



**ADOLESCENT
GIRLS** COMMUNITY
OF PRACTICE



Intentional Design Practitioner Report

Global Communities' Use of Intentional Design to Implement the DREAMS Program—Getting the Correct Value for Money in Highly HIV-Affected Settings in Kenya

By Ann Wahinya and Sophie Soares

Field Team: Betty Adera, Luciana Koske, and Fredrick Nyagah

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<https://buildcommunity4girls.org/>



About

The Intentional Design approach has been foundational to the Population Council’s work since 2000, when on-the-ground programs to reach the most excluded girls in the poorest communities greatly expanded. This practitioner report is part of a series of 20 reports reflecting work in sites around the world from 2000 to 2020. The Intentional Design approach was implemented in these sites with nongovernmental and governmental partners who explored the question: Why invest in girls? Once that was understood, the Council offered learning tools to navigate the questions: Where do we work? With whom do we work? When, chronologically, in the girls’ life cycles are the most crucial moments? Which content is meaningful and realistic and builds girls’ protective assets? What does success look like for different segments of girls?

In 2013, the Girl Roster tool was added when it was clear that many partners lacked the technical and scientific resources to establish the “universe” of girls in the places they had selected to work. Intentional Design tools—with the Roster being the most known and catalytic learning aid—have been utilized in South and East Asia; the Middle East; Central, East, and West Africa; North America; Latin America; and the Caribbean.

The Roster has been adapted for use in an array of sociodemographic contexts including dispersed rural villages, poor urban neighborhoods, conflict zones, refugee camps, densely packed informal/migrant-receiving settlements, high-risk HIV zones, before and after epidemics, as a rebuilding tool, and in Native American reservation communities. In every context, the Roster provided a transformative opportunity to see girls’ lives more systematically, drawing both quantitative and qualitative information. The efforts to estimate and segment the universe of girls has challenged initial assumptions about girls, families, safe and unsafe zones in communities, and the accessibility and relevance of services, even among those who felt they knew their community, including longstanding program staff. Across the board, practitioners report that on-the-ground application of the learning tools generates surprising and useful knowledge vital to shaping their work, assessing its reach, and articulating plans for expansion.

In the 20 reports that comprise this series, our partners share their experiences applying Intentional Design tools and principles. The reports represent just a few on-the-ground projects, but most of our partners report that the Intentional Design approach has taken root. We honor our partners for their honesty and dedication. They inspire us.

Judith Bruce and Sophie Soares

Authors, *Intentional Design: Reaching the Most Excluded Girls in the Poorest Communities—A Guide for Practitioners and Advocates*, from which these reports were excerpted.

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Findings and Decisions	Implementation Observations and Adaptations
<ul style="list-style-type: none"> • Girl Roster findings and subnational-level data guided staff to a selection of two additional wards to reach designated target numbers. • Findings showed a diversity of off-track girls who were not being captured in the program, so further segmentation was done, resulting in 12 separate segments reached. • Observing pitfalls in a peer-to-peer model, program staff shifted to a mentorship model, using a list of criteria to select mentors and create a cascading model of leadership. • Conventional reproductive-health curriculum was tailored to each segment's specific needs and age. 	<ul style="list-style-type: none"> • In using the Community Mapping exercise, staff added additional details that were pertinent to their implementation including who the target beneficiaries of the resource were, to note gaps. • The Girl Roster process served as an entry point into community sensitization and orientation to Global Communities.

Introduction

Global Communities was funded as an implementing partner of PEPFAR's DREAMS Initiative in Kenya. The initiative aimed to prevent and mitigate the risks of HIV to adolescent girls and young women in hotspot communities of Nairobi County, where HIV and its consequences have taken hold.

The DREAMS Initiative was funded by PEPFAR/USAID, originally in 2015–16. In Kenya, the initiative was implemented by Global Communities in partnership with St. John's Community Centre (SJCC) and the Kenya Girl Guides Association (KGGA) in Kamukunji subcounty. The goal of the DREAMS program

was to reduce new HIV infections among adolescent girls and young women (AGYW) aged 10–24 years. The core package of DREAMS programming includes community mobilization and norms change, school-based interventions, parent/caregiver programs, social protection, and the integration of a protective asset-building approach into implementation, the latter of which is where the Population Council's input was vital.¹

In Kenya, despite remarkable gains in the epidemic (such as reducing national HIV prevalence from 7.2% in 2007 to 5.7% in 2018), there were an estimated 46,000 new HIV infections in 2018 alone and a total of 1.6

¹ In 2015, the Council received funding from Girl Effect, one of the organizational partners of DREAMS, to support capacity-building activities in the first ten countries of the DREAMS partnership. Led by Miriam Temin, Council researchers shared best practices and resources, and provided mentorship, technical support, and hands-on workshops to strengthen the capacity of partners involved in DREAMS to develop and implement new approaches to reach girls and young women at highest risk of HIV infection, link them with essential resources, and empower them with the social and protective assets they need for a safe and healthy entry into adulthood. To learn more about this project, visit: <https://www.popcouncil.org/research/DREAMS-capacity-strengthening>.

million people living with HIV/AIDS (UNAIDS Data 2019). More than half (51%) of all new HIV infections in Kenya in 2015 occurred among adolescents and young people 15–24 years old; females were almost twice as likely to acquire HIV as their male age-mates, accounting for 33% of the new infections in 2015 (Kenyan Ministry of Health and National AIDS Control Council 2016). At the time, Kenya experienced the third-largest epidemic in the world, alongside Mozambique and Uganda.

The DREAMS Partnership was initiated because despite a multiyear investment through PEPFAR in the years prior, the most at-risk girls and young women had not been appropriately reached. Global Communities was identified as an implementing partner in DREAMS and was one of several Kenya-based organizations implementing the Girl Roster and overall Intentional Design approach. Through a series of workshops and follow-on support, Global Communities was led through a capacity-building process by the Population Council. The result was a shift in programming to be segment-specific and girl-centered, which led to the application of quantitative and qualitative information about girls' lives to identify specific segments of girls and their locations, social capital and connections, and vulnerabilities, and to identify those that would be prioritized in the program.

Girl Roster Implementation and Community Resource Mapping

Girl Roster Findings

Committed staff and volunteers working for a long time in these communities realized that they had to take a step back and needed new tools to identify and serve the hardest-to-reach girls.

In 2016, Global Communities implemented the Girl Roster in Pumwani, California, and Airbase Wards (informal settlements) of Kamukunji subcounty. Information from over 16,000 households was collected in approximately a month using a saturated approach; a little over

100 rosterers working in pairs implemented the tool in two wards. The rosterers were accompanied by community health volunteers who were known and trusted in the various villages within the wards. They helped map out the geographic boundaries of the villages, which were the “walkable” communities in this context and introduced the rosterers to the households.

Community leaders and members were introduced to the Intentional Design approach, including the Roster, through stakeholder forums that, among other things, stressed the importance of reaching girls and the degree to which they had been neglected by current programming. Thus, the Roster was not merely a tool for information collection but also was a pathway to deeper community engagement and commitment. In addition, the information collected provided a foundation for the redesign of the Global Communities DREAMS project.

Among the Roster Results:

- More than half of the girls were out of school with very low transition levels from primary to secondary school. Results showed that 95% of girls aged 10–14 were in primary school but only 45% of them transitioned to secondary school;
- Some of the in-school girls were actually extremely behind in school for their age, including 20–24-year-olds who were only in primary school;
- The majority of females aged 20–24 were either married with children or living alone with children.

Table 1 shows summaries of the information found for Pumwani Ward.

Community Resource Mapping

Another key activity in our information-gathering was Community Resource Mapping. In the course of this exercise, we identified and located on a map existing services and intended beneficiaries, as well as other community resources that had previously gone unnoticed

TABLE 1. OVERVIEW OUTPUT TABLE WITH RESULTS ACROSS ALL WARDS IN THE DISTRICT

Girls 10-14 Years Old (n=772)	Girls 15-19 Years Old (n=849)
<ul style="list-style-type: none"> • 95% in school but 43% behind grade for age (only completed 1st or 2nd grade) • 108 living with neither parent • 243 living with only mothers • 15 living with only fathers • 13% in school and have children • 2 engaged in paid labor • 2 in school and married 	<ul style="list-style-type: none"> • 468 (55%) out of school, showing low transition from primary to secondary school • 322 living with neither parent • 236 living with only mothers • 20 living with only fathers • 121 out of school and have children • 80 engaged in paid labor • 13 in school and have children • 13 in 1st or 2nd grade only
Girls 20-24 Years Old (n=1,336)	
<ul style="list-style-type: none"> • 1,180 (88%) out of school; only 156 in school, with 45% severely behind grade for age • 741 (55%) are young mothers living alone with children, due mainly to absentee fathers • 313 (23%) are married with children • 977 (73%) are living with neither parent • 355 (26%) are engaged in some form of paid labor 	

by us. Community resources mapped included financial institutions, schools, polytechnics, rescue shelters, police posts, health centers, churches/mosques, and potential meeting venues, among others.

Community Mapping results enabled the program to link girls to existing community resources and structures that had been there, but girls had either not been previously aware of or were unable to access. These include government services, such as birth registrations, national identification banks, microfinance institutions, vocational training centers, and health centers, among others. Table 2 details the findings of that mapping process.

Lessons from the Intentional Design Approach That Improved Our Design and Implementation

Prior to Roster analyses, Community Mapping, and other Intentional Design exercises, many

of our conventional program elements had gone unquestioned or unrevised. This process illuminated the need for a number of shifts in our programmatic design. The following sections detail the central lessons—and shifts to the program’s design as a result—that were made.

Using Subnational-Level Data to Make Thoughtful Selections about Geographies of Focus, Girls to Reach, and How to Reach Them

PROBLEM: The program design relied on outdated, overly aggregated national-level data to make selections of where to work, using datasets that were combining demographic and other information across overly large geographic areas, potentially hiding the heterogeneity of girls’ experiences and grouping girls together regardless of age or other socioeconomic characteristics.

TABLE 2. ILLUSTRATIVE COMMUNITY RESOURCE MAPPING EXERCISE RESULTS

Community Service/ Stakeholder Type	Service/Stakeholder Name	Services Offered	Target Beneficiaries
Health Service Provider	Health Service Example A	<ul style="list-style-type: none"> • PrEP treatment • HTC • Support groups and counseling • No charges 	<ul style="list-style-type: none"> • Entire community
	Health Service Example B	<ul style="list-style-type: none"> • Adolescent clinic • Family planning • Antenatal/postnatal follow-up • PMTCT • Charges depending on service 	<ul style="list-style-type: none"> • Young mothers aged 15–24 years
GBV Service Provider	GBV Service Example A	<ul style="list-style-type: none"> • Emergency room • Psychosocial counseling for survivors • Medical certificates for court hearings 	<ul style="list-style-type: none"> • General population
CBOs	CBO Example A	<ul style="list-style-type: none"> • Rescue abandoned children, orphans, street children • Counseling • Safe house 	<ul style="list-style-type: none"> • Orphans • Destitute street children
	CBO Example B	<ul style="list-style-type: none"> • Community-based rehabilitation • Vocational training • Economic empowerment • Livelihood programs 	<ul style="list-style-type: none"> • People with disabilities
Religious Institutions	Religious Institution, Example A	<ul style="list-style-type: none"> • Free hall uses for community meeting • Guidance counseling • Mentorship classes 	<ul style="list-style-type: none"> • General population
	Religious Institution, Example B	<ul style="list-style-type: none"> • Support groups for children aged 5–18 years • Spiritual nourishment • Encouragement and mentorship 	<ul style="list-style-type: none"> • Weekdays, schoolboys only • Fridays open to all

SOLUTION: By applying an Intentional Design approach, we looked at subcounty and ward-specific data that enabled us to prioritize geographic areas having the highest concentrations of off-track girls. We specifically based our selection of areas to work in on data regarding the worst reproductive health outcomes, high HIV incidence, and high incidences of gender-based violence among the youngest cohorts of girls, distinguishing by age and other characteristics. Because of this exercise we were able to see significant variations at the subcounty and ward level, allowing us to make more intentional selections of where to work.

PROBLEM: The program was initially designed to reach 7,000 AGYW in Pumwani Ward. After implementing the Roster, we realized we could not meet our allocated targets in only the geographic ward that had been predetermined by the donor.

SOLUTION: We used the Girl Roster results from Pumwani Ward, complemented by our analysis of subcounty and ward-specific data, to renegotiate geographic coverage with our donors and make a case for expansion to two other geographic wards to meet our target of girls. Knowing now where to work, our program staff applied the Girl Roster again in the two new wards to understand more fully the segments of girls present in these priority geographies. Girl Roster results helped us establish appropriate saturation levels; knowing how many target girls lived in each village within the wards helped us form an estimate of the proportion of girls we would need to reach to make a real difference.

Getting to Know Our Girls and Their Communities through the Girl Roster

PROBLEM: For many of our program staff, the communities we were entering were new and we were unclear on how best to sensitize them to our intended activities, particularly key gatekeepers to the program's success.

SOLUTION: Beyond the quantitative information collected by the Girl Roster, the act of rostering itself provided an opportunity for important qualitative observation of the communities in which we intended to work. Through rostering, we made first contact with the households, allowing parents/caregivers and the girls themselves to become familiar with us, which facilitated an easier community entry process. As staff now knows, although rostering has intentional and targeted questions, often qualitative insights come to the surface through the inevitable dialogue between the female household member and the rosterer when administering the questionnaire. What we learned from interaction with parents/caregivers during rostering helped inform interventions such as counseling sessions for parents/caregivers in the program. Indeed, dialogue with parents/caregivers enabled us to learn more about existing gender and social norms in these communities that needed to be addressed by the program. One such example was learning that HIV-positive members of one community were engaging in "revenge sex" where they would intentionally target the people's spouses or children with the aim of infecting them.

Other observations of community interaction and behavior gave us context for further conversations about girls' availability to participate in the program, such as meeting hours and places in which they spent most of their time, giving us a sense of how and where we could reach them. For example, some girls were employed in local brew dens while others, like domestic workers, worked throughout the week and only had one day off, limiting their flexibility to participate. In another example, in a Somali Muslim portion of one community we learned that very clear and stated permission from guardians would be required for girls to participate and that guardians' presence going to, during, and going from the first few meetings would be necessary as well.

The Girl Roster also underpinned social mobilization and recruitment. Girl Roster results

provided us with geo-locations of target girl households, which enabled us to see where the girls live. This was important in identifying effective recruitment strategies for the girls and knowing which stakeholders and gatekeepers to approach. It also speeded up the journey from rostering to recruitment as we already knew where to find the girls we hoped to reach.

Finally, the rostering helped raise the DREAMS' profile and visibility, thus enhancing acceptability once the program started implementation.

From Broad to Segment-Specific Groups for Intervention

PROBLEM: Before implementation, our planned groups for intervention were very broad; our only requirement was that they be young people in school aged 9-18 years old. Further, we had created mixed groups of school-going boys and girls, with little consideration for establishing groups with specific characteristics in common beyond age and school attendance.

SOLUTION: Having been oriented to the central concepts of segment-specific program design, and with the Girl Roster results in hand, our staff critically reviewed our existing groups and made revisions. First, we broke up the mixed groups. We used Girl Roster results to segment girl groups based on age and similar characteristics, which enabled us to separate the groups of boys and girls. We realized, through central Intentional Design concepts, that our school-based model skewed programming to the girls who have better access and are not as in-need of HIV mitigation, prevention, and treatment programming. We differentiated them into age-specific cohorts, gathering girls of similar ages whose experiences and life transitions are likely shared.

Additionally, the Girl Roster enabled us to identify off-track girls and work with subpopulations of girls that the program otherwise would have never reached. These

include street girls, teen mothers, adolescent brides, migrant girls, girls engaged in child labor, domestic workers, and Somali/Oromo-speaking girls who did not understand any Kenyan language. The program, therefore, revised its eligibility criteria to include these hard-to-reach girls.

With this information and all these modifications in hand, our staff ultimately identified the following segments for intervention:

- Girls 10-14 years old in school, living with neither parent;
- Girl 10-14 years old in school living with one parent;
- Girls 10-14 years old out of school, migrant girls;
- Girls 10-14 years old out of school, living with relatives/grandparents;
- Girls 15-19 year old out of school, teen mothers;
- Girls 15-19 years old in school, living with neither parent;
- Girls 15-19 years old in school, living with a single parent;
- Girl 15-19 years old, migrant girls;
- Girls 15-19 years old out of school, living with relatives/grandparents;
- Girls 20-24 years old, married and with children;
- Girls 20-24 years old, single mothers;
- Girls 20-24 years old out of school, living alone.

With our specific segments now identified, girls were divided into groups of 25-30 who would meet on a weekly basis at a designated time and location of their choice for two hours with a mentor over a period of two to three years.

As a result of this segment-specific approach, a number of design and implementation elements similarly changed to be aligned to these specific segments, including how we recruited, where we provided program activities, what sort of activities we did, and more. Here, we focus on two specific elements—the mentorship model and adaptations to program content.

Transitioning from a Peer-to-Peer to Mentorship Model of Support to Participating Girls

PROBLEM: Prior to adopting an Intentional Design approach, our program used a peer-to-peer model to deliver support and some program content to our participants, as well as to help in recruitment of participants. Several flaws in this model were observed. First, peer educators were students and the same age as their peers hence they often lacked the necessary confidence, authority, or technical experience to convey certain program content. Sensitive subjects such as GBV or reproductive health require maturity that, if not properly trained and overseen, peer educators might not possess. Peers from a similar at-risk group may also not be able to model positive behavior for participants consistently. We also foresaw that the hazard of a peer-to-peer model was sustainability; while adult staff or mentors could be retained year by year through payment and opportunities for professional growth, peers would eventually need to move to other classes or to the next level of their education as they aged out of the role, requiring retraining of a new cohort year after year.

SOLUTION: The vital role of mentors in girl-centered programs is well established. Because of our community engagement, as a result of rostering, community mapping, and other exercises, we had naturally begun to build a connection with a group of young women who were already working in the communities in other capacities. Some were trained as facilitators for other community projects, others

were young women leaders guiding girls in business initiatives or volunteers in churches/health facilities; several were young women who had completed university-level education and were offering free tuition classes to younger learners. Observing the qualities that made them potentially good mentors, we developed a basic criterion for mentor selection:

- Slightly older, nonfamily;
- Completed secondary school education;
- Lived in the same community as participants;
- Had the heart and motivation to volunteer;
- Had the ability to serve as a role model.

Once mentors were identified through a thorough application process, their first role was to work with priority segments of girls in the communities to identify safe spaces suitable for meeting. Using the Safety Scan tool from the Council, they guided the girls through identifying the physical locations, days of the week, and hours and times that were safest. Safe meeting venues identified by girls included churches/mosques, community social halls, schools, health facilities, vocational training centers, business premises, and AGYW household compounds, among others. For example, girls aged 20–24 years preferred early morning hours for meeting to allow them the rest of the day to work. Younger girls aged 10–14 years met mainly after school hours from 3:30 to 4:30 p.m. and on weekends, while out-of-school girls aged 15–19 years were flexible to meet during the day.

Once safe spaces were established, individual mentors were assigned segment-specific groups to lead, but through immediate feedback after a few weeks of implementation, mentors were paired up to lead groups together. To start, we recruited 50 mentors to mentor other girls in the safe space groups, and after the first year of implementation 34 program participants who

had completed the program became mentors themselves. This went on year by year, creating a cascading mentorship model.

To support and sustain this model, we learned some key measures through the Intentional Design approach:

- The value of stipends and supplies—mentors were provided a monthly stipend, stationery, training materials, and monitoring tools to facilitate their work;
- The importance of a regular feedback loop—each safe space group identified its own group leader who represented them in the program; these peer leaders, as they were called, worked closely with the mentors to ensure that girls attended meetings, to raise any emerging issues affecting the group, and to propose activities to engage their peers. Program staff would hold monthly meetings with the peer leaders to provide insights into the successes and challenges of the program from the participants' perspective.

Tailoring Program Content to Specific Segments

PROBLEM: Our program was employing conventional reproductive and sexual health curriculum before being introduced to the Intentional Design approach, giving everyone the same material with little to no adaptation.

SOLUTION: Girl Roster results enabled us to tailor interventions that respond to and address the needs of the girls. An example was that due to the low transition of girls to secondary school, the program put in place strategies to reintegrate girls back to school and help them transition from primary to secondary school. As mentioned before, we had identified some new segments as a result of the use of the Intentional Design approach. In addition to making adaptations to the curriculum to make it more age- and context-specific, we also added

new activities to our work to respond to the needs of particularly vulnerable girls (often made transparent through requests by the segment). This included providing:

- A career mentorship program for in-school girls and a workforce readiness program for out-of-school girls to support them in finding safer modes of employment;
- Training in basic child health care, such as hygiene, nutrition, and reading immunization charts for adolescent mothers, as well as childcare during the sessions they attended;
- Menstrual-hygiene education and products (we established public-private partnerships with organizations, such as Ruby Cups, that provided girls with free menstrual cups and education);
- Basic literacy training for the Somali-Oromo-speaking girls who were facing risky language barriers (these girls specifically were guided by Somali- and Oromo-speaking mentors).

Conclusion

As of 2019, at the program's close, we had established 400 safe space groups with 12,252 girls both in and out of school meeting on a regular basis. This enabled girls to build social capital, agency, social networks, and trusting relationships, while also encouraging their more consistent engagement in the community through the access of existing resources and civic engagement opportunities. The program had reached 12,252 girls with health education and 10,693 with financial literacy skills, and trained 5,592 girls on entrepreneurship. Out of these girls, 3,171 had been supported to start and/or strengthen existing businesses; 1,050 had completed vocational/apprenticeship training; and 1,931 had been placed in gainful employment. The program had also provided education subsidy support to 4,905 girls,

which had enabled them to stay in school and/or transition from one level of education to another and/or complete their schooling.

The Intentional Design approach and complementary tools enabled the program, as well as Global Communities as a whole, to become more thoughtfully girl-centered. As we scale, we take a similar approach to finding the most-at-risk populations to ensure we are reaching them at the right time, with the right things, in the right places.

References

UNAIDS. 2014. "Kenya AIDS response progress report: Progress towards zero."

If you would like to learn more about this project, please visit: <https://www.globalcommunities.org/kenya>.

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