especially in terms of what skills get targeted, is an area also needing further illumination. All three case study countries have some kind of national or regional framework on life skills in place, creating enabling policy environments when it comes to identifying key life skills and key life outcomes for youth at a national level. Ethiopia's framework identified personal, interpersonal, group, and ecosystem skills; the UNICEF framework wherein Lebanon defined important life skills clusters: learning to know, to do, to be, and to live together; while Tanzania's framework lists self-awareness and social/relationship skills as primary. Whether and how these frameworks are translated into program design is beyond the scope of this study, but evidence from our program mapping survey suggests a policy-to-practice gap. That is, our study suggests political, economic, and social contexts may be defining non-formal life skills education program design more so than policy contexts. Perhaps this is a result of the heavy presence of NGO implementers in the non-formal education sector who often implement life skills programming *in response to* something: a refugee crisis, high rates of HIV/AIDS, substance abuse or other negative behaviors, high youth unemployment, etc. In this case, our study suggests that life skills programming may be driven by implementer priorities rather than the needs of girls and youth themselves. The misalignment of skills identified by programs and those skills beneficiaries found most useful in Tanzania may be a case in point. Further research on life skills programming in other countries would help to illuminate this relationship between context and what skills are targeted by implementers.

Sixth, on a related note, another area worthy of further investigation is the connection between non-formal and formal education settings. First, it seems that life skills programming offered in formal education settings offer youth the maximum number of hours of exposure due to their integration into the curriculum or the school year; whereas programming offered in non-formal education settings are limited in their program duration. If exposure (duration and intensity) matter in the acquisition of skills, more formalized linkages between formal and non-formal life skills programming should be explored—keeping in mind that, in many cases, the rationale for non-formal education is that the formal education sector is not providing girls with the necessary skills they need, especially girls who have dropped out of school. Exploratory analysis of the beneficiary survey data suggests that girls with more years of formal schooling completed are more likely to view that their life skills training will have a positive impact on their future choices. However, much more analysis is required to understand why this might be so. Second, there is little research in developing country contexts about what impact life skills training has on formal schooling outcomes, including school attendance and retention as well as exam performance. It appears that a dominant focus for life skills programming is on girls' future marriage, health, career, *and* education outcomes, yet evaluations have been concerned primarily with the former three. Improving education access for the millions of children who are out of school remains a global development goal, and non-formal life skills programs may have an important role to play in transitioning out-of-school children into formal schooling, as well as helping to ensure they complete at least a full cycle of basic education.

Finally, a core finding of this report is that non-formal life skills programs do not always seem to target the most vulnerable individuals. More research into how programs could improve their beneficiary selection processes would be valuable, including what types of recruitment strategies beneficiaries find more attractive and what the challenges are for programs to serve highly vulnerable populations. Changing recruitment methods requires more investigation to know what funding incentives program administrators are responding to in designing and delivering programs.

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Appendix 1 – Literature review search protocol

Methodology

In October and November 2016, we carried out a comprehensive literature review on the topic of life skills. This involved a multi-stage process. First, we developed a list of search terms to guide our collection of relevant academic and policy documents. We added to this list of terms as the literature search progressed and new terms emerged. We searched the full list of terms in both academic databases as well as in the webpages of organizations that are involved in life skills programming in developing countries, either as providers or as evaluators (see Table A1-1). Our search was conducted in English; searches in French, Spanish, Portuguese, Russian, Chinese, Japanese and other languages may have generated some additional documents, particularly policy reports and program evaluations. However, given the dominance of English as an academic and policy language, we feel we have generated a comprehensive understanding of the state of the field of study of life skills. Documents were stored in a common folder and entered into a shared library (Zotero).

TABLE A1-1. Parameters of the systematic literature review

Search terms used	Sources used
- Life skills - Life skills girls - Life skills Africa - Life skills Asia - Life skills Latin America - Life skills developing country - Life skills non-formal education - Life skills youth - Life skills adolescents - Life skills AND (in combination): *youth AND *non-formal AND *Africa * AND Asia AND Latin America AND *developing AND *girls - Soft skills youth - Transferable skills youth - Socio-emotional skills youth - Social skills youth - Psychosocial skills youth - Citizenship education - Girls empowerment non-formal education - Family life skills non-formal education - Family health non-formal education - Sexual education non-formal - Vocational skills training - HIV AIDS education non-formal - Health education non-formal - Non-cognitive skills	**Databases:** - Google Scholar - Web of Science - Jstor - Science direct - World Bank e-library - Pubmed - ERIC - Norwegian library system (BIBSYS – Oria) **Organizations:** - Innovations for Poverty Action - World Education - Plan International - World Vision - Save the Children - Room to Read - UNESCO - UNICEF - Food and Agriculture Organization of the United Nations - World Food Program - Norwegian Refugee Council - Peace Corps - BRAC - Population Council

Our search results initially returned well over 200 documents. We took four further steps to refine and reduce this initial list. First, as our study is specifically focused on life skills in developing countries, we excluded documents that focus exclusively on developed country contexts such as those in the United States, Canada, Europe, and Australia. However, we retained documents that focus on indigenous groups in these contexts, given their comparability to, and relevance for, marginalized groups in poor countries.

Second, we excluded documents that do not discuss or touch on life skills as a specific focus or frame for a particular issue. A number of documents emerged during our search that focused on topics related to, or that are considered to be a part of, life skills, usually health and livelihoods issues. Papers looking exclusively at health issues tend to examine programs and approaches for reproductive health (including HIV/AIDS and sex education), substance abuse prevention, health education more generally, school-based sports programs, and stress management. Other documents look at programs that provide technical and vocational education, employment training, financial literacy, economic empowerment, livelihoods interventions, and the socio-economic integration of marginalized individuals such as ex-combatants.

After completing these two steps, we read through the remaining 146 documents to get a sense for the range of operational definitions of the concept of life skills. We examined the extent to which the existing documentation analyzes life skills in formal as opposed to non-formal educational settings, the types of life skills taught, the outcomes expected and/or achieved in life skills programs, the teaching and learning methods used, and the types of providers and beneficiaries in these two educational settings. Our aim was not to evaluate the quality of these studies given the range of research designs and objectives across the studies (which made it almost impossible to compare across studies), but rather to determine how the issues above are covered in the literature and the nature of the evidence base. Our final step involved reviewing exclusively the 74 documents that examine life skills programs implemented in developing countries in non-formal settings; one-third of these (23) of these review programs that specifically target adolescent girls. In addition to the areas in the previous paragraph, we also focused on the role of context in determining what life skills are considered important to teach girls in non-formal programs.

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Appendix 3 – Program mapping and survey questionnaires

Program mapping exercise

Table A3-1 shows what information was collected from each relevant organization in the program mapping exercise. All information is contained in a separate excel sheet.

TABLE A3-1. Parameters of the systematic literature review

- Name of the organization
- Name of the life skills youth club program (if different)
- Information about who established the club (1 = NGO, 2 = members (youth); 3 = school; 4 = community initiative; 5 = public sector initiative (ministry or department); 6 = donor (public or private; 7 = multiple partners (combination of one of the previous 6 categories))
- Location (1 = rural; 2 = urban; 3 = both; 4 = other)
- List of the top three main funding sources for the organization
- Name and contact information of the respondent
- Contact information for the organization, including a web address
- Date (year) the program started
- Number of clubs in the program, broken down by region if possible (999 = unknown)
- Information about how the NGO/ funding or supporting organization supports the clubs? 1) the funding organization runs the club, 2) financial support only, 3) technical advise/guidance only, 4) provide venue for training/meeting only, 5) 2 or more of the above, 6) none, 7) combination of options 1-6
- Main objectives of the program
- Types of services and trainings offered to target beneficiaries (list the top 4)
- Top 4 life skills that are taught
- Who teaches? (Trained mentor, field facilitator, school teacher, etc.)
- In what way are the teachers/mentors trained and followed up?
- What are the main teaching (pedagogical) methods used? 1 = teaching/lecturing, 2 = participatory/interactive, 3 = individual/group mentoring or counseling, 4 = group work/discussion, 5 = practical field training, 6 = others, 7 = combination of options 1-5
- Who are the intended beneficiaries in terms of gender? 1= girls only, 2= girls and boys
- Who are the intended beneficiaries in terms of age? (Age minimum and maximum)
- Who are the intended beneficiaries in terms of school attendance? 1 = in-school youth, 2 = out of school youth, 3 = any interested adolescent, 4 = both in and out of school youth
- Other individual or social background criteria that are used in targeting beneficiaries? 1 = no such criteria, 2 = youth from poor families, 3 = migrant youth, 4 = maids and other hired help in families, 5 = street and homeless youth, 6 = other (specify), 7 = combination of options 1-5
- How often do the beneficiaries meet (per month) and for how long are they typically involved?
- Are other members of the community included in the club or program (parents, religious leaders)? 1 = Yes, 0 = No
- Are there any impact evaluations or outcome reports available? 1 = Yes, 0 = No

Beneficiary and program administrator survey questionnaires

This survey had three components:

1. **Program information**: This part of the survey collects detailed information on the life skills training from the person responsible for managing the life skills training program. The information collected includes the goals the training program aims to achieve, criteria for selection of training participants, method and frequency of training, and other relevant program information.

2. **Background information on the trainees**: This part of the survey collects socio-economic background of the trainee through a structured, questionnaire-based interview of the girls participating in the training. This part of the survey is aimed at collecting relevant information on school and education background of the girls and the social and economic position of their parents. The data from this section allows us to assess relevance of the life skills trainings to the needs of the beneficiaries.

3. **Evaluation of the life skills trainings by the beneficiaries**: This part of the survey elicits assessment of the respective life skills trainings by the beneficiary girls themselves through a serious of structured questions that focus on the specific training that they are currently obtaining through the project/club. Each respondent of the survey evaluated the life skills training she is receiving or has recently completed across the following indicators:
   a. Usefulness to her current needs
   b. Improvement in her knowledge of the issue due to the training
   c. Improvement in her attitude, behavior and practice/action due to the training

The survey concludes with a set of general questions on immediate and future plans and whether and how these are affected by the training.

Finally, follow-up qualitative, semi-structured interviews with 1 or 2 randomly selected beneficiaries within 10 randomly selected clubs were also conducted to gather detailed information about the importance of context in determining which life skills are, and should be, taught to girls in non-formal contexts.

Table A3-2 shows the quantitative questions to which survey respondents answered, and Table A3-3 shows the qualitative follow-up questions.

In each country, the questionnaire was designed in an Open Data Kit platform for mobile data collection via tablets, and questions were administered by enumerators in a face-to-face interview.

TABLE A3-2. Quantitative beneficiary survey guide (questions and response choices)

Respondent name
Organization name
Club/project ID
Respondent ID

Personal details

1. Age (years)

2. Marital status (married/cohabiting; unmarried; divorced; widowed; engaged)

3. Living arrangement (live with: parents; relatives; employer; alone; friends; group of people not friends or relatives; spouse; other)

4. Employment status (not employed in formal job; full-time employed in formal job; part-time employed in formal job; non-formal employment; no employment at all)

5. Do you have any physical disability? (yes/no)

6. Can you read? (yes/no)

7. Can you write? (yes/no)

8. Highest level (year) of formal schooling completed

9. Current formal schooling status (full-time student; part-time student; not attending school or never attended school; not attending school b/c dropped out; finished studies)

10. If currently not registered at school, how long (in academic years) have you been out of school?

11. If not currently attending formal school, what is the main reason? (need to work to support myself or family; can't afford school fees and expenses; not in good health; completed secondary school; no school in close distance; other)

12. How did you hear/learn about this training/program? (contacted by training provider/NGO; print or social media; word of mouth; local administrative office; other)

13. Have you taken part in other types of trainings/courses outside of school?

Parental/ family details

14 Nationality of father

15. Years of schooling completed by father

16. Is your father alive? (yes/no)

17. Is your mother alive? (yes/no)

18. Can your father read? (yes/no)

19. Can your father write? (yes/no)

20. What is your fathers occupation/job (own farm; self-employment/business (non-farm); wage employment full-time; wage employment part-time; retired; unemployed; cannot work due to illness or disability; other)

21. Family size in household (adults + children and relatives)

22. Parents housing (own house; rented house; other)

23. Does your father have a physical disability? (yes/no)

24. Does your mother have a physical disability? (yes/no)

Training attendance

25. What is the name of the course or training program you are currently receiving/currently participate in

26. How often does the group meet for training/discussion (daily; not daily but more than once per week; weekly; every fortnight; monthly; other)

27. How regularly are you in attending the trainings and activities? (always, mostly, sometimes, rarely/on special occasions)

28. Are there any obstacles to regularly attending and participating in the training, and if so what are the obstacles to regular participation in the training? (no obstacle; lack of time; lack of necessary materials; lack of motivation; lack of money; lack of support from family or community; distance/transport; other)

29. Do you have to pay for transport from your own pocket to attend the training? (yes/no)

30. Do you know anyone your age who would benefit from this course? (yes/no)

31. Do you know anyone your age who wanted to participate in this training but was unable (eg. Not admitted, parents prohibited, etc)? (yes/no)

32. Would you recommend the course to others? (yes/no)

Overall relevance and performance of training

33. The relevance of the training/program for my current needs (very good; good; fair; weak)

34. Training schedule (when the training/regular club meeting is conducted) (very good; good; fair; weak)

35. Training method/s (very good; good; fair; weak)

36. Practical usefulness of training (very good; good; fair; weak)

37. Benefit of training (general) (very good; good; fair; weak)

38. Please list the three most important skills you believe you are learning in the program.

Social and interpersonal skills

39. Select the top 3 relevant skills you learned through this training/club/project and evaluate each. Select ONLY those trainings that your training covers (respondents ranked each sub-category as 1, 2, 3 independent of the other sub-categories in each set of skills)

* **Conflict prevention:**
  resolution
  mediation
  negotiation

* **Leadership skills:**
  teamwork
  cooperation
  communication

* **Rights awareness:**
  women's rights
  gender equality
  human rights

40. Social skills:
Rank in terms of usefulness of this skill to your needs
Rank in terms of improvement in your knowledge of the issue due to the training
Rank in terms of improvement in your attitude, behavior and practice/action due to the training

Health-related skills

41. Select the top 3 relevant skills you learned through this training/club/project and evaluate each. Select ONLY those trainings that your training covers (respondents ranked each sub-category as 1, 2, 3 independent of the other sub-categories in each set of skills)

* Interpersonal violence:
gender-based violence (GBV)
domestic violence
bullying / mobbing

* Personal health status:
nutrition (healthy diet)
personal hygiene (cleanliness)
mental health
drug addiction and substance abuse

* Reproductive health issues:
teenage pregnancy
sexually transmitted diseases (STD) and HIV
safe sex and prevention

42. Health skills:
Rank in terms of usefulness of this skill to your needs
Rank in terms of improvement in your knowledge of the issue due to the training
Rank in terms of improvement in your attitude, behavior and practice/action due to the training

Cognitive skills
43. Select the top 3 relevant skills you learned through this training/club/project and evaluate each. Select ONLY those trainings that your training covers (respondents ranked each sub-category as 1, 2, 3 independent of the other sub-categories in each set of skills)

* Problem solving:
critical thinking
problem solving
decision-making

* Organizational skills:
planning for the future
time management
study skills
setting goals

* Self-reliance skills:
textual literacy
financial literacy
manage money & income

44. Cognitive skills:
Rank in terms of usefulness of this skill to your needs
Rank in terms of improvement in your knowledge of the issue due to the training
Rank in terms of improvement in your attitude, behavior and practice/action due to the training

Emotional skills

45. Select the top 3 relevant skills you learned through this training/club/project and evaluate each. Select ONLY those trainings that your training covers (respondents ranked each sub-category as 1, 2, 3 independent of the other sub-categories in each set of skills)

  * Manage personal emotions:
  anger
  fear
  frustration
  stress

  * Manage interpersonal emotions:
  reconciliation
  empathy
  forgiveness
  tolerance

  * Self worth:
  self-confidence
  self-esteem
  self-regulation

46. Emotional skills:
Rank in terms of usefulness of this skill to your needs
Rank in terms of improvement in your knowledge of the issue due to the training
Rank in terms of improvement in your attitude, behavior and practice/action due to the training

Future plans / planning
Thinking forward to the next one year, do you think your current training/education/ mentoring through this club will have influenced your:

47. Plan for future marriage (yes; no; don't know)
48. Personal health (yes; no; don't know)
49. Confidence in communicating needs, preferences and positions (yes; no; don't know)
50. Ability for mutually respectful relation with people (yes; no; don't know)
51. Emotional management (yes; no; don't know)
52. Educational goals (e.g., back to school) (yes; no; don't know)
53. Employment plans / career (yes; no; don't know)

Over the next 1 year (12 months), do you expect to have:
54. New leadership roles? (yes; no; don't know)
55. Improved your health status? (yes; no; don't know)
56. More employment options? (yes; no; don't know)
57. Pursued more schooling (back-to-school)? (yes; no; don't know)
58. Improved personal and social relations ? (yes; no; don't know)

TABLE A3-3. Qualitative interview guide

Motivation

1. Why did you decide to take part (enroll) in this course/program?

2. What do you think are the main benefits of participating in the program?

3. What do you hope the program can help you to improve or achieve?

Social outcomes

4. What do your parents and community members think about the program?

5. Has the program changed your parents' and/or community members' (or peers) attitudes towards you?

6. Have you experienced any changes in your social life as a result of participating in this program?

Training outcomes

7. Which of the activities used in the program have been most useful to build new skills?

8. What is the most important skill or type of information that you have learned in this course/program?

9. Have you been able to apply what you have learned in the program at home, at work, and/or at school?

TABLE A3-4. Quantitative program survey guide (questions and response choices)

Program Information
Club/project ID
NGO / organizer
Location (place)
Name of course

1. Length of training/course (full course) (number of weeks)

2. Frequency of meetings of course (# of sessions) (number of meetings)

3. How long is each session (amount of time) (in minutes)

4. Course goal/aim(s)

5. Main target group (all adolescent/youth; all vulnerable youth; all girls only; vulnerable girls only; students; other)

6. Size of class/club

7. Do the same participants attend each session, or are they different every meeting?

8. Participant recruitment criteria (age; family background; health; residence/location; schooling/education; other)

9. What kind of screening used to select among candidates who wish to participate? (interview; application assessment; recruiter personal assessment; 2 or more of the above; no assessments, all candidates are accepted)

10. Do participants pay for the course? (yes/no)

11. Is there a membership fee? (yes/no)

12. How many specific life skills are taught?

13. List all the life skills trainings offered to adolescent youth in this program/course/club

14. Recruitment method of the facilitators, trainers, teachers in the program (interview; application assessment; recruiter personal assessment; 2 or more of the above; no assessment, all candidates accepted)

15. Are facilitators/trainers/teachers provided training by the program prior to starting their work so that they are able to teach the skills the program is intended to deliver? (yes/no)

16. Are facilitators/trainers/teachers given feedback on their performance from the program? (yes/no)

17. How often are facilitators/trainers/teachers given feedback on their performance?

18. What teaching/ pedagogical methods used? (teaching/lecturing; participatory/interactive; individual/group mentoring; group work; practical field training; PC/tablet; other)

19. Type of course materials used (written teaching materials; training instruments and props; only oral discussion, no materials)

20. What types of program activities are used? (role play or drama; art; sport; discussion; writing; practical application; other)

21. Are students assessed periodically during the course, prior to the end of the course? (yes/no)

22. Is there an end-of-course exam? (yes/no)

23. Do you issue a course certificate to the participants? (yes/no)

24. Is there any official approval for this training by local, school or higher authority? (yes/no)

25. If there is official approval, which office/department approved it?

26. If there is no official approval, why not? (don't believe it is necessary; don't know relevant authority; difficult to obtain approval; approval for larger project covers this activity; don't know; other)

27. Is parental consent required for participants to be in the program? (yes/no)

28. Do you collect course/training feedback at the end of the course from participants? (yes/no)

29. Do you contact the beneficiaries for post-course for follow up / monitoring after the course ends? (yes/no)

30. Do you currently provide a vocational training to adolescent girls? (yes/no)

31. State the type of vocational training you provide (maximum three types)

32. How is the vocational training connected to the life skills training you currently provide to adolescent girls? (part of one training package; life skills offered for select youth from vocational training; life skills offered to interested vocational students; no connection; other)

Appendix 4 – Organizations implementing life skills programs

ETHIOPIA

- Organization for Prevention, Rehabilitation, and Integration of female street children (OPRIFS)
- Addis Ababa University Gender Office
- Addis Ababa HIV AIDS Prevention and Control Office
- Addis Development Vision
- Love For Children and Family Development Charitable Organization
- Trade Competition and Consumers' Protection Authority
- Family Guidance Association of Ethiopia
- Addis Ababa Education Office
- Organization for Social Service, Health & Development (OSSHD)
- Ministry of Education
- Alem Children's Support Organization (ACSO)
- Addis Ababa Youth and Sport Office
- Concern for Development
- Emmanuel Baptists Church of Ethiopia
- Gulale Sub City Youth and Sports Center
- Kolfe Keraneo Sub City Youth and Sports Center
- Yeka Sub City Woreda 5, Women and Children Affairs Office
- Hiwot Ethiopia
- Cheshire Foundation
- Ministry of Health
- Nifas Silk Laphto Sub City
- Kirkos Sub City Youth & Sport Bureau
- Support Street Children and Mothers
- Rotery International
- St. Mary University
- HIV Prevention and Controls (Minilik high school)
- Tsinat Development and Social Organization
- Addis Ababa Health Office
- Women and Children's Affairs Bureau
- Population Service International Ethiopia (Mulu/MARPS Project)
- Population Council
- Addis Ababa University Gender Office
- Hiwot Ethiopia Charity
- Organization for the rehabilitation and development in Amhara (ORPA)
- Empathy for Life Integrated development Association (ELIDA)
- Women's Health Association of Ethiopia (WHAE)
- Path Finder Ethiopia (Adolescent & Youth SRH Program)
- Consortium of Reproductive Health Associations (CORHA)
- YMCA Ethiopia
- DSW (German Foundation for World Population)
- Organization for Social Service, Health & Development (OSSHD)
- Development Expertise Center (DEC) Ethiopia
- International Institute of Rural Reconstruction (IIRR)

LEBANON

- Arcenciel
- Beit Atfal Assumoud
- Himaya
- Injaz Lebanon
- INTERSOS
- Mercy Corps
- Nahnoo
- Oum El-Nour: SAIL
- SAWA group
- Sonbola Group for Education and Development
- Tadamon (SASCD)
- Skoun (life skills program, peerNet, know more risk less)
- Alef (HREO)
- Norwegian Refugee Council (NRC)
- Save the Children
- AMEL Association
- The Lebanese Organization of Studies and Training
- Development for People and Nature Association (DPNA)
- Association Najdeh
- Digital Opportunity Trust Lebanon - DOT Lebanon

TANZANIA

- BRAC
- Ekama Development Foundation
- Hope 4 Young Girls Tanzania
- TAMASHA
- Children Dignity Forum (CDF)
- Wadada Center SFA
- Mwanamke Tunu Project
- Msichana Initiatives
- New Light Children Centre Organization
- Doris Mollel Foundation
- Tanzania Womens Lawyer Association (TAWLA)
- JHPIEGO
- Right to PLAY
- Room to Read
- Plan international
- Tanzania Women and Children Welfare Centre (TWCWC)
- WILDAF
- Centre for women and children assistance (CWCA)
- Global Network of Religions for Children (GNRC)
- Humuliza Organisation
- Mimi ni nani
- FEMINA Hip
- Legal and Human Rights Center (LHRC)
- C-Sema Tanzania

List of tables

How can young women in developing countries best be prepared for success in their lives and livelihoods? Life preparation requires learning different types of knowledge and skills in formal, non-formal, and informal learning contexts. Since the advent of the Education for All initiative in 1990, the international community has recognized that in addition to academic knowledge like basic literacy and mathematics skills, young people need to learn so-called "life skills" (UNESCO 2004 & 2012; UNICEF 2012). Life skills are the combination of skills (what one has), knowledge (what one knows), and attitudes (what one believes and values) that constitute a set of competencies (what one can do) that enable youth to adapt to, function and thrive in society. They enable individuals to translate knowledge, skills, and attitudes into specific behaviors to cope with, navigate, or transform life's challenges (Kwauk and Braga 2017). To successfully function as adults in society and to navigate the social, economic, and political challenges of the 21st century, young people must be able to think critically, participate politically, live peaceful and healthy lives, create and pursue economic opportunities, navigate and use new technologies, and process information in ways that translate into positive individual and societal development.

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