

THE MULTI-SECTORAL COMMUNICATION FOR DEVELOPMENT STRATEGY FOR ADOLESCENT GIRLS



THE REPUBLIC OF UGANDA



United Nations
UGANDA



THE MULTI-SECTORAL COMMUNICATION FOR DEVELOPMENT STRATEGY FOR ADOLESCENT GIRLS, 2017



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LIST OF ACRONYMS

| | |
|--------------|---|
| AEC | Active and Engaged Citizenship |
| AFHS | Adolescent-Friendly Health Services |
| AGs | Adolescent Girls |
| AGA | Adolescent Girls Agenda |
| AGI | Adolescent Girls Vulnerability Index |
| ANC | Ante Natal Care |
| ARSH | Adolescent Reproductive and Sexual Health |
| BCC | Behaviour Change Communication |
| C4D | Communication for Development |
| CBO | Community Based Organisation |
| CDC | Centre for Disease Control and Prevention |
| CDOs | Community Development Officers |
| CDs | Cassette Discs |
| CDW | Community Development Worker |
| CEDAW | Convention on the Elimination of all forms Discrimination Against Women |
| CFSC | Communication for Social Change |
| CM | Child Marriage |
| CSO | Civil Society Organisation |
| DA | District Assembly |
| DCDO | District Community Development Officer |
| DEO | District Education Office(r) |
| DG | Director General |
| DHEs | District Health Educators |
| DHI | District Health Inspector |
| DHO | District Health Office(r) |
| DHS | Demographic and Health Survey |
| DIC | District Interfaith Committees |
| DIS | District Inspector of Schools |
| DLG | District Local Government |
| DWO | District Welfare Officer |

| | |
|-----------------|--|
| ECD | Early Childhood Development |
| EFA | Education For All |
| EMIS | Education Management Information System |
| ESARO | Eastern and Southern Africa Regional Office |
| FBOs | Faith Based Organisations |
| FGD | Focus Group Discussion |
| FGM/C | Female Genital Mutilation/Cutting |
| GAD | Gender and Development Approach |
| GBS | Go to school, Back to school, Stay in school |
| GBV | Gender Based Violence |
| GID | Gender in Development |
| GPS | Global Positioning System |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| HRBA | Human Rights Based Approach |
| HRD | Human Resource Development |
| HTC | HIV Testing and Counseling |
| HCD | Human Capital Development |
| ICP | Innovations in Civic Participation |
| ICT | Information and Communication Technology |
| ICT4D | Information and Communication Technology for Development |
| ICRW | International Committee for Research on Women |
| ID | Institutional Development |
| IEC | Information, Education, and Communication |
| IPC | Inter Personal Communication |
| IRCU | Inter Religious Council of Uganda |
| JLOS | Justice Law and Order Sector |
| KAP | Knowledge, Attitudes and Practices |
| LCs | Local Councils |
| MDD | Music Dance and Drama |
| M&E | Monitoring and Evaluation |

| | |
|---------------|--|
| MHM | Menstrual Hygiene Management |
| MICS | Multiple Indicator Cluster Survey |
| MMR | Maternal Mortality Ratio |
| MoIA | Ministry of Internal Affairs |
| MoES | Ministry of Education and Sports |
| MoGLSD | Ministry of Gender, Labour and Social Development |
| MoH | Ministry of Health |
| MoJCA | Ministry of Justice and Constitutional Affairs |
| MoLG | Ministry of Local Government |
| MSC | Most Significant Change |
| NDP | National Development Plan |
| NEET | Not in Education, Employment or Training |
| NGO | Non-Governmental Organisation |
| NPA | National Planning Authority |
| OAFLA | Organisation of African First Ladies Against HIV/AIDS |
| OD | Organisational Development |
| PD | Positive Deviance |
| PDCs | Parish Development Committees |
| PEP | Post Exposure Prophylaxis |
| PES | Physical Education and Sports |
| PLHIV | People Living with HIV |
| RBM | Results-Based Management |
| RMNCAH | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| RTI | Reproductive Tract Infections |
| SBCC | Social Behaviour Change Communication |
| SEM | Social Ecological Model |
| SGBV | Sexual and Gender Based Violence |
| SMART | Simple, Measurable, Achievable, Realistic and Time-Bound |

| | |
|---------------|--|
| SMCs | School Management Committees |
| SMS | Short Message Service |
| SRH | Sexual and Reproductive Health |
| STF | Straight Talk Foundation |
| STIs | Sexually Transmitted Infections |
| TMF | Trailblazers Mentoring Foundation |
| TNA | Training Needs Assessment |
| ToC | Theory of Change |
| ToTs | Trainers of Trainers |
| TPC | Technical Planning Committee |
| UBOS | Uganda Bureau of Statistics |
| UDHS | Uganda Demographic and Health Survey |
| UNICEF | United Nations Children’s Fund |
| UPE | Universal Primary Education |
| USAID | United States Agency for International Development |
| VAC | Violence Against Children |
| VACiS | Violence Against Children in School |
| VHTs | Village Health Teams |
| WASH | Water, Sanitation and Hygiene |
| WHO | World Health Organisation |

REMARKS FROM THE UNICEF REPRESENTATIVE



Adolescence is an important stage of human development characterised by immense physical, social, and emotional change. Recent research has highlighted the workings of the adolescent brain, indicating that important markers of human development such as decision-making, planning, impulse control, appropriate behaviour, social interaction, self-awareness and emotion processing are still in development during adolescence.

Often, this development is tied to early childhood (0-8 years) experiences. Adolescence therefore represents a critical time for programming to improve the lives of adolescents, an opportunity to consolidate investments in early childhood and offset the consequences of any harm suffered during early childhood. It is a time to build the capacity of the next generation of adults with the relevant knowledge and skills to enable them thrive as adults and overcome challenges in their environment.

In the Eastern and Southern Africa region, Uganda has the second highest percentage of adolescents between the ages of 10 - 19 (25.1 per cent). Adolescent Girls (AGs) represent 51 per cent of the total adolescent population of the country and number around four million across Uganda. Attention must be focused on their needs and priorities as they have a direct bearing on the country's future development.

In Uganda, adolescent challenges are many, but particularly those faced by adolescent girls. Adolescent girls face interlinked forms of gender inequality every day and disproportionate risks and vulnerabilities. Adolescent girls have lower transition rates from primary to secondary school than boys, often due to child marriage or teenage pregnancy. Uganda's teenage pregnancy rate is among the highest in Africa. According to the Uganda Demographic and Health Survey (UDHS, 2016), 25 per cent of adolescents aged 15-19 in Uganda have begun childbearing. For adolescents who experience teenage pregnancy, maternal mortality is relatively high, with a 17.2 per cent rate of maternal deaths among young women aged 15-19 years (UDHS, 2016).

Besides the gendered inequalities, a good number of adolescent girls experience violence, including sexual and other gender based forms of violence. They are also less likely to report violence when it occurs. Adolescent girls are also generally at a higher risk of HIV infection than their male counterparts. They account for 70 per cent of all new HIV infections among adolescents in the country making them a high HIV risk demographic in Uganda (All in Progress Report, 2016). Furthermore, the 2016 UDHS reports that only 40.7 per cent of young women have comprehensive knowledge about HIV/AIDS, which suggests that, this very HIV high-risk demographic also faces an information and knowledge gap.

Thus, the Multi-Sectoral Communication for Development Strategy for Adolescent Girls is therefore a timely document that proposes gender and age-responsive communication interventions aimed at supporting the attainment of crucial social and economic development goals for adolescents. The strategy provides guidance in the application of tried and tested Communication for Development (C4D) approaches across multiple levels of the social structure, (i.e. individual, family, community, institutional and policy levels). The strategy seeks to increase knowledge and skills, shift norms and attitudes, as well as empower and change behaviour in order to attain positive outcomes for adolescent girls. It also aims to increase access to social services and support.

Importantly, the strategy recognises the multi-sectoral nature of the issues that face adolescents and brings together different sectors around a common purpose – that of giving Ugandan adolescent girls the chance to become actively involved in development processes that affect them. Such participation is a key principle in C4D. It leads to positive outcomes for adolescents that gives them a sense of empowerment that comes from taking on more active roles as citizens. If engaged meaningfully, adolescents have the capacity to contribute creative solutions to the issues they face. This C4D strategy offers guidance to enable adolescent girls, with peer support from adolescent boys, to become committed agents of social change in Uganda.

The United Nations Children’s Fund (UNICEF), Uganda appreciates the multi-sectoral support received in the development of this C4D strategy. The implementation of the strategy presents a unique opportunity to galvanize collective effort of the Government of Uganda to realise impressive results while embracing the ideals of regional and global conventions and declarations that promote equality and protection for Uganda’s adolescent girls.



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The Ministry of Gender, Labour and Social Development greatly appreciates the support from our partners that have made possible the development of the first Multi-Sectoral Communication for Development Strategy for Adolescent Girls.

The development of the strategy has been a long and participatory process spearheaded by the National Task Force - Technical Committee for Adolescent Girls with membership from the Ministry of Gender, Labour and Social Development, Ministry of Health, Ministry of Justice and Constitutional Affairs, Ministry of Local Government, and Ministry of Education and Sports.

Civil Society Organisations and agencies supported the process of developing this strategy. They include; Save the Children Uganda, Straight Talk Foundation, Trailblazers Mentoring Foundation, Uganda AIDS Commission, Social Assistance Grants for Empowerment (SAGE), President's Emergency Plan for AIDS Relief (PEPFAR) and Help a Parent.

Under the guidance of the lead author Ms. Sheeba Afghani, UNICEF Head of Unit Communication for Development with support from Ms. Ijuka Agnes Barongo, Communication for Development Specialist, and Ms. Loy Dhikusooka, Communication for Development Officer, the process involved extensive review of policy, legal and strategy documents across several government ministries, agencies and Civil Society Organisations implementing interventions to support adolescent girls and boys in the Republic of Uganda. Acknowledgement is extended to Communication for Development Consultant, Charles Muhumuza, who led the development of the behavioural analysis for the different target audiences.

I also appreciate the valued contributions from Ms. Jane Stella Ogwang, Principal Probation and Welfare Officer, Ministry of Gender, Labour and Social Development, Father Benedict Okweda, Principal Community Development Officer, Ministry of Gender, Labour and Social Development, Dr. Jesca Nsungwa Sabiiti, Commissioner, Community Health, Ministry of Health, Ms. Angela Nakafeero, Gender Technical Advisor, Ministry of Education and Sports, Dr Irene Mwenyango, Senior Medical Officer, School of Public Health, Ministry of Health and David Ouma Balikowa, Communication for Development Consultant.

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FOREWORD



Adolescence is a critical stage in life for every girl and boy. This age category of 9 – 19 years experiences a number of issues that affect their ability to reach their full potential and complete their two cycles of education. These issues are related to behavioural and societal barriers that exist in both their homesteads and communities.

Unfortunately, statistics and research stipulate that Adolescent Girls (AGs) in Uganda are exposed to multiple vulnerabilities at individual, family and community level. These include mounting domestic burdens, pressure for marriage or other sexual relationships. All of these account for their exposure to child marriage, teenage pregnancy, HIV, other health risks and harmful traditional practices that rob them of their education, health, social protection and economic future. They are also faced with a challenge of different forms of violence at school which results into school drop outs. Child marriage and teenage pregnancy are two of the silent forms of gender based violence that threaten the survival and development of children and curtail their freedom to choose and make free and informed consent regarding their future partners.

Given this situation, the Government of Uganda with technical support from UNICEF, has endeavoured to make progress by putting in place legal and policy frameworks across the different sectors and programmatic actions in education, health and HIV, economics, politics and civic participation to effectively address issues to do with gender inequalities and discrimination, which persist across all sectors, thereby limiting the development of AGs' capabilities.

Although the gender gap in primary school has been successfully closed, girls from the least wealthy households have a low transition to secondary school due to poverty and negative social norms like child marriage; teenage pregnancy and Female Genital Mutilation/Cutting (FGM/C). In fact, 69 per cent of older AGs have not yet attended any secondary school despite

existence of Uganda's universal secondary school policy. For instance, 71 per cent of 10 to 14 year old girls and 64 per cent of 15 to 19 year old girls who have never been to school are in the poorest quintile. Girls miss an average of 48 days in an academic year due to hygiene challenges related to menstruation. Hence, girls tend to lag behind more than boys as they miss four days of school each month, i.e. 10 to 20 per cent of the school days.

This **Multi-Sectoral Communication for Development Strategy for Adolescent Girls** has been developed with the participation of 30 key stakeholders in Government, civil society, religious and cultural institutions. The goal of the strategy is to address the disabling environments that affect the adolescent girl, and empower her, along with the adolescent boy to effect social change. This national strategy is aligned to the National Framework for Adolescents that has been designed by the MoGLSD to operationalise interventions that create an enabling environment for an empowered adolescent population that can effectively and sustainably contribute to the development of the Republic of Uganda.



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INTRODUCTION

This Multi-Sectoral Communication for Development (C4D) Strategy for Adolescent Girls aims to support the priorities highlighted under the 'Multi-sectoral Framework for Adolescent Girls, developed under the leadership of Ministry of Gender Labour and Social Development (MoGSLD). The MoGSLD initiated the process of developing this 'C4D Strategy' in 2016, with the aim of supporting the roll-out of the demand side of the '**Multi-Sectoral Framework for Adolescent Girls**'. The development process is highlighted in *Figure 1*.

This C4D strategy responds to the key root causes of marginalisation, violations and on-going discrimination against AGs, which stem from several harmful norms and practices embedded in social, cultural, religious and traditional value systems as well as structural and institutional discrimination.

The process of transforming unequal power relations requires a holistic approach that seeks to engage all orbits of influence including the individuals and institutions that surround AGs, such as the family and peers. Transforming these systems of relations allows girls to develop and exercise their agency (influence) in a supportive environment.

Hence, this C4D strategy employs communication interventions that seek to empower marginalised AGs by engaging and mobilizing all levels of society using the social ecological model (***See Chapter Two on Theory of Change (ToC)***).

The C4D approaches used are also an important vehicle for increasing civic engagement and providing a platform for participation and empowerment of both individuals and communities. They promote dialogue between and amongst communities and decision-makers at local, national and regional levels. In this strategy, there will be a specific focus on participation of adolescents.

In this context, we will also explore the ways in which the C4D values of democratisation and participation go hand in hand with the democratic and bottom up nature of Information Communication Technologies (ICTs).

FIGURE 1: DEVELOPMENT PROCESS FOR THE MULTI-SECTORAL C4D STRATEGY FOR ADOLESCENTS



A national taskforce on Adolescent Girls Agenda (AGA) was constituted to provide technical oversight to the process of developing a national framework on AGs and to define the framework structure. In July 2016, national and regional stakeholder consultations were held across the country with the support of multi-sectoral technical teams. In reference to the consultation feedback, a draft AG's multi-sectoral framework for Uganda was produced in December 2016.

This strategy recognises that risk taking is fairly common in adolescence even though risky behaviour can be associated with serious long-term, and in some cases, life-threatening consequences. This is especially the case when adolescents engage in more than one harmful behaviour. The tendency to engage in risky behaviour among adolescents has been well-studied. However, prevention efforts traditionally have taken a targeted approach, seeking to prevent a single risky behaviour. A more powerful and cost-effective approach is to employ strategies designed to address multiple risky behaviour and protective factors across a number of social contexts.

Hence, this C4D strategy brings together findings from developmental science and from rigorous programme evaluations to identify key approaches and feasible interventions that prevent or affect multiple risky behaviour. Some of the interventions to be supported by this strategy include:

- 1 Supporting and strengthening parenting and family functioning;
- 2 Increasing connections between students and their schools;
- 3 Making communities safe and supportive for children and youth;
- 4 Promoting involvement in high quality in and out-of-school extra-curricular activities;
- 5 Promoting the development of sustained relationships with caring adults/mentors;
- 6 Providing adolescents with opportunities to build social and emotional competence.

All the above-mentioned strategies are in line with the priorities of the 'Multi-Sectoral Framework for Adolescent Girls'.

PART I

CHAPTER 1: SITUATIONAL ANALYSIS OF
ADOLESCENT GIRLS IN UGANDA

CHAPTER 2: THEORIES OF CHANGE (TOC)

CHAPTER 3: BEHAVIOURAL ANALYSIS

CHAPTER 4: ADOLESCENT GIRLS
BEHAVIOURAL PACKAGE



SITUATIONAL ANALYSIS OF ADOLESCENT GIRLS IN UGANDA



The situational analysis primarily highlights the risks faced by adolescents at individual, family, community, district and national levels, with emphasis on the importance of safeguarding AGs' rights to health, education and protection. The Government of Uganda is supporting AGs' well-being and development through the National Development Plan (NDP)II.

The NDP II which emphasises the role of human capital development (HCD) to achieving Uganda's vision 2040, clearly identifies girls as a target group that has been under-represented in terms of access to education and healthcare, school enrolment, marketable skills development and low completion rate at primary and secondary school level¹. AGs continue to be affected by high school dropout rates due to teenage pregnancy, defilement, abortion, menstrual sanitation challenges, child labour, child marriage and various forms of VAC. Due to a general low quality of education that does not facilitate adequate skills acquisition, AGs are also challenged with inadequate skills' development that affects their employability and future income acquisition rates.

As a result of the challenges that AGs face at an individual, institutional and societal level, their ability to contribute to the NDP II goal of accelerating the country's wealth creation, HCD, employability, participation, civic agency (influence) and overall competitiveness of the country's citizens, particularly AGs, is stifled.

Moreover, the NDP II further shows that, it is not just the structural and institutional factors that hinder the realisation of AGs' human rights, but the attainment of AGs' rights to health, education and protection is further affected by cultural beliefs, social practices, attitudes and behavioural and societal bottlenecks known as social norms.

Underlying social norms embedded in gender-discriminatory attitudes, values, expectations and practices combine with other factors such as poverty, the lack of opportunities and poor service provision to maintain the status quo².

Some social norms and practices are shifting, but others persist as part of deep-rooted value systems that continue to subordinate girls and women. Despite progress in reducing poverty, significant numbers of AGs in Uganda are still poor. The range of behavioural and societal barriers deprive most AGs of a full educational attainment and other rights that affect their overall well-being and development.

1 National Planning Authority (NPA), *Second National Development Plan (NDP II), 2015/16-2019/20*, NPA, June, 2015, pp. 188-208

2 United Nations Children's Fund, 'A Formative Research on Ending Child Marriage and Teenage Pregnancy in Uganda.' UNICEF, Uganda, 2015a.

HIV/AIDS

Adolescent girls are exposed to high prevalence of HIV/AIDS and have inadequate access to and low utilisation of health information and services. In relation to sexual and reproductive health and HIV/AIDS prevention, care and treatment services, 66 per cent of all new HIV infections are contracted by adolescent girls (UNICEF, 2015).

Lack of access to reproductive health information and services on social and behaviour change, leaves AGs vulnerable to teenage pregnancy, HIV/AIDS and other sexually transmitted illnesses, while sexual and gender based violence remains widespread.

According to a Ministry of Health national survey in 2013, HIV prevalence among adolescents 17-20 years ranges between 17-18 per cent. HIV prevalence among young people 15-24 years is 3.7 per cent, 4.9 per cent females and 2.1 per cent males (UDHS, 2011). Awareness of HIV status - only 15 per cent of young women aged 15-24 are aware of their HIV status, (UNICEF/UNFPA 2016). Comprehensive and correct knowledge about HIV and AIDS -26 per cent for girls and 36 per cent for boys (UDHS 2011). On another front, maternal death among adolescent girls 15-19 living with HIV is estimated at 18 per cent, while HIV treatment among adolescent pregnant girls is only 29 per cent (UNICEF-UNFPA, 2016).

66% **OF ALL NEW HIV INFECTIONS**
ARE CONTRACTED BY **ADOLESCENT GIRLS**
(UNICEF, 2015)

HIV PREVALENCE AMONG ADOLESCENTS

| | |
|---------------|-------------|
| 17-20 YEARS | 15-24 YEARS |
| 17-18% | 3.7% |

15% ARE AWARE
OF THEIR
HIV STATUS
YOUNG WOMEN
15-24 YEARS

COMPREHENSIVE AND CORRECT KNOWLEDGE ABOUT HIV AND AIDS

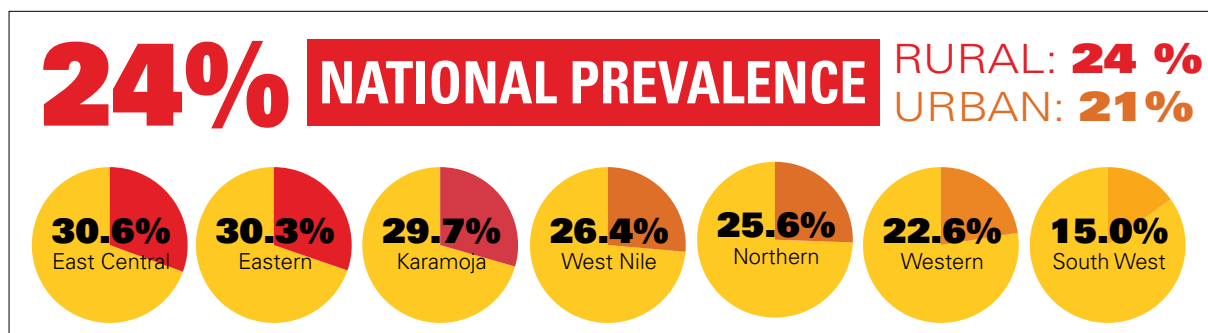


18% MATERNAL DEATH AMONG HIV+
ADOLESCENT GIRLS 15-19 YEARS

29% ADOLESCENT GIRLS RECEIVE HIV TREATMENT

TEENAGE PREGNANCY

Associated with child marriage is teenage pregnancy which is also high. For example, the prevalence of teenage pregnancy varies from one region to another with a national average of 24 per cent. Specifically, the prevalence of teenage pregnancy across regions is highest in East Central region with (30.6 per cent), followed by Eastern region with (30.3 per cent), Northern region with (25.6 per cent), Karamoja region with (29.7 per cent), West Nile with (26.4 per cent), Western with (22.6 per cent), and Southwest region with the lowest prevalence at (15 per cent). Rural teenagers are more affected by child marriage practice since they start parenthood earlier than their urban counterparts (24 per cent versus 21 per cent respectively).³

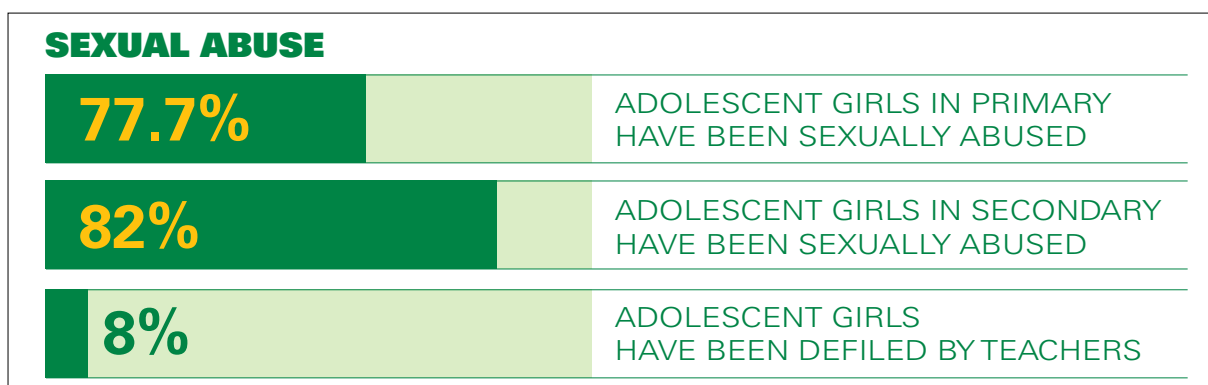


VIOLENCE AGAINST CHILDREN

(i.e. corporal punishment, defilement, child marriage, teenage pregnancy, child labour, child sacrifice, sexual and gender based violence)

Adolescent girls who attend school face challenges of physical and sexual violence and this highly contributes to school drop-out. These adolescent girls at school, face all forms of social, physical and psychological/emotional challenges that are reflected in the violence inflicted on them in different forms.

A total of 77.7 per cent adolescent girls in primary school and 82 per cent in secondary school have been subjected to sexual abuse. Of this amount 8 per cent of girls have been subjected to defilement by teachers. It is also vital to note that of this 77.7 per cent, 74.3 per cent i.e. 75.6 per cent of children in government schools and 73 per cent of children in private schools have experienced corporal punishment (MoES, 2015). In relation to drop out of school, 33 per cent of primary school children do so before completing Primary 7 (UNICEF, 2015).



3 United Nations Children's Fund, Uganda Annual Report, 2014.

58% 15 - 19 YEAR OLD ADOLESCENT GIRLS
HAVE EXPERIENCED PHYSICAL OR SEXUAL ABUSE

9% ADOLESCENTS OF 15-19 YEARS EXPERIENCED PHYSICAL VIOLENCE DURING PREGNANCY



A total of, 58 per cent of 15-19 year adolescent women experience physical or sexual violence (UNICEF 2015). In addition, 9 per cent of women age 15-19, experience physical violence during pregnancy (UBOS, 2011)

Female Genital Mutilation/Cutting (FGM/C) is a cultural harmful practice among adolescent girls is high in the Sebei and Karamoja sub-regions in eastern Uganda. According to the current UDHS 2016, this is where 134,000 AGs have gone through this experience. FGM/C is still being practiced underground despite government efforts to outlaw it.

134,000 NATIONAL PREVALENCE - 2%
ADOLESCENT GIRLS HAVE UNDERGONE FGM

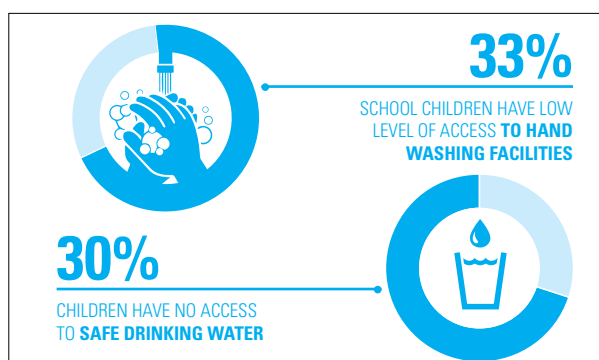
The national average of FGM/C is 2 per cent and Karamoja sub-region has average prevalence of 5 per cent (UDHS, 2016) with Pokot girls and women having the highest prevalence of 95 per cent.⁴

The current behaviour is hinged on parents, guardians and care-givers not engaging AGs in decision-making, not prioritising their education, nor protecting them from child marriage, teenage pregnancy, FGM/C and the other listed forms of VAC. These other forms of VAC include; corporal punishment, defilement, child labour, child sacrifice, discrimination of child living with disabilities and gender based violence.

The Social and Behavioural Change Communication (SBCC) interventions are designed to address the barriers under Knowledge, Attitude and Practices (KAP) that would address all the listed forms of violence against adolescents.

WATER SANITATION AND HYGIENE

The situation is still bleak in relation to water, sanitation and hygiene management in school. This is only at 33 per cent for school children having this low level of access to hand washing facilities and 30 per cent of children having no access to safe drinking water (UNICEF, 2015).



4 Uganda Demographic and Health Survey, 2016

ALCOHOL AND SUBSTANCE ABUSE

This vice is on the increase in Uganda, especially among the adolescents. The percentage of adolescents who have drunk alcohol stands at 14 per cent. (Adolescent Health Risk Behaviours survey 2016 in Uganda). This increasing use of drugs and substances by school children has contributed to violence at school.



ENGAGEMENT AND PARTICIPATION

There have been a few formal initiatives where adolescents have been able to have their voices heard on key issues that affect their wellbeing and development. But these events have been held on rare occasions and have been limited in scope and their impact is not yet well documented by government and development partners. Engagement and participation in development by adolescent girls still does not feature to illustrate their level of empowerment through knowledge and life skills.

ECONOMIC INCLUSION

The proportion of young people (15-29 years) not in education, employment (including self-employment) or training (NEET) in Uganda as per 2015 data stands at 19 per cent for adolescent girls and young women, three times the percentages for adolescent boys and young men (which stands at 6.9 per cent). Investments made are vital in offering a secure future for every AG.

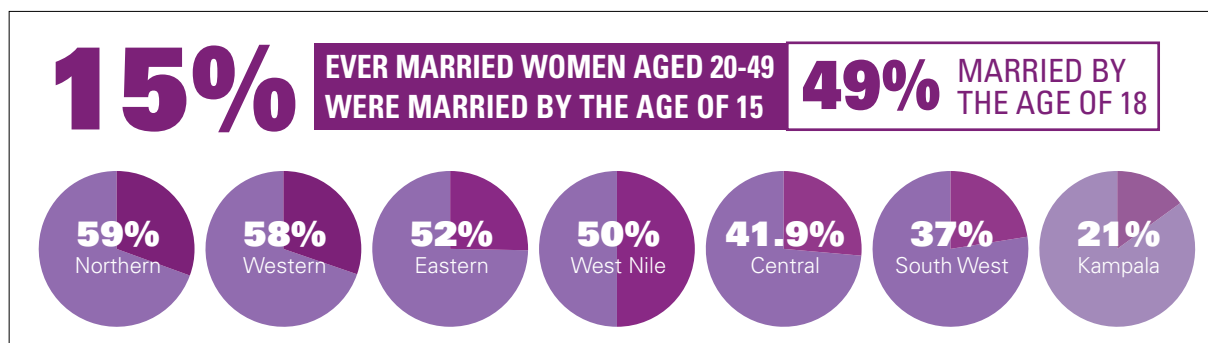
Integrated approaches are required to tackle discriminatory social norms through delivery platforms such as community dialogue while enhancing education, health and legal service provision and promoting economic opportunities.



CHILD MARRIAGE

The Uganda Constitution specifies the legal age of sexual consent and marriage as 18 years and government strives to enforce the law on 'defilement', however, these measures have merely driven child marriage underground. (Bantebya et al. 2014).⁵ The prevalence of child marriage among adolescents in Uganda is high with varying magnitude across the regions.

For example, Child marriage is highest in northern Uganda with 59 per cent, western region (58 per cent), Eastern region (52 per cent), West Nile (50 per cent), Central (41.9 per cent), South West (37 per cent) and lowest in Kampala with 21 per cent.⁶



With regard to protection, adolescent girls still face the risk of child marriage; for example, over 15 per cent of ever-married women aged 20-49 years were married by the age of 15, and 49 per cent were married by the age of 18. Conversely, ever-married men in the same age group married slightly at a later stage. For example, only 9 per cent of the men were married by age 18, and 25 per cent by age 20.⁷

AGs are exposed to the risk of Child marriage due to insecurity, conflict and refugee environments.

AGs end up marrying early due to family disintegration and dropping out of school. While the average age at marriage does not seem to be rising, marriage forms and practices are changing, with more fluid and individual arrangements emerging that leave girls more vulnerable yet with limited social support.

The social norms that are addressed in SBCC interventions review the behavioural barriers that primarily drive this practice from the home to the community. Parents do not involve girls in decision making at home and as such, no provision is given for school requirements like school fees, scholastic materials uniform and lunch to support children at school. Also, parents do not adequately communicate with their daughters/ girls about adolescent needs and rights (lack of girl-parent communication) and as such, there is no provision of economic and social alternatives to girls.

5 UNICEF (2015): A Formative Research on Ending Child Marriage and Teenage Pregnancy in Uganda

6 UNICEF (2015): Formative Research on Ending Child Marriage and Teenage Pregnancy in Uganda

7 UBOS 2011: The Uganda Demographic and Health Survey

EDUCATION

Unequal Opportunities to Education

Adolescent girls' vulnerabilities are also reflected in education. For example, it is documented that 68 per cent of adolescent girls between 15-19 years have never attended any secondary school (UNICEF, 2015). Girls' education now has greater social value and although the Universal Primary Education (UPE) policy has greatly expanded access; many girls still drop out due to poverty or Teenage pregnancy, while secondary education remains a distant dream for most girls in the rural areas of Uganda.

Enrollment, Retention and Transition in Education

The 2014 National Census states that 10 per cent of children between 6-12 years and 4.1 per cent between 13-18 years have never been to school, especially girls and children in rural areas.

A total of 2.5 per cent of children between 6-12 years and 22 per cent of children between 13-18 years have already dropped out of school. While 20.5 per cent of girls (and 16.1 per cent of boys) have never been to school. The retention rate at the final year of primary school (survival rate to P7) stands at 30 per cent for both boys and girls. Then only 21.4 per cent of girls (and 22.1 per cent of boys) make it to secondary school. While the transition rate to Senior 5 is 21.4 for girls and 28.1 for boys. (EMIS 2015).



THEORY OF CHANGE (TOC): ADOLESCENT GIRLS' C4D STRATEGY



The Adolescent Girls C4D Strategy's Theory of Change (ToC) is based on the Social Ecological Model (SEM) which asserts that individual behaviour is shaped by social structures and the environment. The ToC in figure 4 explains how a programme has an impact on its target participants. It outlines all the things that a programme does for its target participants, the ultimate impact that it aims to have on them, and all the separate outputs or outcomes that lead or contribute to that impact.

The following chapter defines the SEM in detail and then outlines a clear ToC to achieve specific results for AGs.

What is Communication for Development (C4D)?

C4D is defined as a, systematic, planned and evidence-based strategic process to promote positive and measurable behaviour and social change that is intrinsically linked to programme elements. It uses consultation and participation of children, families, communities and networks, and privileges local contexts while relying on a mix of communication tools, channels and approaches. C4D is, essentially, a process of sharing ideas, information and knowledge using a range of communication tools and approaches that contribute to empowering individuals and communities to take informed actions to improve their lives.

Adolescent Girls (AGs) C4D strategy and the Social Ecological Model (SEM)

The AG C4D strategy design, implementation, monitoring and evaluation framework uses the SEM to identify opportunities and entry points for interventions that promote individual behavioural and broader social changes. It links behavioural and social change strategies with efforts to strengthen environmental and community support and participation.

The underlying assumption of the SEM is that individual behaviour and collective action are shaped by the social structures and environment. These include the regulatory policy and physical environments in which people, as individuals and as a society, find themselves. It is these environments that shape how people are governed by social norms and cultural beliefs within formal and informal networks of interpersonal relations. Specifically, the SEM model distinguishes five aspects of behavioural determinants:

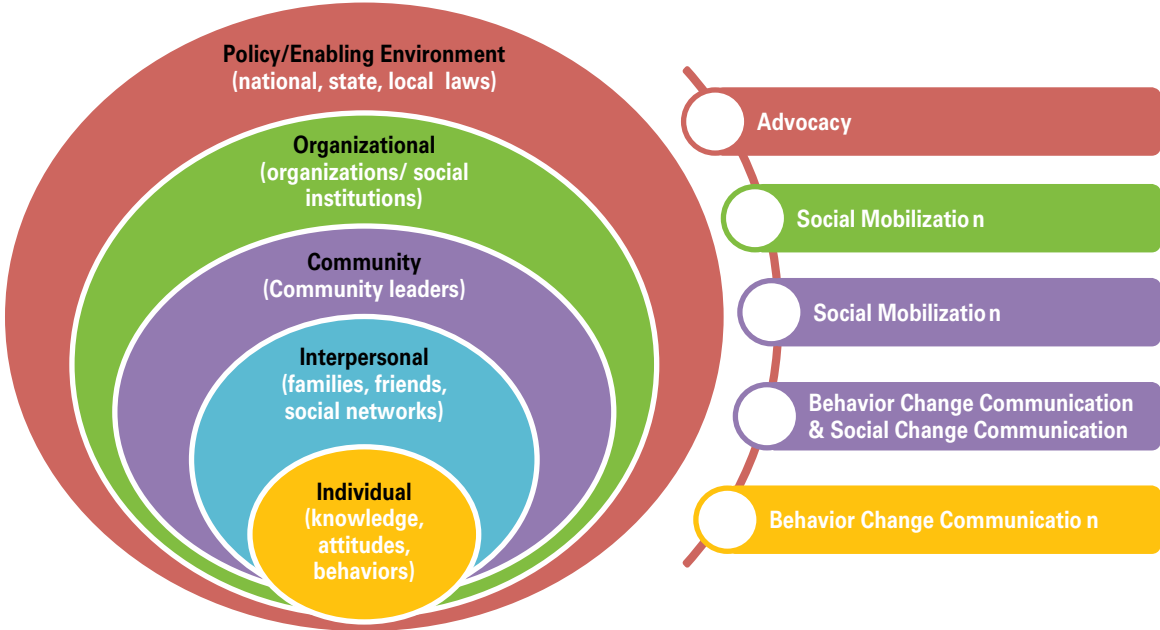
- 1 Individual-level determinants** include literacy, knowledge, cognitive antecedents (e.g. beliefs, attitudes, and perceived self-efficacy toward specific behaviour), behaviour routines, etc.
- 2 Interpersonal-level determinants** include social networks, social support groups, social norms, peer influence, etc.
- 3 Community-level determinants** include community norms, community capacity, community integration, etc.
- 4 Organisational-level determinants** include organisational capacity, organisational relationships, organisational structures, etc.
- 5 Policy and environmental-level determinants** include national and local policies and legislations, environmental constructions, public safety, etc.

The principal perspective in the SEM is that when multiple levels of influence (i.e., policy, legislation, organisational, community, interpersonal and individual) are addressed at the same time or in a synergistic manner, behaviour and social changes are more likely to be successful and sustained. Applying the SEM, UNICEF C4D uses a combination of four key approaches in promoting behaviour and social changes in terms of impact, scale, and sustainability. The approaches are: 1) Behaviour Change Communication (BCC); 2) Communication for Social Change (CFSC); 3) Social Mobilisation; and 4) Advocacy. Together, these four strategic areas aim to shift attitudes around social norms at the individual, household, community, institutional,

and societal levels in order to promote cultural behaviour and collective practices consistent with a complete human rights approach.

Figure 2 below illustrates the five hierarchical levels of the SEM and the corresponding approaches (defined in the next section).

FIGURE 2: SOCIAL ECOLOGICAL MODEL (SEM) AND CORRESPONDING C4D APPROACHES



Reference: The Social Ecological Model: A Framework for Prevention, Centres for Disease Control and Prevention (CDC) <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html> Retrieved April 21, 2014

COMMUNICATION FOR DEVELOPMENT APPROACHES:

Advocacy

This consists of policy, legislation, politics and other areas of leadership that influence social development in the field of UNICEF’s mandate. It focuses on policy environment and seeks to develop or change laws, policies and administrative practices. Advocacy works through the coalition-building, community mobilisation and communication of evidence-based justifications for programmes. The participant groups are policy makers and decision-makers, programme planners and implementers and community leaders.

Social Mobilisation

This focuses on uniting partners at the national and community levels for a common purpose. It emphasises collective efficacy and empowerment to create an enabling environment. This approach works through dialogue, coalition-building and group/organisational activities. Participant groups in the approach of social mobilisation include: national and community leaders, community groups/organisations as well as public and private partners.

Social Change Communication

This focuses on enabling groups of individuals to engage in a participatory process to define their needs, demand their rights, and collaborate to transform their social system. There is emphasis on public and private dialogue to change behaviour on a large scale, including norms and structural inequalities. It works through interpersonal communication, community dialogue and mass/social media. Participant groups involved in this process of changing social systems include various organised formal and non-formal groups of individuals in communities.

Behaviour Change Communication (BCC)

This focuses on individual knowledge, attitudes, motivations, self-efficacy, skills building, and behaviour change. It works through interpersonal communication and mass/social media campaigns.

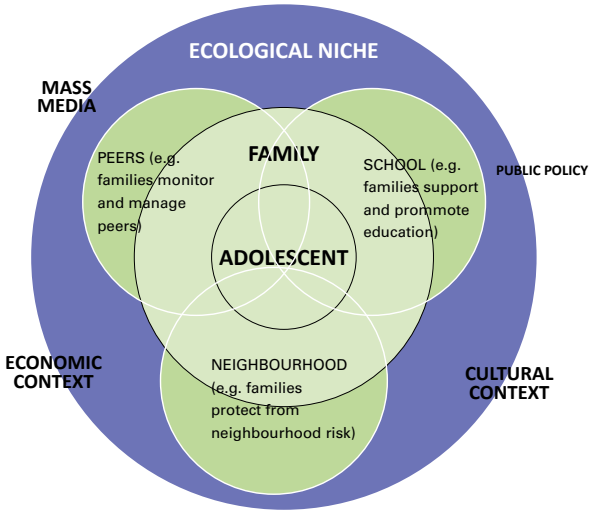
The participant groups that are involved in BCC interventions are individuals, families/households and small groups (e.g. mothers' support groups).

Figure 3 below shows the risks that adolescents face as a result of the different levels of influence at peer, school, neighbourhood and broader cultural contexts.

- 1 Individual:** Personality variables and developmental delay risks.
- 2 Family:** Low socio-economic status, family conflict and coercive parenting family contextual risks.
- 3 Peer:** Peer rejection or deviant peer- group membership risks.
- 4 School:** Relates to risks of academic failure, low commitment to school.
- 5 Community:** Pertains to the risks of nature of neighbourhood poverty, gender based violence involving practices such as: child marriage(s), defilement and FGM/C.
- 6 National and State:** Captures risks related to non-existing policies and laws that address child marriage as well as VAC in primary and secondary schools.

Besides these risks, it is important to point out that these same levels have several protective factors that can be boosted to provide a safe environment for adolescents and a strong sense of connectedness to parents, family, school, community institutions and adults outside the family. This is key in providing a stable environment during the formative years (0 to 8 years) and thereafter once the child becomes an adolescent (9 to 19 years) who is struggling to identify themselves in a broader environment.

FIGURE 3: THE SOCIAL ECOLOGICAL NICHE

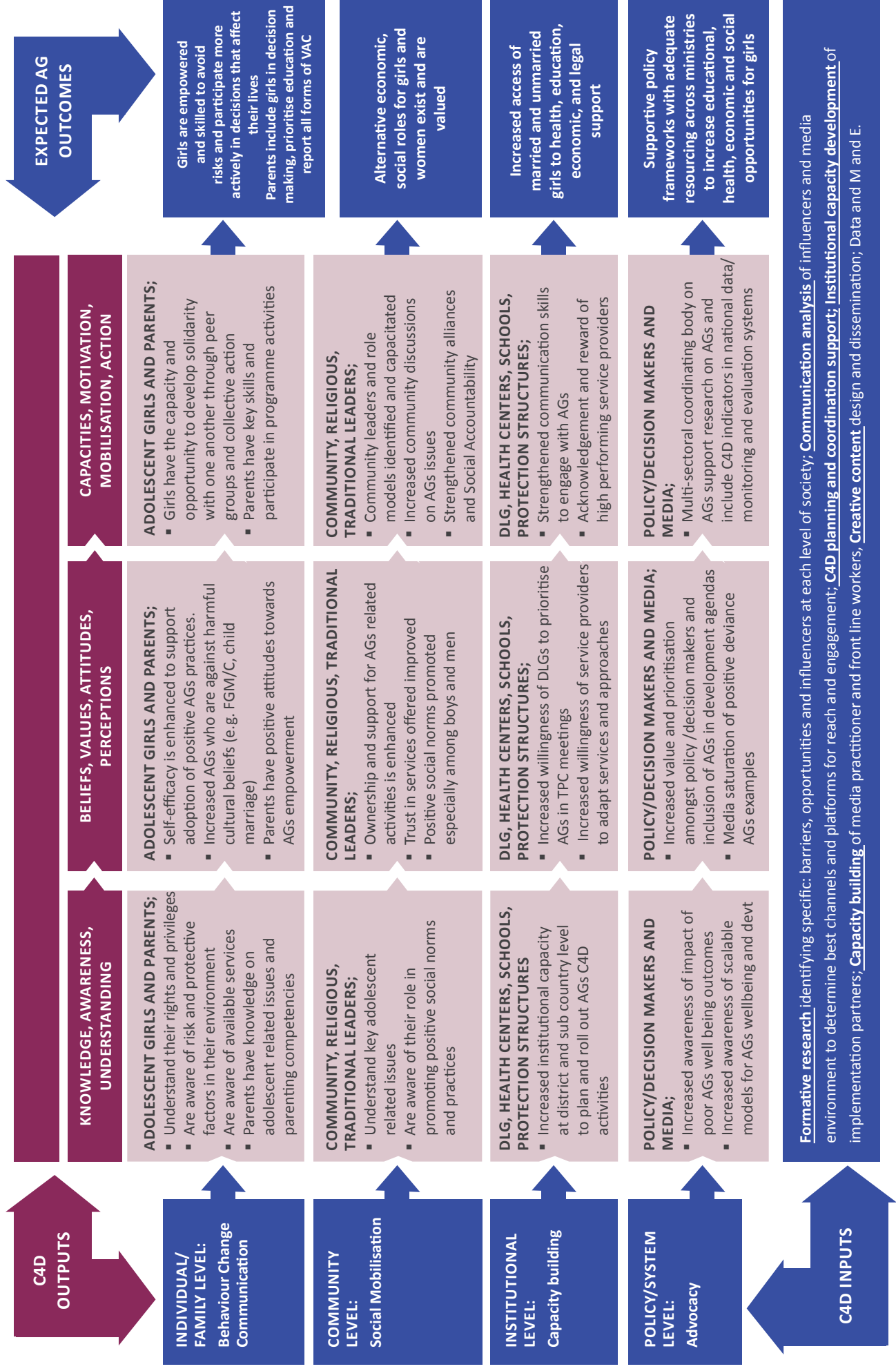


Theory of Change applied to Adolescent Girls C4D Strategy

The Theory of Change, (ToC) presents a systematic way of understanding the events, situations that have a direct bearing on the behaviour of AGs at different levels from individual to policy/ system level. This ToC for adolescent girls illustrates the inter relationship between C4D inputs and outputs as treated by the C4D approaches of advocacy, social mobilisation, behaviour change and behaviour change communication.

Figure 4 provides a detailed explanation on how the four C4D outcomes for adolescent girl’s wellbeing and development are achieved. From empowered and skilled adolescents to; 1) parents that are involving their adolescents in household decision making, 2) alternative sustainable economic social roles for girls and women in society, 3) increase in social services in health, education, economic and legal support at institutional level and finally 4) to an overall supportive policy environment.

FIGURE 4: THEORY OF CHANGE (TOC) APPLIED TO ADOLESCENT GIRLS' C4D STRATEGY



BEHAVIOURAL ANALYSIS



Behavioural analysis gives us an insight into the current Knowledge, Attitude and Practices (KAP) of key participant groups that are identified around the SEM. It reviews the current behaviour and associated barriers to desired behaviour. Based on evidence, the ideal behaviour is described in measurable language, which serves as the behavioural objective for the specific participant group.

TABLE 1: TARGET PARTICIPANTS: ADOLESCENTS

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/ BEHAVIOURAL OBJECTIVES |
|--|---|--|
| <p>Adolescent Girls are dropping out of school, engaging in child marriage, increasingly, contracting HIV/AIDS and getting pregnant as teenagers</p> | <p>Knowledge barriers Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ their rights to education, health and protection & participation ■ Sexual and reproductive health ■ Consequences of dropping out of school ■ Consequences of sexual and physical violence (Child marriage teenage pregnancy, FGM/C) ■ Menstrual Hygiene Management (MHM) ■ Bullying and its consequences ■ Alcohol consumption <p>Attitude barriers</p> <ul style="list-style-type: none"> ■ Girls fear being victimised by the teacher and do not have the skills and confidence to resist and report sexual abuse or violence in school ■ Peer influence /pressure from friends ■ Aspiration for marriage in rural communities where child marriage is a norm⁸ ■ Girls’ desire for material security leads to getting married to older men ■ Girls are not prioritising education ■ Girls submit to FGM/C as it improves their chance of marriage <p>Practice barriers</p> <ul style="list-style-type: none"> ■ Girls drop out of school when; they get pregnant, married or when they begin menstruation (23% of adolescent girls 12-18 years drop out of school after they begin menstruation)⁹ ■ Girls engage in cross-generational sex and transactional sexual relations in Uganda, affecting 11.8% of adolescent girls across the country¹⁰ ■ Girls engage in child marriage at an early age: 49% of girls marry before 18 years and 15% marry before they are 15 years ■ Girls experience teenage pregnancy (24% average teenage pregnancy) ■ Girls undergo FGM/C (National average of FGM/C - 2%) ■ Girls lack life skills to address challenges of adolescence ■ Girls do not report cases of sexual violence to relevant authorities ■ 72.8% of the girls reporting being bullied by schoolmates¹¹ ■ Use of alcohol (17%) due to peers (31%), curiosity (28.4%) and parent/guardian behaviour (20.1%) were the main influencers.¹² | <p>By 2020 adolescent girls are empowered motivated through knowledge, skills, and participation (in) and linkages with peer groups and network to; complete 2 cycles of education, resist and report acts of violence, (child marriage, defilement, FGM/C) protect themselves from teenage pregnancy and HIV/AIDS</p> |

8 United Nations Children Fund, ‘A formative research on ending child marriage and teenage pregnancy in Uganda,’ UNICEF, Uganda, 2015a.

9 United Nations Children’s Fund, Uganda Annual Report, 2014.

10 Walker, et al, ‘Sexual exploitation of adolescent girls in Uganda: The drivers, consequences and responses to the ‘sugar daddy’ phenomenon,’ November, 2014.

11 Adolescent health risk behaviour in Uganda: A cross sectional study, June 2017.

12 Ibid.

TABLE 2: TARGET PARTICIPANTS: PARENTS/GUARDIANS/CARE-GIVERS

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/ BEHAVIOURAL OBJECTIVES |
|--|--|---|
| <p>Parents/ Care givers are not engaging AGs in decision making, prioritising their education, or protecting them from child marriage or other forms of VAC, i.e., defilement, child marriage, (FGM/C)</p> | <p>Knowledge barriers Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ The multifaceted nature of adolescent wellbeing and development ■ Importance of education for adolescent girls’ well-being and development ■ Adolescent sexual and reproductive health needs and rights ■ Child marriage as an act of violence against children ■ Benefits of education to girls ■ Consequences of FGM /C and child marriage on the health of girls ■ Adolescents alcohol and substance abuse practices <p>Attitude barriers</p> <ul style="list-style-type: none"> ■ Low priority to AGs education vis-a-vis - boys ■ Some parents have a positive attitude to child marriage due to the belief; <ol style="list-style-type: none"> a. That marriage will bring economic security thus justifying marriage of underage girls to older men b. It protects a girl against premarital sex and brings honour to the family¹³ ■ Belief that FGM/C keeps a girl virgin and contributes to high bride price <p>Practice barriers</p> <ul style="list-style-type: none"> ■ Parents do not involve girls in decision making at home. ■ Parents do not provide school requirements like school fees, scholastic materials, uniform and lunch to support children at school. ■ Gender Based Violence in homes leading to family disintegration- UNICEF¹⁴ ■ Parents settle cases of sexual violence/abuse out of court with perpetrators. ■ Parents do not adequately communicate with their daughters/girls about adolescent needs and rights (lack of girls-parent communication). ■ Parents do not provide economic and social alternatives to girls. | <p>By 2020 parents and caregivers demonstrate positive behaviour towards adolescent wellbeing and development by engaging girls in decision making at home, prioritising girls education, condemning and reporting all forms of violence against girls (child marriage, defilement, FGM/C) and facilitating access to adolescent friendly health and other services</p> |

13 United Nations Children Fund, ‘A formative research on ending child marriage and teenage pregnancy in Uganda,’ UNICEF, Uganda, 2015a.

14 Ibid

TABLE 3: TARGET PARTICIPANTS: TEACHERS

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/ BEHAVIOURAL OBJECTIVES |
|---|---|--|
| <ul style="list-style-type: none"> ■ Teachers do not have adequate knowledge, skills and motivation to use adolescent friendly teaching and mentoring approaches to ensure girls participation in school activities, parental engagement through School Management Committee (SMCs), reporting acts of violence (child marriage, FGM/C etc.), engaging community to support girls completion of 2 cycles of education ■ Teachers do not provide counseling and guidance services to young girls at school | <p>Knowledge barriers</p> <ul style="list-style-type: none"> ■ Inadequate knowledge on the multi-faceted nature of adolescent wellbeing and development ■ Inadequate knowledge and skills on counseling and guidance of adolescents ■ Low understanding of sexual abuse, defilement and corporal punishment as acts of violence against children (VAC). <p>Attitude barriers</p> <ul style="list-style-type: none"> ■ Low motivation with regard to provision of counseling and guidance services to children ■ Many still believe in corporal punishment ■ Fear that society will consider them as condoning sexual immorality if they allow girls of child birth to return to school (UNICEF, 2015) ■ Negative attitude towards girls who have had child birth and returned to school <p>Practice barriers</p> <ul style="list-style-type: none"> ■ Defile girls in primary and secondary school (8% of girls subjected to defilement¹⁵) ■ Inflict corporal punishment on children (Overall 74.3% (75.6 Govt ; 73% Private schools¹⁶) ■ Do not have adequate skills in counseling and guidance ■ Teachers do not provide a conducive environment for girls to remain in school and complete education e.g. not providing good hygiene and sanitation facilities ■ Teachers do not provide a conducive environment for girls to return to school after childbirth e.g. not protecting them against stigma from students ■ Not engaged in prevention and reporting of violence in schools | <p>By 2020 <i>teachers</i> have the knowledge, skills and motivation to use adolescent friendly teaching and mentoring approaches to ensure; girls participation in school activities, parental engagement through SMCs, reporting acts of violence (child marriage, FGM/C etc.), engaging community to support girls' completion of two cycles of education</p> |

15. Ministry of Education and Sports, National Strategic Plan on Violence against Children in Schools (2015-2020), MoESTS and United Nations Children's Fund, July, 2015.

16. Ibid

TABLE 4: TARGET PARTICIPANTS: VHTS, HEALTH WORKERS, COMMUNITY DEVELOPMENT OFFICERS AND PROBATION OFFICERS

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/ BEHAVIOURAL OBJECTIVES |
|--|---|---|
| <p>VHTs and Health workers, CDOs and Probation Officers do not provide adequate adolescent friendly services</p> | <p>Knowledge barriers Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ The importance of adolescent’s participation in decisions related to provision of services (timing, privacy etc.) ■ The multifaceted nature of adolescent wellbeing and development, sexual and reproductive health issues, growth and development) ■ The consequences of child marriage and VAC on the health status | <p>By 2020 VHTs, Health Workers, CDOs and Probation officers’ have the knowledge, skills and motivation to work effectively with adolescents, parents, communities, schools and other institutions to promote and offer adolescent friendly services.</p> |
| | <p>Attitude barriers</p> <ul style="list-style-type: none"> ■ (30%) of health care workers had negative attitudes toward providing Reproductive Health (RH) services to unmarried adolescents¹⁷ ■ Some health workers believe in punishing adolescents for premarital sex¹⁸ ■ Lack of motivation to promote initiatives on child marriage and VAC ■ Lack of recognition that child marriage is an act of VAC | |
| | <p>Practice barriers</p> <ul style="list-style-type: none"> ■ Do not promote adolescent participation in decision making regarding services ■ Inadequate provision of adolescent sexual and reproductive health and other services ■ Inadequate support to reporting and referral of cases of VAC including (child marriage, defilement, rape and FGM/C) | |

17 Healthcare workers behaviours and personal determinants associated with providing adequate sexual and reproductive healthcare services in sub-Saharan Africa, a systematic review. Attitude of health care providers towards adolescent sexual and reproductive health services in developing countries: a systematic review, 9th July 2014.

18 Ibid



TABLE 5: TARGET PARTICIPANTS: POLICE

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/ BEHAVIOURAL OBJECTIVES |
|---|---|--|
| <p>Police do not educate and enforce child protection laws in primary/secondary schools and communities</p> | <p>Knowledge barriers Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ Adolescents rights, protection and sexual reproductive health issues ■ Their role in promoting and protecting adolescent rights | <p>By 2020 Police have the knowledge, skills and motivation to promote issues of adolescents' rights and wellbeing (protection, education, health) and refer cases of violation to the appropriate authorities</p> |
| | <p>Attitude barriers Lack of motivation to:</p> <ul style="list-style-type: none"> ■ educate communities on child rights ■ follow-up cases in primary/secondary schools and communities ■ report defilement and rape cases to relevant authorities ■ enforce child protection laws concerning child marriage and violence against children | |
| | <p>Practice barriers</p> <ul style="list-style-type: none"> ■ Police do not implement laws that protect the rights of children ■ Police do not educate communities about children's rights | |



TABLE 6: TARGET PARTICIPANTS: LEGAL OFFICERS/JUSTICE ACTORS

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/BEHAVIOURAL OBJECTIVES |
|---|--|--|
| <p>Legal officers do not promote laws that protect children’s rights in primary/secondary schools and communities</p> | <p>Knowledge barriers Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ Adolescent sexual and reproductive health needs and rights ■ Role in promoting and protecting children’s rights | <p>By 2020 <i>legal officers</i> promote relevant legislations and policies on child rights and child protection at all levels; national, primary/secondary schools, communities</p> |
| | <p>Attitude barriers Lack of recognition on:</p> <ul style="list-style-type: none"> ■ Child marriage as one of the violations of child rights ■ Low motivation in enforcing child protection laws | |
| | <p>Practice barriers</p> <ul style="list-style-type: none"> ■ Legal officers do not implement laws and policies that protect children, especially girls, against child marriage, teenage pregnancy and VAC ■ Legal officers do not follow-up cases of child marriage and sexual harassment of girls in primary/secondary schools and communities ■ Legal officers do not actively promote registration for birth and marriages | |



TABLE 7: TARGET PARTICIPANTS: RELIGIOUS/CULTURAL LEADERS

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/BEHAVIOURAL OBJECTIVES |
|--|---|--|
| <p>Religious/Cultural leaders do not adequately mobilise and educate communities about issues around adolescent health, protection and education</p> | <p>Knowledge barriers Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ the multi-faceted nature of adolescent wellbeing and development ■ impact of poor education, SRH status, child marriage and VAC ■ role in promoting and protection adolescent girls rights and positive gender and social norms | <p>By 2020 <i>religious/cultural leaders</i> value alternative economic and social roles for adolescent girls, promote girls' education, Sexual and Reproductive Health (SRH) and shun all forms of violence against girls</p> |
| | <p>Attitude barriers lack of recognition of:</p> <ul style="list-style-type: none"> ■ Consequences of child marriage on the health and life of girls ■ Child marriage as VAC ■ Low motivation in promoting child protection issues ■ Belief that girls who have had child birth should not go back to primary/secondary school because they are a bad example to other girls | |
| | <p>Practice barriers</p> <ul style="list-style-type: none"> ■ Religious leaders do not exercise their role of mobilising and educating members of the community about dangers of child marriage and VAC | |



TABLE 8: TARGET PARTICIPANTS: MEDIA PERSONNEL

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/BEHAVIOURAL OBJECTIVES |
|---|--|--|
| National and district media personnel do not adequately cover adolescent needs and rights | <p>Knowledge barriers</p> <p>Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ Covering the multi-faceted nature of adolescent girls’ challenges especially with regard to child marriage and VAC ■ Their role in promoting children’s rights | By 2020 <i>national and district media personnel</i> have the knowledge and motivation for coverage and reporting on adolescent well being and development |
| | <p>Attitude barriers</p> <ul style="list-style-type: none"> ■ Little interest in covering issues concerning adolescent issues (child marriage and VAC) | |
| | <p>Practice barriers</p> <ul style="list-style-type: none"> ■ National and district media houses do not cover adolescent issues with regard to child marriage and VAC | |



TABLE 9: TARGET PARTICIPANTS: NATIONAL AND DISTRICT, SUB-COUNTY POLITICAL LEADERS AND POLICY MAKERS (MINISTERS, MPS, RELEVANT SECTOR MINISTRIES)

| CURRENT BEHAVIOURS | BARRIERS TO DESIRED BEHAVIOURS | IDEAL BEHAVIOUR/BEHAVIOURAL OBJECTIVES |
|---|---|---|
| <p>National and district leaders/ policy makers do not adequately advocate for budget allocation and investment in adolescent wellbeing and development</p> | <p>Knowledge barriers</p> <p>Inadequate knowledge on:</p> <ul style="list-style-type: none"> ■ Adolescent needs and rights ■ Their role in advocating for adolescent needs and rights | <p>By 2020 <i>national and district leaders</i> have knowledge and motivation to advocate for resources and policies in support of adolescent wellbeing and development in their constituencies and districts</p> |
| | <p>Attitude barriers</p> <ul style="list-style-type: none"> ■ Low importance attached to child protection issues ■ Dependency on the donors, with little attention on mobilising local resources to support implementation of child protection programmes | |
| | <p>Practice Barrier</p> <ul style="list-style-type: none"> ■ National and district leaders do not openly talk about adolescent girls rights and needs in their constituencies and districts ■ National and district leaders do not allocate adequate resources to facilitate implementation of child marriage and VAC programmes | |

ADOLESCENT GIRLS' BEHAVIOURAL PACKAGE



The AGs' behavioural package is the list of key issues affecting them from reaching their full potential. It further lists the priority behavioural practices that should be promoted through the various social and behavioural change approaches (i.e., BCC, social mobilisation and advocacy).

TABLE 10: PRIORITY PRACTICES TO BE PROMOTED AMONG ADOLESCENTS

| KEY ISSUES AFFECTING ADOLESCENT GIRLS | PRIORITY PRACTICES TO BE PROMOTED |
|---|--|
| HIV and Aids | <ul style="list-style-type: none"> ■ In order to avoid getting HIV/AIDS, abstain from premarital sex ■ Avoid having many sexual partners, risky situations such as getting drunk, or situations such as walking alone at night in dark or deserted places ■ Rush to a health centre for Post Exposure Prophylaxis (PEP) the medicine that can protect you from HIV infection, if you are raped |
| Teenage Pregnancy | <ul style="list-style-type: none"> ■ Keep in school, and complete primary and secondary education ■ Develop life skills to protect yourself, and gain knowledge on fundamental rights ■ Abstain from pre-marital sex ■ Delay the first pregnancy, until after the age of 18 years ■ Visit a Health Center for information, health care and counseling |
| Reduction in prevalence of Violence Against Children | <ul style="list-style-type: none"> ■ Report any cases of Violence Against Children (Corporal Punishment, Female Genital Mutilation/Cutting, Child Marriage, Teenage Pregnancy, Child Labour, Child sacrifice, Defilement) to the nearest Police Station, Community Development Officer, Probation Officer, or call the Child Helpline (116) ■ Avoid Female Genital Mutilation/Cutting, Child Marriage, Teenage pregnancy |
| Alcohol and Substance Abuse | <ul style="list-style-type: none"> ■ Avoid use of alcohol and other harmful substances ■ Report illegal promotion and sale of alcohol and other harmful substances ■ Seek medical care and social rehabilitation services |
| Increased enrollment and Retention | <ul style="list-style-type: none"> ■ Go to school, Back to school, Stay in school and complete both primary and secondary education ■ Join a club (in and out of school) and actively participate, to gain life skills |
| Improved Learning Achievements | <ul style="list-style-type: none"> ■ Go to school, Back to school, Stay in school and complete both primary and secondary education ■ Be attentive in class and complete all assignments ■ Be disciplined and obey school rules ■ Be respectful, helpful and a model student |
| Reduced prevalence of child marriage and Early sexual Debut | <ul style="list-style-type: none"> ■ Keep in school and avoid child marriage, early sexual debut and teenage pregnancy ■ Join in-school and out-of-school clubs to gain life skills ■ Embrace any available opportunity for alternative education, employment and livelihood skills, (especially if you are out of school) |
| Adolescent Girls and Boys Participation | <ul style="list-style-type: none"> ■ Join in-school and out-of-school clubs, to gain knowledge on fundamental rights and skills ■ Join safe online discussion groups and information sources for critical information and positive support and counselling ■ Participate in school and community based advocacy activities |
| Economic Empowerment | <ul style="list-style-type: none"> ■ Embrace opportunities for training in basic literacy and livelihood skills ■ Seek information, knowledge and life skills for securing a sustainable livelihood |

PART II

CHAPTER 5: EMPOWERING ADOLESCENT
GIRLS

CHAPTER 6: PARENTAL ENGAGEMENT

CHAPTER 7: COMMUNITY ENGAGEMENT

CHAPTER 8: NATIONAL AND DISTRICT
LEVEL LEADERSHIP



EMPOWERING ADOLESCENT GIRLS – THROUGH BEHAVIOUR CHANGE COMMUNICATION AND SOCIAL MOBILISATION



OBJECTIVE

By 2020 AGs are empowered and motivated through knowledge, skills and participation (in) and linkages with peer groups and networks to; complete two cycles of education, resist and report acts of violence (i.e., child marriage, defilement, FGM/C) and protect themselves from Teenage pregnancy and HIV/AIDS.

Why empowerment?

Empowerment of AGs has come up as a critical area of intervention contributing to adolescent development and well-being across all sectors.¹⁹ There is an emerging body of national evidence that tells us that empowerment efforts will be maximized if we directly and deliberately target girls and young women, by reaching girls before they drop out of school, before they marry – and even before they enter into their first intimate relationships. Experience shows that empowering girls and young women with education and opportunities for participation can have a profound effect on their own well-being and that of their family²⁰.

What is girls' empowerment?

Girls' empowerment is defined as control of a girl over her health, safety, equitable opportunities, violence-free and stable life conditions; and access to opportunities for active participation in leadership, decision-making and problem solving within family and society. *Table 1 and Table 2* list the internal/individual and external variables for measuring empowerment.

We will be using the TOC model (*See Figure 4*) with a three-pronged approach that effectively engages with adolescents in work that challenges them to develop skills, gain critical awareness and participate in opportunities that are necessary for creating community change.

- **Critical awareness and knowledge:** The process of strengthening the skills of adolescents so that they know how to effectively make decisions, positively interact with their peers, and act as advocates.
- **Skills development:** The process of strengthening the skills of adolescents so that they know how to effectively make decisions, positively interact with their peers, and act as advocates.
- **Opportunities:** The process of providing adolescents with platforms for decision-making and encouraging their active participation in creating change.

STRATEGIES

Key strategies using different C4D approaches:

Based on the model of empowerment defined in the above section, the following three interventions will be rolled out using different C4D approaches;

¹⁹ Amin, S, et, al., *Adolescent Girls Vulnerability Index: Guiding Strategic Investment in Uganda*, Population Council, New York, 2013.

²⁰ Ministry of Gender, Labour and Social Development, *The National Strategy to End Child Marriage 2014/2015-2019/2020: A society free from child marriage*, MoGLSD and United Nations Children's Fund, June 2015

TABLE 11: KEY STRATEGIES/INTERVENTIONS USING DIFFERENT C4D APPROACHES

| STRATEGIES/INTERVENTIONS | C4D APPROACH |
|--|--|
| 1. Build adolescent girls' knowledge on fundamental rights and privileges and develop capacity on key life skills | Behaviour Change Communication (BCC) |
| 2. Create connectedness between the adolescent, the school and other support structures for adolescents in and out of school | Behaviour Change Communication and Social Mobilisation |
| 3. Provide opportunities for girls' participation and girls' led initiatives, with skilled adult support as informed by child participation strategy | Behaviour Change Communication and Social Mobilisation |

1 Strategy 1: Build adolescent girls' knowledge on fundamental rights and privileges and develop capacity on key life skills

Knowledge on fundamental rights and privileges is one of the major components of adolescent empowerment. Evidence suggests that adolescents often do not have adequate knowledge to enable them gain access to, understand and effectively use information related to key services (WHO, 2014). Yet this knowledge is crucial to increase adolescents' motivation and encourage actions against risky behaviour (WHO, 2014). Hence, there is an urgent need to build AGs' knowledge on key issues and key practices related to their well-being and development (See Annex 11 for details).

There is enough evidence from the field of behavioural science that shows that knowledge alone cannot bring about behaviour change. Behaviour change or behaviour development approach needs to address a balance of three areas: knowledge, attitude and skills. This approach under adolescent programming is outlined in **Life Skills Development**.

Psychological push factors such as the inability to tackle emotional pain, conflicts, frustrations and anxieties about the future, peer pressure and sexual curiosity are often the driving force for high-risk behaviour. The pool of factual information, however creatively rendered, is ineffective against the overpowering influence of the external environment.

Life skills are essentially those abilities that help promote mental well-being and other competencies in young people in the light of their changing realities in this critical period of their life. UNICEF and WHO agree that life skills are applied in various aspects of life such as in the context of health and social events like human relationships, learning about social influences on behaviour and learning about rights and responsibilities. Life skills can be divided into three broad areas; **1) skills of knowing and living with oneself, 2) skills of knowing and living with others and 3) skills for making effective decisions**. A cross-cutting theme will be gender stereotypes and gender equity.

Most of the activities under this component below are BCC interventions where the main focus is on shifting adolescents' attitudes and practices by addressing key behavioural barriers, whether it's multi-media campaign, champions' strategy or orientation sessions. The main result to be measured overtime will be direct shift in individual practices of adolescents.

2 Strategy 2: Create connectedness between the adolescent, the school and other support structures for adolescents in and out of school

Education begins before and goes beyond school, the school system, and school age. This new paradigm of, “life-long learning” facilitates the linkages between school, family, and community and allows them to nurture each other in a shared transformation process. This process involves the acquisition of relevant capacities, including cognitive competencies, marketable skills, social capital, and complementary values and motivations. These capacities enable individuals to function effectively in a range of adult roles, including: worker, household provider, parent, spouse, family caretaker, citizen and community participant.

Schools are widely seen to be institutions in which young people can best develop their capacity for lifelong learning, and thus are critical institutions in creating the enabling conditions for successful transitions to adulthood (Institute of Medicine, et al, 2005). They are instrumental in improving the skills of young people, particularly critical thinking and negotiation skills for coping with positive and negative life experiences.

Evidence shows that adolescents who feel connected to their schools or other structures are less likely to bully or be bullied, to engage in delinquent behaviour or use drugs and alcohol.

In-school and out-of-school clubs play a very important role in creating connectedness between the adolescent, school and other structures, critical to adolescent well-being and development. The school clubs serve as a platform for girls to come together in a safe setting. Having a connection with other girls and not being socially isolated is as important as learning skills and having the opportunity to practice the leadership (and other skills) gained through the club skill development programme. Sanctioned through parental and community engagement, these extra-curricular activities will be culturally appropriate ways to help girls think about asserting their voice in new ways.

AGs face unique challenges in negotiating and asserting an alternative role in society. One major problem is a shortage of **female role models**, as people often learn leadership styles by observing others. Hence, **mentoring** will be an important component under this intervention. Thus, within a well-constructed and managed leadership, schools often serve as the initial, safe space where girls gather, interact with their peers, gain and practice leadership competencies and are mentored by caring adults and peers who in turn influence their social norms towards those that uphold girls’ full rights.

The following will be the areas of intervention;

- Establishment of in-school and out-of-school clubs as a platform for several adolescent empowerment activities
- Mentoring
- Participation in school-based extracurricular and recreational activities during and after school
- Engaging adolescents along with the community in the promotion of education for all – through the Go to School, Back to School, Stay in School (GBS) campaigns

High quality after-school programmes will offer structured, supervised, and safe opportunities for community involvement and in turn, reduce opportunities for delinquent and other risky behaviour, which are greatest during the after-school hours. High quality after-school programmes will also focus on promoting personal and social skills to reduce rates of drug use and other problem behaviour.

3 Strategy 3: Provide opportunities for girls' participation and girls' led initiatives, with skilled adult support as informed by the child participation strategy

Although participation is an important aspect across all components of empowerment, under this section, we will focus more specifically on participation in the context of civic engagement i.e. participation will be viewed within the broader context of civic life, ensuring that adolescents are engaged in a variety of civic and pro-social activities that benefit them, their community and their society. Participation must move beyond involvement in one-time policy summits, events or councils. It must be integrated into the fabric of adolescents' lives, in order to provide them with the widest range of experience and prepare them to take up the rights and responsibilities of full citizenship.

Empowering girls to be their own agents of change and to claim their rights, empowers their citizenship and contributes to the society's well-being. Thus, within a well-constructed and managed leadership, schools often serve as the initial, safe space where girls gather, interact with their peers, gain and practice leadership competencies and are mentored by caring adults. However, under this strategy, focus will be both on platforms in and out of schools.

Meaningful girl engagement is defined here as 'a participatory process in which girls' opinions, ideas and experiences are integrated into activities or structures in an effort to make organisations or their activities more effective, accountable and/or relevant to the girl population. Meaningful engagement requires that girls are treated as equals, that their diversity be recognised and appreciated and that the girls and adults involved are given the proper training and skills to enable a fully participatory partnership.

Girls have demonstrated considerable leadership in community and informal organisations, as well as in public office. However, women in general and specifically girls and young women are greatly under-represented in all levels of decision-making. The concept of AGs' participation has tremendous potential if concrete ways are devised to put it into practical action.

The current scenario has its roots in the patriarchal society as well as unequal access to resources for the personal development of girls and young women. As a recent World Bank report on women and girls points out, "having a voice means having the capacity to speak up and be heard and being present to shape and share in discussions, discourse and decisions' (Klugman, et al, 2014, p.151).

Providing these transformative leadership opportunities means that girls analyse the status quo, organise their response with others, take carefully chosen actions to provoke change and reflect upon the experience. The focus here is on girls' leadership development both in and outside the classroom.

This component will be measured through the use of ***The Active and Engaged Citizenship (AEC)*** scale which combines four existing scales that measure perceptions about civic duty through an assessment of civic skills, neighbourhood social connection and civic participation. The combined scale creates an assessment of engagement that measures the intentionality and motivations of the civic participation. That is, it helps to detect whether individuals participating in civic activities are doing so with intentionality rather than just tagging along with a friend or participating because their club has organised an event.

Girls' leadership development occurs best by;

- Elevating girls' voices in local, district and national dialogue and debate
- Ensuring girl's active participation in all aspects of programmes (research, implementation, M&E) related to their well-being and development
- Providing opportunities for girls to play an active role in community, civic and economic life with a specific focus on 'volunteering'
- Connecting girls through use of Information and Communication Technology (ICT), Internet and Short Message Service (SMS).



ACTIVITIES

Key activities in support of the above-mentioned strategies:

The following section defines the major activities under each strategy.

TABLE 12: KEY ACTIVITIES IN SUPPORT OF BCC AND SOCIAL MOBILISATION

| STRATEGIES | ACTIVITIES |
|--|--|
| STRATEGY 1: Build adolescent girls with knowledge on fundamental rights and privileges and develop their capacity on key life skills | <ol style="list-style-type: none"> 1. Multi-media campaign 2. Orientation sessions with adolescent girls to build their knowledge on key practices and services 3. Life skills development |
| STRATEGY 2: Create connectedness between the adolescent, the school and other support structures for adolescents in and out of school | <ol style="list-style-type: none"> 1. Establishment of in-school and out-of-school clubs 2. Mentoring programmes to increase adolescent and adult engagement 3. Participation in school-based extra-curricular activities – such as music, dance and drama, sports and debates 4. Engaging adolescents and community to work together for promotion of Education For All - The Go to School, Back to School, Stay in School Campaign (GBS) |
| STRATEGY 3: Provide opportunities for girls' participation and girls' led initiatives, with skilled adult support as informed by the child participation strategy | <ol style="list-style-type: none"> 1. Elevating girls' voices in local, district and national dialogues and debates 2. Engaging girls in research, monitoring and evaluation 3. Volunteering 4. Use of ICTs, SMS and Internet |

STRATEGY 1: BUILD ADOLESCENT GIRLS' KNOWLEDGE ON FUNDAMENTAL RIGHTS AND PRIVILEGES AND DEVELOP CAPACITY ON KEY LIFE SKILLS

ACTIVITIES UNDER STRATEGY 1

1. Multi - media campaign

Evidence-based communication to promote social norms and behavioural change for realisation of AGs' rights must focus on increasing the **self-efficacy** of the target audience. One way to increase self-efficacy is to **model desirable behaviour through mass media**. Health communication scholars have found that mass media interventions, by themselves or in combination with other programmes, can significantly influence health behaviour as well as intermediate variables in the behaviour change pathway. Radio, in particular, has been found to motivate people to take protective behavioural actions.

Hence, an evidence-based national multi-media campaign ('Go Girl') will be rolled out addressing key behavioural bottlenecks to AGs' well-being and development (i.e., school drop-out, VAC/ Sexual and Gender Based Violence (SGBV), Child Marriage (CM), teenage pregnancy and HIV/AIDS). In addition to raising awareness, the campaign will specifically focus on shifting social norms by showcasing '**positive role models**' in Uganda. The categories will include the adolescents themselves, key gatekeepers and opinion leaders. Champions will include both well-known personalities that adolescents look up to and those real-life champions who have helped girls along the path to success – parents, guardians and caregivers and teachers (especially male mentors).

The campaign will have the following three objectives;

- Empower the AG to understand her own potential
- Engage boys and men as partners in AGs' development and well-being
- Build a movement for AGs' protection and development by engaging champions across different sectors.

SOCIAL MEDIA: Twitter, Facebook and Instagram widgets powered by the UNICEF **#InvestInUGchildren** hashtag will be incorporated throughout the multi-media communications and will monitor conversation in order to help inform future social initiative activations.

STORIES: Links to images, videos, and articles that can be incorporated into communication materials or used to inspire, will also be uploaded through platforms such as: **Internet of Good Things** and **YouTube**.

GET INVOLVED: Simple step-by-step ways for children, adults, and communities to learn about the initiative and the multi-media campaign and how they can get involved, will also be shared through social media.

Media can play an important role in providing information, influencing attitudes and shaping social norms. Media can also contribute to the creation of an enabling environment to affect change in actions taken by girls to improve their own lives and the actions of those around

them. Media can promote an attitude shift from decisions about girls' reproductive health and marriage to expectations around girls' education and their place in the community alongside boys.

2. Orientation sessions with Adolescent Girls to build their knowledge on key practices and services

These activities will be implemented both in and out of school using **Interpersonal Communication (IPC)** involving mentor teachers, Village Health Teams (VHTs), Civil Society Organisations (CSOs), Faith-Based Organisations (FBOs) and Scouts/Girl guides. Although AGs are the primary target audience, recent research and experiences have shown that there are structural barriers to girl's empowerment and decision-making. Hence, the boys' engagement will be equally important in awareness raising sessions.

An integrated package of IEC will be used to orient AGs focusing on linkages between different priority practices (e.g. dropping out of school, teenage pregnancy, child marriage, HIV/AIDS). IEC materials, in addition to being used in individual and group counseling will also be used for training purposes. Gender equity (gender relations, gender stereo types, role of patriarchy etc.), will be a key area for building knowledge and awareness for both boys and girls. The IEC developed will also address traditional or dominant model of 'masculinity' which acts as a barrier both for the well-being and development of girls and boys. Information materials will also be developed for promotional activities conducted by health workers, LCs, scouts/girl guides, religious leaders and teachers.

This component will entail focus on the following;

- Development of IECs to support orientation sessions
- Capacity building of mentors, i.e. teachers, VHTs, CSOs, FBOs, cultural institutions and scouts/girl guides on adolescent related issues and systematic community engagement (C4D)
- School and community-based activities conducted through in-school and out-of-school clubs

“SOCIAL LEARNING THEORY”

People learn through observing others' behaviour, attitudes, and outcomes of those behaviour.

“Most human behaviour is learned observationally through modeling: from observing others, one forms an idea of how new behaviour are performed, and on later occasions this coded information serves as a guide for action” [Bandura].

Social learning theory explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural and environmental influences. Social learning theory, as the name suggests, provides an explanation of how we learn in social contexts.

~ Albert Banura

3. Life skills development

In Uganda, the life skills programme has followed a series of initiatives, beginning in the 1990s, when there was a growing awareness that the needs and life skills of learners and adolescents had been largely neglected in educational programmes in and out of school. Life skills are an effective tool to empower young people to act, take initiative and take control. The variety of life-skills introduced will complement what is lacking in the current school system and society as a whole.

The host of factors that induce high-risk behaviour such as alcoholism, drug use and casual sex are; boredom, rebellion, disorientation, peer pressure and curiosity about sex and drugs. These can be addressed by giving adolescents the essential life skills to deal with the various common pressures during this phase of life.

These high risk behaviour factors come into play under a strong culture of sexual taboos, biases against females, the lack of supplementary skills learning in school; about responsible relationships, gender equality, decision-making and negotiation, conflict resolution and problem-solving. Hence, life skills are an essential aspect for confronting the crisis caused by the HIV/AIDS pandemic and other social problems facing young people in Uganda.

Hence, as a part of the C4D strategy, in addition to supporting life skills in a classroom setting, specific activities will be designed using adolescent friendly approaches to build life skills. The focus of the SBCC activities will be to provide a safe platform to share and access information for adolescents to help break the silence surrounding physiological and emotional curiosities that come naturally with puberty.

The assumption is that when young girls have the skills and platform to share their feelings, they are better able to deal with emotional stress arising from daily conflicts, entangled relationships and peer pressure. They are also less likely to resort to drugs and other high-risk behaviour.

Life skills enable adolescents to translate knowledge, attitude and values into actual abilities – i.e. “What to do and how to do it.”

Life skills are a set of core abilities sometimes described as *emotional intelligence*.

The life skills component will be an important part of the ‘school club’ activities (See section on school clubs for details). Adolescent friendly methodologies will be used to build knowledge and skills on key aspects of adolescent well-being and development. As mentioned in the introduction, the life skills focus on three broad areas; **1) Skills of knowing and living with oneself, 2) Skills of Knowing and living with others and 3) Skills for making effective decisions. These skills are inter-related and reinforce each other.** Together, they are responsible for our psychosocial competence, building our self-esteem and self-efficacy, to nurture holistic self-development.

The ten generic life skills common to all adolescent programmes are listed below. Three cross-cutting skills, across the 3 categories are understanding gender roles and expectations, stereo types and gender equity:

Life skills

TABLE 13: LIFE SKILLS

| Skills of knowing and living with oneself | Skills of Knowing and living with other | Skills for making effective decisions |
|---|---|---------------------------------------|
| 1. Self-awareness | 4. Empathy | 7. Creative thinking |
| 2. Managing emotions | 5. Effective communication | 8. Critical thinking |
| 3. Coping with stress | 6. Interpersonal relationships | 9. Decision making |
| | | 10. Problem solving |
| 11. Gender roles and expectations | 12. Understanding stereotypes | 13. Gender equity. |

The following are communication sub-activities related to building life skills:

- Lessons on life skills at, in-school and out-of-school clubs;** the methodology will be highly participatory incorporating experiential learning opportunities with peers. The model also uses the available infrastructure of the school and the teachers for implementation of the programme in a continuous manner over the academic years as a co-curricular activity for maximum effect;
 - Building teachers’ capacity in participatory methodologies
 - Using participatory learning methods of games, debates, role-plays and group discussion during teaching sessions. Conceptual understanding and practicing of the skills occurs through experiential learning in a non-threatening setting. Such initiatives provide the adolescent with a wide range of alternative and creative ways of solving problems.
 - Repeated practice of these skills leads to a certain mastery and application of such skills to real life situations and control over the situation. It is a promotional programme, which improves positive mental abilities.
- A radio talk show and a listener group for adolescents in-school and out-of-school.** Lessons on life skills will be reinforced through a nation-wide network of listeners’ clubs where adolescents are encouraged to discuss their problems with the help of a facilitator. The network of adolescent listeners’ clubs, covering both rural and urban, in- school and out-of-school adolescents will reach out to the most marginalised and poorest communities.

The show will be hosted by an adolescent girl and boy and will be designed to interact with teenagers as another peer who speaks their mind. It will include;

- Recruiting a team of young producers through partnership with NGOs, Straight Talk Foundation (STF) and media partners to design a radio format appealing to adolescents in Uganda.
- Each episode will include music, discussion between a male and female host and call in opportunity.
- Story lines such as quarrels next door, boy-girl relationships and how to persuade parents to accept your goal, are conceived out of real-life situations that subtly lead teenagers into

a process of self-reflection and self-discovery. Woven into the story lines will be analysis and orientation towards common problems among adolescents e.g. inertia, escapism, getting stuck with frustrations and peer pressure that often drive young people into high-risk behaviour especially substance abuse.

- Keeping in mind the rebellious nature of adolescents, the central approach of the intervention will emphasise the disposition towards listeners as a non-judgmental peer rather than put them off with “do’s” and “don’ts”.
- Interaction with listeners during the listener groups will act as audience feedback that will be used to fine-tune the chat and the discussion points in later episodes.

STRATEGY 2: CREATE CONNECTEDNESS BETWEEN THE ADOLESCENT, THE SCHOOL AND OTHER SUPPORT STRUCTURES FOR ADOLESCENTS IN AND OUT OF SCHOOL

ACTIVITIES UNDER STRATEGY 2

1. Establishment of in-school and out-of-school clubs

A club is an association of learners whose activities are organised to empower learners with life skills to be able to address challenges that affect them. The activities help in imparting skills of knowing and living with self, the skills of knowing and living with others and skills of making effective decisions.

Purpose of clubs

- To increase the level of child participation in addressing issues affecting adolescent girls and boys.
- To enhance activities that can result in members improving their self-esteem, self-confidence and increase their awareness, knowledge and inter-personal skills.
- To empower members to manage their lives and inter-personal relationships in a way which will benefit their educational and long-term prospects.
- To contribute to changing the attitudes, beliefs and behaviour of fellow learners, their parents and other members of the community.
- To contribute towards self-protection against gender based violence and any other dangers.

Main interventions will include;

- Meeting with the school administration.
- Identifying an existing club to support or establish a new club.
- Training the club patrons or senior teachers on running a club.
- Setting up a club management committee with participation of adolescents, club patrons/ teachers, parents and community members.
- Developing club action plans.
- Mapping all school-age children in their communities and support their regular school attendance.

- Designing and participating in radio programmes, dramas, debates, music, dance and poetry performances to address issues key to girls' participation in schooling, such as discouraging child marriage and being proactive in preventing the spread of HIV/AIDS.
- Engaging in club-based extra-curricular activities listed in the sections below; GBS-like activities, music, dance and drama, sports, community awareness raising and other voluntary activities.

2. Mentoring programmes to increase adolescent and adult engagement

Overall, research confirms the potential of positive mentoring relationships to strengthen or modify other relationships in adolescents' lives. The evidence indicates that young people who develop strong and engaging connections with their mentors also expand their capacity to relate well with others. Studies have revealed connections between mentoring relationships and improvements in adolescents' perceptions of support from peers and from significant adults in their social networks.

A mentor is a woman role model from the school/community. A 'role model' is someone whom girls can admire and look up to because she leads a good life. A mentor encourages girls to stay in school and have aspirations for themselves beyond school. A mentor spends time with girls individually or in a group to make sure that they do well in school, are healthy and happy and are helpful to their families and communities.

Reviews of mentoring programmes conducted found that adolescents who participate in these programmes reap several benefits, including increased school engagement, parent-child communication and a decreased likelihood of substance use and delinquent behaviour, as opposed to their peers who do not participate in any programme. Research on developmental assets conducted by the Search Institute suggests that each young person should receive support from three or more non-parental adults.

In addition to formal mentors, extended family members, neighbours, teachers, community leaders and other adults who spend time with youth can all provide positive, caring relationships. These help to ensure that all children have at least three caring adults in their lives. Relationships that are built on trust, empathy and mutuality provide a nurturing support system that promotes positive transitions as youth mature. Caring and connectedness can be powerful tools to protect young people from negative behaviour and help them develop good social skills and a more positive identity.

Community-based mentoring programmes and programmes with mentoring components have been found to decrease rates of Teenage pregnancy, drug and alcohol use, physical aggression, school suspension and truancy. Public/Private ventures found that mentoring relationships that were long-term (more than 12 months) and those that involved frequent meetings (at least once a week) were associated with better outcomes for adolescents.

Mentoring programmes will involve the following;

- Consultations with the adolescent girls to draw a list of mentors from family, community and school social structures.
- Parental and community engagement on importance of mentoring and promotion of planned activities.
- Orientation and skills development set around a given curriculum. Chosen mentors to educate mentees on the roles and responsibilities of mentors in adolescent well-being and development.
- Drawing up a list of discussion topics that may not be covered in school or that may need extra time or effort such as reproductive health, work, careers, study skills and goal-setting.
- Getting to know the girls' strengths, weaknesses and building on their strengths to plan activities.
- Developing ways to measure how well mentoring activities are helping girls to learn and grow.

3. Participation in school-based extra-curricular activities – such as music, dance and drama, sports and debates

The Government of Uganda through the Ministry of Education and Sports holds the annual Music, Dance and Drama (MDD) and Sports festivals for primary and secondary schools with an average of eight million children participating from 22,000 government schools. These activities provide a good platform for incorporation of social and behaviour change interventions in schools.²¹ The Physical Education and Sports (PES) policy also provides for championing social change and minority group interests among school children²² through;

1. **Teachers in collaboration:** Through this programme teachers in collaboration with their pupils and students identify and discuss the contentious issues that require re-dress to effect positive social change. They draft script key messages that are to be interpreted through music, dance and drama during the MDD and sports festivals. These scripts are shared through the school clubs. They are also incorporated into their community activities as a way to conduct social mobilisation and to ensure that each participating school fulfills their obligations at school and sub-county levels with regard to the selection of core child participants in the MDD and sports festivals from parish to national levels.
2. **Regional capacity building:** This aims at improving the quality of delivery of key messages through the school music choirs. It does so by equipping the Trainers of Trainers (ToTs) and Sports teachers with the information, education and communication techniques in MDD and sports. They in turn organise training sessions for all MDD and Sports teachers at the district level.

21 At the end of the five-year Government of Uganda-United Nations Children's Fund Country Programme 2016-2020, the result for Basic Education and Adolescent Development is set to increase in primary enrolment, retention and transition to post-secondary schools.

22 The definition of children as applied here, relates to pupils in primary school and students in secondary school.

3. **The public launch:** This announces themes for the annual MDD and sports festivals at national level by the MoESTS. The MDD and sports festival competitions then begin from the parish level at schools with an inter-colour, house or class competing against each other based on the year's theme. There is development of IEC materials that are designed by the PES technical team. These include refinement of key championship aims and objectives as well as monitoring tools.
4. **The best performers:** The best performers and teams undergo orientation aimed at equipping them with knowledge to maximize on child participation. Thereafter the best school choirs compete at the district or municipality level then at the regional level. The sports teachers utilise the sports festivals to identify and advocate talent of the best performing children. Classification of children is conducted for those that need more guidance to enhance their athletic and sports games performance.
5. **The winning regional MDD school choirs and sports teams:** The winning teams compete at national level to win the coveted winners' prizes in Kampala City. Using the experiences and knowledge gained through the various performances and games, they report to policy makers the observed need to protect and provide an enabling environment for school-based extra-curricular activities.

4. Engaging adolescents and community to work together for promotion of Education For All - The Go to School, Back to School, Stay in School Campaign (GBS)

The purpose of this activity is for school-going adolescents to get involved in reaching out to those who have fallen through the school system or have not yet joined. This is a key SBCC intervention utilised by District Local Governments (DLGs), technical departments of education, community development services and health, to create awareness and promote education for all, especially the girl-child and adolescent.

The following are the major activities/steps and areas of intervention for the GBS campaign;

- **District technical team:** Joint planning with district technical team to guide implementation of the GBS campaign. The Adolescent Coordinating Committee chaired by the District Education Office (DEO) coordinates the District Health Office (DHO) and the District Community Development Office (DCDO) to define roles and responsibilities of leadership at sub-county, and parish levels. The key messages are listed to address issues that affect educational attainment for AGs.
- **Sub-county team(s):** Social mobilisation for the community rally is conducted through radio talk shows, with district leadership sharing key messages on the benefits of education, especially to the vulnerable groups such as the girl-child, AGs and children living with disabilities. AGs club leaders attend the radio talk shows to advocate for education retention.

- **Adolescents in and out of school team(s):** Adolescent club members implement their work plans with support from club patrons, teachers, School Management Committee (SMC) and the sub-county team. The aim is to mobilise the communities to attend the GBS rally and to highlight issues that face adolescents from receiving an education. This is done through edutainment performances, sports and games where key messages are delivered on the importance of enrolment, retention and completion of education. They also conduct community and school mapping of safe and unsafe spaces around school and use these to guide implementation of their work plans.
- **Sub-county and Parish team(s):** The community rally is the mass mobilisation event that marks the climax of the GBS campaign. Held at a sub-county venue, this is where the district, community leadership and adolescent club leaders engage in discussions on the benefits of education for adolescent girls.
- **Community team(s):** Community barazas engage with the leadership in communities and schools to follow up on action points agreed to during the GBS rally. The leadership utilises this period to monitor and evaluate how the rate of enrollment is progressing in each parish and if the safe spaces for AGs are protected. They monitor at school level to assess the response of parents in relation to commitments made – during the GBS rally and community baraza and to see the number of children that have returned to school.



STRATEGY 3: PROVIDE OPPORTUNITIES FOR GIRLS' PARTICIPATION AND GIRLS' LED INITIATIVES, WITH SKILLED ADULT SUPPORT AS INFORMED BY THE CHILD PARTICIPATION STRATEGY

ACTIVITIES UNDER STRATEGY 3

1. Elevating girls' voices in local, district and national dialogues and debates

Adolescent participation can be beneficial not only to advance adolescents' rights, but also to address a range of issues affecting adolescents and their communities. While adolescent's engagement in activities that advocate for adolescent rights and influence policies that support adolescent rights is important, full participation and citizenship entails advocating for rights and responsibilities to all citizens.

Participation should have meaning and a target outcome beyond the act of participation, otherwise that participation is tokenism. It is important to recognise the value of adolescent participation and the ability of adolescents to have a positive impact on society, not just in matters that solely affect them.

It is important to recognise the value of adolescent participation and their ability to have a positive impact on society, not just in matters that solely affect them. Thus, in this category we include examples of advocacy and policy influencing in which adolescents are working to address issues that affect them and their communities. While a first step may be to get a seat at the table (i.e. have their voices heard), participation in advocacy or policy should be aimed at a desired change to affect a particular issue.

Within this area of participation, there is an *internal component* which will include;

- AGs' participation in councils and representation in government bodies
- Involvement in local development projects
- Participation in NGOs that monitor government policies.

It will also include an *external component* in which;

- Adolescents will be involved in campaigning on a particular issue
- Raising public awareness or consciousness and working to change policy/legislation from the outside.
- Use of adolescent-friendly media content disseminated through video, radio, film, newspaper or other forms of media production by adolescent people. The media will target an audience of young people, adults and especially policy makers.

2. Engaging girls in research, monitoring and evaluation

Engaging girls in research processes is quickly becoming a recognised and respected method of gathering authentic, insightful data. It is important to differentiate between engaging girls as researchers versus recruiting girls as research subjects.

To be considered meaningful engagement, girls should be given the orientation and tools to:

- Conduct interviews
- Lead focus group discussions
- Design survey questionnaires and
- Analyse results with the support and guidance of well-trained adult allies.

Participatory research methods generally speaking are an effective strategy for building strong partnerships between the researcher and the community, promoting community change and increasing the efficacy of the intervention or programme. **Adolescent friendly research approaches** like **participatory video development**, **Most Significant Change (MSC)** methodology of collecting and analyzing stories and others will be incorporated in the C4D strategy design and roll out.

With some training and simple survey tools the girls can go out into the community and collect information about a range of themes including: health services, schools, safety, and youth programmes. The multiple advantages to engaging girls as researchers include their ‘insider’ knowledge as community members and the development of the girls’ leadership and technical skills.

The process of engaging girls in evaluation is similar to that of engaging girls in research and is mutually beneficial to the girls and the programme they are evaluating. It helps to ensure that the programmes or interventions designed to impact their lives are having the desired effects. Girls can not only offer their individual insider expertise but training girls to be evaluators can also increase their sense of leadership, produce more accurate evaluative results and increase girls’ commitment to the programme.

3. Volunteering

VOLUNTEERING SHOULD MEET AT LEAST FOUR BASIC CRITERIA:

- **Is intentional:** The volunteers seek a positive and realistic goal and must have the consent of the community or population with whom the volunteer is working.
- **Is justified:** It responds to a real need of the recipient of the volunteer action. It is not entertainment or a hobby for the volunteer and it seeks to fulfill a need that has previously been identified by the community or population with whom the volunteer is working.
- **Is not mandatory:** Volunteers are not forced or coerced into participation.
- **Is not motivated solely by self-interest or profit:** The volunteers’ primary motivation is not self-benefit or gratification. However, the act of volunteering is mutually-beneficial and the volunteer will likely experience reciprocal gains through the service provided.

The concept of volunteering involves working to make a positive difference, individually or as part of a group, for the well-being of another person, a community, the environment or the society in general, without the motivation or expectation of financial profit or compensation.

While the reciprocity of volunteering is applicable to volunteers of all ages, there can be particular benefits for adolescents, including building professional and technical skills as well as leadership, teamwork and other social skills. Instead of being seen as merely recipients of services or victims, volunteering enables adolescents to be viewed positively, by members of their communities, as contributors to their societies. In addition, it enables them to build a positive self-identity and sense of empowerment.

The ***in-school and out-of-school clubs*** will serve as an entry point for the volunteer intervention. Trained adults (teachers, club patrons, parents, community leaders) will jointly design the scope of volunteering with the adolescents. Volunteering will take place with varying levels of duration and organisation. Duration can generally be placed in three categories:

- ***Formal, long-term service:*** 20 hours or more per week of service for three months or longer.
- ***Part-time volunteering:*** anything less than formal, long-term service but more than two hours per week for two months.
- ***Occasional volunteering:*** anything less than the above.

Strengths of this approach include its flexibility, sustainability and structure. It has the potential to involve many adolescents through the varying levels of duration and organisation, as it can easily be adapted to meet the needs and interests of a particular group. The intervention can be designed according to the target population in terms of length and intensity of the experience, issue and/or areas addressed and level of structure. It has the potential to meet critical community and national needs while building solidarity among participants and community members and helping to bridge ethnic, socioeconomic and religious differences.

The key interventions will include:

- Meetings to ensure girls' participation in multiple phases of the intervention. These will range from formative research to training of peer educators and implementation of adolescent-led community-based voluntary activities and advocacy in order to promote girls' ownership of and investment in the intervention.
- Engagement with additional community members, including parents, gatekeepers, and trusted adults who were nominated as "guardians" by the school and other intervention participants, thereby demonstrating that they understood girls' support systems.
- Capacity building of adolescents on importance of participation, citizenship, leadership and volunteerism, as a part of the skill development component.
- Training of school teachers and club patrons in running a volunteer intervention.
- Setting standards for AGs' engagement, including ethical considerations that must be made when working with minors and that need additional care. This included a process of parental consent and adolescent agreement to participate.

- Joint meeting through in-school and out-of-school clubs and involvement of adolescents, teachers, club patrons, mentors and community and district government, to agree on key activities to be undertaken by the adolescents and with support from the above-mentioned adult supervisors.

Development of a joint action plan per in-school and out-of-school club based on the criteria defined in the box below.

CRITERIA AND PROMISING PRACTICES IN VOLUNTEERING

There are several promising practices and elements of successful programmes in each programme area that can help guide practitioners as they look for effective ways to engage adolescents. **Innovations in Civic Participation (ICP) and UNICEF** have identified the following elements of successful volunteering programmes with adolescents:

- **Democratic input and opportunities for adolescent leadership:** To obtain the best ideas and highest level of commitment, the programme needs a balance of coordination and democratic input from community members, staff and adolescents regarding policies and goals. The chance to develop leadership skills is an important learning experience that can empower adolescents and prepare them for future success.
- **Value of the service work:** Projects and programmes need to be carefully designed to build on existing skills of participants while also responding to identifiable community needs. Adolescents can be engaged in the process of identifying needs in collaboration with the community.
- **Training, support and supervision:** Adolescents must be prepared for their service to enable them to tie the experience to learning and skills development and to also have the requisite knowledge and skills to perform assigned tasks. Young people must be supported and supervised throughout the programme for positive feedback and to address issues when necessary.
- **Diversity:** Opportunities for participation should be made available to all young people so there is no stigma attached to participation, even if there are different programme designs for different segments of the adolescent population.
- **Recognition:** Programmes should reward adolescent participation through offering adolescents with resources such as skills development and training, as well as a certificate and/or celebration to attest to successful programme completion.

4. Use of ICTs, SMS and Internet

New ICTs have advanced in unprecedented ways over the past decade. They are increasingly driving and supporting community level changes as well as local, national and global economies and international development efforts. ICTs can contribute to C4D work in many ways, for example they can enable adolescents to;

- Amplify their voices and ideas.
- Access information on key areas for adolescent well-being and development (e.g. life skills, financial literacy).
- Develop skills needed to successfully enter the labour market.
- Build social networks, connect with their peers and join efforts to end gender based violence, exploitation and abuse.

ICTs can also help C4D efforts to improve service delivery and to help build more enabling environments for children and adolescents to realise their rights.

ICTs hold great potential for ensuring that the C4D principles of inclusion, participation, dialogue and empowerment are built into development programming from the beginning. But the question remains whether they are the right channel for working with marginalised AGs and their communities, given that the most marginalised may also be the least likely to access ICTs.

In our review and analysis of C4D programmes that used new ICTs with a focus on marginalised AGs, we found that ICTs can be an important addition to C4D work for three main reasons:

- Connection, engagement and agency
- Access to knowledge
- Social accountability; improved governance and service delivery

Approaches as below will be used both in and out of school to engage adolescents;

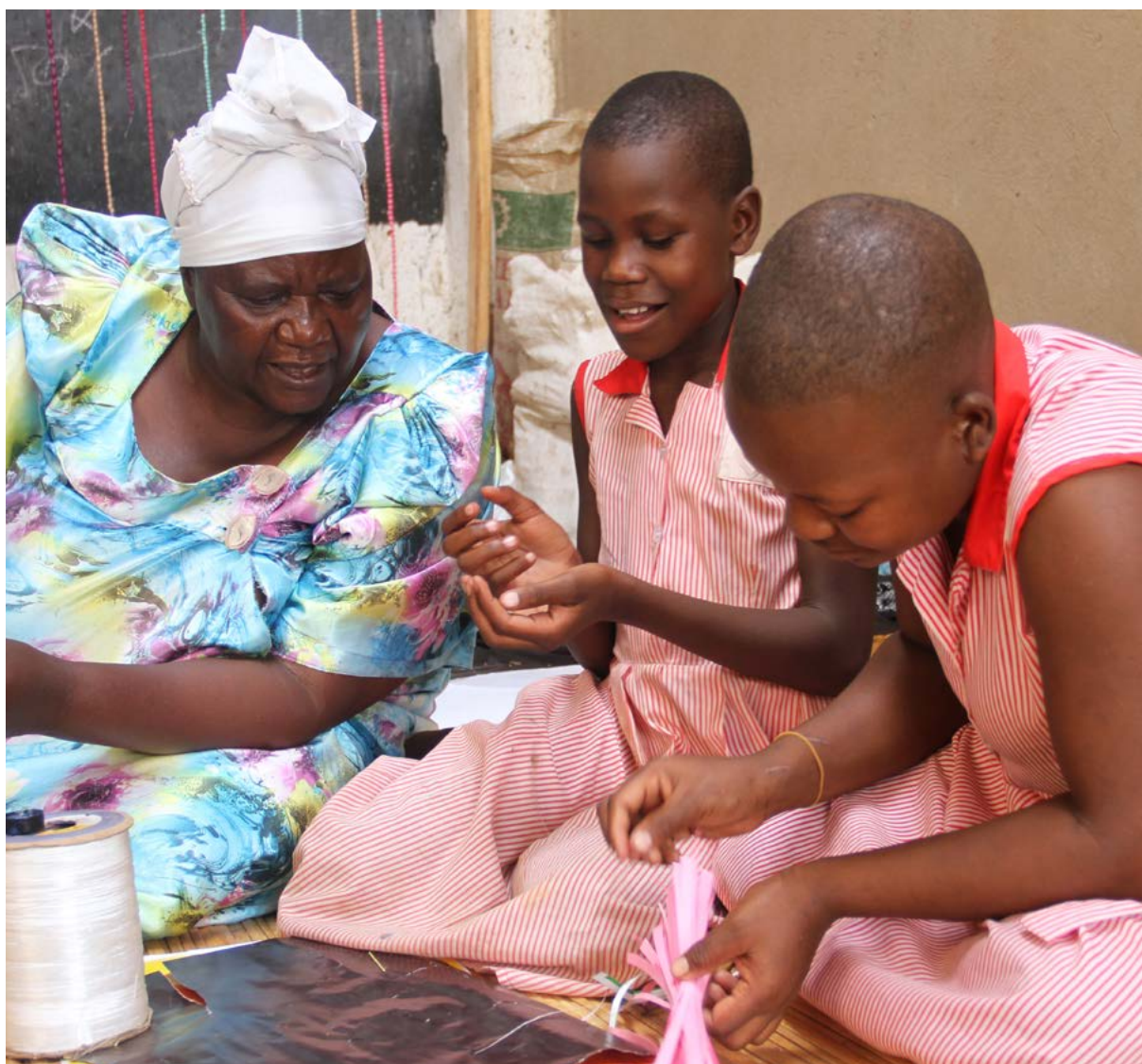
- Use of online platforms to access information on areas of adolescent well-being and development; **Internet of Good Things** and **YouTube**
- Platforms to amplify their voices and give input on key policy issues. e.g., U-Report
- Use of a participatory approach involving the arts, media, mapping and new ICT tools to engage adolescents in community-level identification of community assets and vulnerabilities (i.e. safe and unsafe spaces) with a focus on child rights, child protection and gender.
- Hands-on learning and media production to engage adolescents and community leaders in exploration of core topics and community issues.
- Use of media products to advocate with community leaders for change and budget allocation to address issues identified.
- Communication technologies that will be used include: video, audio (dictaphones), radio, computers, internet, and digital mapping equipment (Global Positioning System (GPS) handsets, Open Street Map).

- Communication channels: school and community meetings, community newspapers, community radio, community showings of films, local radio stations, audio Cassette Discs (CDs) national television opportunities, maps available through the Open Street Map site.

TABLE 14: THE SOCIAL ECOLOGICAL MODEL AND EMPOWERMENT OF ADOLESCENT GIRLS

| THE SOCIAL ECOLOGICAL MODEL AND EMPOWERMENT OF ADOLESCENT GIRLS |
|---|
| At <i>the individual level</i> , an empowered adolescent girl has developed a positive self-image, is sure of herself and values her capacities. On that basis, she sets the terms of her relationships to others and to her environment. |
| At <i>the interpersonal and family level</i> , an empowered adolescent girl develops her social skills, first through interaction with her family members and subsequently in the wider environment of the school community. Through the ensemble of these interactions, she strengthens her identity and self-esteem. |
| At <i>the social and community level</i> , empowered adolescent girls seek to participate in and become productive members of their communities. They need income, educational and work opportunities that help them develop a sense of responsibility. Communities in turn, should provide conditions in which this participation can take place, to the benefit of both the individual and the collective society. Access to health services enables adolescent girls to obtain information that helps them enjoy healthy lives and healthy sexuality. This in turn facilitates their contribution to society. |
| At <i>the political level</i> , empowered adolescent girls gradually gain the capacity to participate in decision making regarding health, community life and development in general. They become recognised as important assets for their communities and for their country's future. |
| At <i>the legal level</i> , empowered adolescent girls know and defend their rights, including inheritance rights. They struggle for better and wider economic, educational and health opportunities; and they denounce discrimination and abuse of women and advocate for laws that eradicate gender based violence and promote human rights. |

PARENTAL ENGAGEMENT – BEHAVIOUR CHANGE COMMUNICATION AND SOCIAL MOBILISATION



OBJECTIVE

By 2020 parents, guardians and caregivers demonstrate positive behaviour towards adolescent well-being and development by; engaging girls in decision-making at home, prioritising girls' education, condemning and reporting all forms of violence against girls (i.e., child marriage, teenage pregnancy, HIV/AIDS, defilement, rape, FGM/C) and facilitating access to adolescent friendly health and other services.

Why Parenting?

Evidence²³ shows, that a positive, stable, emotional bond between parents and adolescents is an important protective factor for adolescent well-being and development (*See Chapter 2 on ToC*). Parents, guardians and caregivers are a powerful influence in the lives of their adolescents. Studies find that supportive relationships with both mothers and fathers are linked with lower risk of substance abuse, depression and delinquency—as well as with higher levels of self-reliance, better school performance, and successful future relationships.²⁴

What is parenting?

Parenting is one of the major skills which influence the development of the child, but often across different cultures. Parents are expected to pick up these skills by themselves. These skills are universally accepted roles of adults within families. In fact, parenting is both a commitment and a responsibility towards bringing up children.

Parenting as an outcome-driven activity is not just a pleasurable deed i.e. something from which a parent derives happiness and fulfillment. It includes a variety of day-to-day interactions which have the potential to deplete one's energy and cause strain and stress in a parent-child relationship, as well as between the two parents and across other family members. When it comes to adolescent children, parents, guardians and caregivers go through a mixed emotional, cognitive and behavioural struggle.

Parenting Programmes:

Successful parenting programmes offer a balance of information, skills, support and resources. Parents generally need information about general 'adolescent development' but often they also need to know about specific issues such as sexual and reproductive health. In addition to information, they also need to know how to use this information, where to go for help, and how to balance parenting with the other demands of their lives.

In recognition of these needs, most parenting programmes incorporate the three components in parenting interventions;

- **Awareness raising and knowledge:** Providing parents with critical information on adolescent well-being and development; adolescent physical, emotional and mental development, sexual and reproductive health, violence including sexual and gender based violence (FGM/C, CM, rape, defilement etc.); and teenage pregnancy.
- **Skills development:** Such as monitoring and control, role modeling, mentoring, communication skills such as talking with adolescents about sex, listening to adolescents' concerns, or talking without shouting etc.
- **Provision of support:** Most parenting interventions emphasise parents' need for emotional and/or logistical support, either providing or referring parents to community organisations/ individuals for support.

23 Daly, Mary, et al, Family and Parenting Support: Policy and Provision in a Global Context, Office of Research-Innocenti, United Nations Children's Fund, 2015,

24 Terzian, Mary, et al., Preventing multiple risky behaviours among adolescents: seven strategies, September 2011



STRATEGIES

Key Strategies using different C4D approaches:

In the context of development programming, ‘Parenting interventions’ are often more than **parental education, in fact most successful programmes are** accompanied by a robust **parental support engagement strategy**.

The C4D strategy will be supporting parental engagement under the parenting intervention through the following 3 approaches;

TABLE 15: KEY STRATEGIES FOR PARENTAL ENGAGEMENT USING DIFFERENT C4D APPROACHES

| STRATEGIES/INTERVENTIONS | C4D APPROACH |
|--|--------------------------------------|
| 1. Support awareness raising and development of parenting skills | Behaviour Change Communication (BCC) |
| 2. Build support networks to provide parents with a platform where they can dialogue and support each other on parenting issues and matters of mutual or common interest | Social mobilisation |
| 3. Engage parents in advocacy on matters affecting families, children, parenting, education and social services | Social mobilisation |

1 Strategy 1: Support awareness raising and development of parenting skills

Knowledge is a key component of any strategy looking to shift attitudes and practices of parents (See Chapter two on ToC). Behaviour change or behaviour development approach needs to address a balance of three areas: knowledge, attitude (social norms etc.) and skills.

Evidence from Uganda and other countries suggest that poor parenting practices are often a result of a knowledge and skills deficit, combined with ‘some’ prevailing social norms related to parenting. Both awareness raising and skills development interventions are opportunities for addressing key social norms that are a barrier to positive parenting practices. Under the **knowledge** component, parents will be provided updated information and evidence related to adolescent development issues including risks and protective factors (consequences of poor participation, school dropout, teenage pregnancy, CM, SGBV, substance abuse etc.). Evidence on key social and gender norms will also be shared. Under the **parenting skills development** component, a range of critical skills required to effectively parent an adolescent will be taught, both in formal and informal sessions. The skills session will incorporate knowledge on the changes during adolescence and the respective skills and competences required by parents to respond to those changes.

2 Strategy 2: Build support networks to provide parents, guardians and caregivers with a platform where they can dialogue and support each other on parenting issues and matters of mutual or common interest

Befriending and mobilising community support can also be an important mode of parenting support. Parenting support will not only re-educate parents but it will also offer parents peer support in their child-rearing and educating roles. It will further offer information and advice on how to engage with the education system and other public services in a manner that enhances their children's social integration (Martin, 2012; Pioli, 2006).

Enabling networks and networking among parents is both a goal and a *modus operandi* (mode of operation). There are examples of provision of centres or forums in Uganda through the Early Childhood Development (ECD) programmes for parents to gather and build mutually supportive networks. Parents' places (i.e., local community-based information and service centers (including recreational services), will be promoted through this component. This is consistent with the tradition in Uganda of communal approach to child-rearing. Networking and generating social support may also seek to counter the discrimination or stigma that certain families are faced with.

There are two overview points to make about parenting support at this stage. First, one notable commonality amid all the variations is that, mothers are the main recipients of the parenting support provisions. This has been the subject of considerable discussion and critique (Molyneux, 2008; Jenson, 2010; Lopreite and Macdonald, 2014). The focus on mothers has been highlighted as one of the ways in which parenting support interventions may underplay the structural and other contextual factors that affect individual children, parents, families and communities (Richter and Naicker, 2013). There is a strong sense in them of reinforcing traditional gender roles. Hence, the strategy will ensure that efforts are being made to engage fathers by using platforms and activities that are appealing to both genders. This father-focused endeavour builds on the concept of shared responsibility for parenting.

3 Strategy 3: Engage parents, guardians and caregivers in advocacy on matters affecting families, children, parenting, education and social services

Parents can play a very important role in advocating for their AGs. Advocacy skills will be imparted through the various C4D activities like community orientations and skills building. There is no right or wrong way to be an advocate for a child. Advocacy efforts and initiatives should be individualised to community, parish or district and on the particular issues, circumstances and needs within the family. Advocacy is also hard work. Even when people want to help and are willing to listen, it takes time and energy to change the system. But when it works, and it often does, the outcome is clearly worthwhile and builds parents' ownership and commitment to the programme.




ACTIVITIES

TABLE 16: MAJOR ACTIVITIES IN SUPPORT OF PARENTAL ENGAGEMENT STRATEGIES

| STRATEGIES | ACTIVITIES |
|--|---|
| STRATEGY 1: Support awareness raising and development of parenting skills | <ol style="list-style-type: none"> 1. Orientation sessions with parents, guardians and caregivers to build knowledge on key adolescent development issues and increase demand for services 2. Parenting skills development sessions to increase key competencies 3. Radio listener groups for parents, guardians and caregivers. |
| STRATEGY 2: Build support networks to provide parents, guardians and caregivers with a platform where they can dialogue and support each other on parenting issues and matters of mutual or common interest | <ol style="list-style-type: none"> 1. Build parental support networks among parents, guardians and caregivers a and increase parental participation in SMCs and other platforms 2. Support home visits 3. Send information to homes |
| STRATEGY 3: Engage parents, guardians and caregivers in advocacy on matters affecting families, children, parenting, education and social services | <ol style="list-style-type: none"> 1. Participation in community barazas 2. Parental participation in school and community-based events. |

STRATEGY 1: SUPPORT AWARENESS RAISING AND DEVELOPMENT OF PARENTING SKILLS

ACTIVITIES UNDER STRATEGY 1

- 
1. Orientation sessions with parents, guardians and caregivers to build knowledge on key adolescent development issues and increase demand for services

These activities will be implemented through home visits, school-based and community sessions using IPC involving Probation Officers, Community Development Officers (CDOS), Village Health Teams (VHTs), Parish Development Committees (PDCs), mentor teachers, CSOs, FBOs and other volunteers. As stated above, the primary target group are parent, guardians and caregivers include grandparents, aunts and other members of the family. To ensure these sessions address gender norms that pose structural barriers to AGs' development, efforts will be made to engage both men and women equally in awareness raising sessions. A major focus of this intervention will be parental motivation to engage in AGs' activities

An integrated package of IEC materials will be used to orient parents, guardians and caregivers focusing on linkages between different priority practices (e.g. dropping out of school, teenage pregnancy, CM, HIV/AIDS). IEC materials in addition to being used in individual and group counseling sessions will also be used for training purposes. Gender equity (gender relations, gender stereo types, role of patriarchy etc.), will be a key area for building knowledge and awareness for parents, guardians and caregivers .

This component will entail focus on the following;

- Development of IEC materials to support orientation sessions.
- Capacity building of Probation Officers, CDOs, VHTs, PDCs, Mentor Teachers, CSOs, FBOs and other volunteer mentors on adolescent-related issues and systematic community engagement (C4D).
- Family, school and community-based activities.

2. Parenting skills development sessions to increase key competencies

Parenting education will be one of the key interventions to be supported by the C4D strategy. Since parenting skills curricula draw on elements found to be particularly effective in changing parenting behaviour and attitudes, C4D will have a prominent role in technical guidance on this component. The C4D support during these sessions will specifically focus on communication skills, which are often mainstreamed in each session of parenting skills. Monitoring parental motivation and possible shifts in attitude, intention and practices, will be another area especially focused on through the C4D.

Support will be provided to both formal education programmes rolling out the standardised curriculum (MoGLSD, MoH and CSOs), delivered in packages of 8 to 12 sessions and informal orientation sessions offered by a variety of partners (MoES and CSOs through SMCs, forums with parents and adolescents through school clubs) and community events (MoGLSD, CSOs, FBOs).

PARENTING SKILLS CURRICULA DRAW ON THE FOLLOWING ELEMENTS FOUND TO BE PARTICULARLY EFFECTIVE IN CHANGING PARENTING BEHAVIOUR AND ATTITUDES:

1. Teaching positive parent–child interaction skills.
2. Increasing emotional and empathetic communication skills.
3. Helping parents, guardians and caregivers to support problem-solving skills and children’s healthy choices.
4. Teaching parents non-violent discipline strategies.
5. Psychosocial support for parents and children.

Both formal and informal sessions will teach parents, guardians and caregivers about adolescent development and offer the opportunity to reflect upon and alter their parenting beliefs and practices. C4D support will be especially useful.

Among the main outcomes targeted by these programmes are the promotion of positive discipline, the improvement of parent–adolescent relationships and the reduction of adolescent mis-treatment and related risks. Some of the key competencies to be rolled out through the parenting skills components mentioned in the box will entail parent, guardians and caregivers performing the 5 essential roles mentioned below.

LITERATURE REVIEW REVEALS THAT EFFECTIVE PARENTING INVOLVES PARENTS, GUARDIANS AND CAREGIVERS DISPLAYING THE FOLLOWING FIVE ESSENTIAL COMPETENCIES²⁵:

i Love and connection: Adolescents need parents, guardians and caregivers to develop and maintain a relationship with them that offers support and acceptance while accommodating and affirming the adolescents' increasing maturity. Studies find that supportive relationships with both mothers and fathers are linked with lower risk of substance abuse, depression and delinquency—as well as with higher levels of self-reliance, better school performance and successful future relationships. The challenge for parents, guardians and caregivers is to provide this support at the same time that adolescents are working to establish their own values and identities—efforts that often manifest as increased criticism, emotional distancing and withdrawal from family activities.

ii Monitor and observe: A number of studies link the seemingly simple act of monitoring the whereabouts and activities of adolescents to a lower risk of drug and alcohol use, depression, early sexual activity, victimisation and delinquency. As adolescents move into a larger world, there is more to monitor than ever before—yet parents, guardians and caregivers of adolescents must balance supervision with respect for their adolescents' need for privacy. As a result, monitoring adolescents increasingly involves less direct supervision and more communication, observation, and networking with other adults. **Monitoring a few specific areas has been shown to be particularly effective:**

- **School progress and environment**—paying attention to grades and behaviour is associated with better academic achievement and fewer disciplinary problems.
- **Physical and mental health**—watching for signs of depression and other problems in adolescents is important since rates of suicide and mental illness keep rising till adulthood during these years.
- **After-school whereabouts, friendships, and peer activities**—keeping tab on what adolescents are doing and when is related to lowering rates of drug and alcohol use, teenage pregnancy, and delinquency.

iii Guide and Limit: Adolescents vigorously question rules and limits as they struggle to achieve a sense of identity, apply abstract reasoning and develop more mature relationships. However they still need parents, guardians and caregivers to uphold boundaries and maintain family values. The challenge for parents is to set limits in ways that acknowledge and encourage their adolescents' own decision-making and problem-solving skills. Two key parenting principles emerge from the research:

²⁵ Simpson R, 'Helping parents in developing countries improve adolescents' health: Report by leading researchers and practitioners from around the world', World Health Organisation, 2006.

- **Combine rules and expectations with respect and responsiveness:** Parents, guardians and caregivers need to set limits that allow adolescents to develop and maintain their own opinions and beliefs. Parents, guardians and caregivers also need to explain the reasoning behind rules.
- **Combine firmness and flexibility:** While the relative emphasis on firmness varies within families, all adolescents need the experience of negotiating rules and resolving conflicts with parents, guardians and caregivers. This should be done in ways that are respectful to both parties.
- Adolescents who feel parents, guardians and caregivers have consistently violated their individuality through disrespectful, controlling or manipulative actions (referred to in the literature as “psychological control”) have significantly higher rates of problem behaviour. Physical punishment also has been associated with a number of negative effects—including rebellion, depression and physically aggressive behaviour.

iv Model and consult: While adolescents are influenced by a growing circle of adults and peers, during adolescence, parents, guardians and caregivers remain surprisingly influential. Research has found that the values and beliefs that adolescents hold on such major issues as morality and politics tend to be similar to those of their parents, guardians and caregivers. In addition, adolescents whose parents, guardians and caregivers model appropriate behaviour have better skills and attitudes regarding academic achievement, employment, health habits, individuality, relationships, communication, coping and conflict resolution. Research also indicates that parents, guardians and caregivers who have a stronger connection to their adolescents tend to have more influence on the adolescents’ decisions as do parents, guardians and caregivers who choose ways of conveying their ideas that are respectful of their adolescent’s growing maturity in thought and action.

v Provide and advocate: The idea that children have the right to adequate food, clothing, shelter and healthcare—and that parents, guardians and caregivers have a responsibility to provide or advocate for these basic needs—is widely shared across cultures. Less widely recognised is the concept that adolescents also need parents, guardians and caregivers to help them seek out resources, guidance, training and support within the community that will prepare the child to enter a widening world. For parents, guardians and caregivers the challenge is to accomplish these tasks in the face of barriers such as family poverty, racism, oppression, unemployment, domestic violence, and a lack of community resources. It helps for parents, guardians and caregivers to collaborate with adolescents in addressing the problems they face. Mentoring can also be a significant means of providing adult support, guidance and training.

3. Radio listener groups for parents, guardians and caregivers

A radio talk show and a listeners' group for parents, guardians and caregivers on the same theme as the adolescents will be organised so the lessons on life skills will be reinforced through a nation-wide network of listeners' clubs. Moreover, this gives the opportunity to parents, guardians and caregivers to discuss their problems with the help of a facilitator. The network of parents' listeners' clubs, covering both rural and urban parents, guardians and caregivers will be set up through support with partner CSOs. It will reach out to the most marginalised and poorest communities.

The show will be hosted by trained hosts, a man and woman and will be interactive, with parents, guardians and caregivers deliberating on issues related to parental/adolescent relationship and family functioning. It will include;

- Recruiting a team of producers through partnership with NGOs and media partners to design a format appealing to parents, guardians and caregivers in Uganda.
- Each episode will include music, discussion between a male and female host and a call-in opportunity.
- Story lines will mirror real life issues such as a quarrel next door, boy-girl relationships, parental monitoring and respect for adolescent autonomy among others. This will lead parents, guardians and caregivers and adolescents into a process of self-reflection and self-discovery. Woven into the story lines will be analysis and orientation towards common problems among adolescents e.g. inertia, escapism, getting stuck with frustrations and peer pressure that often drive young people into high-risk behaviour especially substance abuse.
- Keeping in mind the nature of parenting, the central approach of the intervention will emphasise non-judgmental facilitation, allowing parents, guardians and caregivers opportunities for reflection and discussion without putting them off with “do’s” and “do not’s”.
- Interaction with listeners during the listener groups will act as audience feedback that will be used to fine-tune the chat and discussion points in later episodes.





STRATEGY 2: BUILD SUPPORT NETWORKS TO PROVIDE PARENTS, GUARDIANS AND CAREGIVERS WITH A PLATFORM WHERE THEY CAN DIALOGUE AND SUPPORT EACH OTHER ON PARENTING ISSUES AND MATTERS OF MUTUAL OR COMMON INTEREST

ACTIVITIES UNDER STRATEGY 2

-  1. Build parental support networks among parents, guardians and caregivers and increase parental participation in SMCs and other platforms

School Management Committees (SMCs) can serve as a major platform for parental networking and support. These platforms not only directly benefit ‘In school’ AGs but can change and shift parental and community attitudes towards alternative roles for AGs in general (prioritisation of girls’ education, eliminating child marriage and Teenage pregnancy etc.), leading to better outcomes for AGs both ‘in’ and ‘out’ of school. In addition to building skills, building support networks both for AGs (i.e., in-school and out-of-school clubs) and parents, guardians and caregivers (i.e., SMCs and community centres) is a cornerstone of the C4D strategy. Sustaining parental engagement and attendance in SMCs is always a challenge. The C4D strategy aims to focus on targeted interventions to both increase the number of parents, guardians and caregivers who attend the SMCs and enhance their active engagement in SMC activities.

Faith Based Organisations (FBOs) are important actors and have demonstrated leadership in regard to family and parenting support in Uganda. The platforms used, include places of worship and community groups; mothers,’ fathers’ and youth groups. FBOs will play a key role in providing parental support platforms.

Civil Society Organisations (CSOs) run a wide variety of parenting support programmes and offer many community platforms and groups.

The mobilisation sessions envisaged will typically target 50 to 100 participants (teachers, parents and local community members). Separate events for men and women will be organised depending on the context and cultural norms in that district.

A variety of techniques will be used to get the message across i.e. story-telling, brief lectures, picture-led discussions, brainstorming and religious references to sensitise community members on adolescent related issues with a specific focus on girls' education. Furthermore, these sessions will enhance the understanding of the need and importance of parental and community participation in SMCs. Benefits highlighted will include, shared experiences with other parents, guardians and caregivers (stress management, specific issues related to relationship between adolescents and other family members), support from teachers and other experts for referral of specialised services e.g. psychosocial support from probation officers, health checks etc.). Other benefits include developing relational management competencies with regard to dealing with their adolescents in a more effective manner.

2. Support home visits

Visiting the homes of the girls in the programme on a one-on-one basis is another way of both building relationships with parents, guardians and caregivers critical adults as well as understanding the girls' home environments. Home visits are some of the best ways to strengthen relationships with parents, guardians and caregivers but the major drawback is that they are quite time consuming. There is also an added risk of entering into some uncomfortable family dynamics in the home for instance, the father might be drunk or members of the family might demand certain things in return for a girl's participation.

Hence, it is important that this strategy builds on existing programmes and trained service providers like psychosocial support through probation officers.

3. Send information to homes

Sending information to homes is another way of supporting parents, guardians and caregivers. This may include a simple letter or flyer informing them of upcoming activities, trainings, field trips and other opportunities that they can benefit from. Receiving information on key services like psychosocial support and health clubs is also a good display of parental support.



STRATEGY 3: ENGAGE PARENTS, GUARDIANS AND CAREGIVERS IN ADVOCACY ON MATTERS AFFECTING FAMILIES, CHILDREN, PARENTING, EDUCATION AND SOCIAL SERVICES

ACTIVITIES UNDER STRATEGY 3

1. Participation in community barazas

Community advocacy forums (or barazas) were initiated by the Government of Uganda in 2009, to act as platforms for enhancing information sharing between policy makers, development partners and target audiences of public goods and services. Barazas provide the opportunity for citizens to pose questions to their leaders and deliberate among themselves, ultimately contributing to effective monitoring, accountability and transparency among all stakeholders.

Parental mobilisation and capacity building activities will promote active participation in community barazas. The purpose will be for parents, guardians and caregivers to hold themselves and other duty bearers accountable for delivery of quality services to adolescents. The parental engagement will also be a huge boost to adolescent participation in these barazas and will give strength to their 'voice' and concerns.

2. Parental participation in school and community-based events

School and community-based events are a great opportunity for parents, guardians and caregivers and care-givers to share their views and have their voices heard regarding issues related to their children and adolescents. Schools bring together parents, guardians and caregivers, adolescents and other stakeholders (community and district leaders) on special days and events. These days are characterised by debates and dialogue on pertinent issues and are an excellent opportunity for parents, guardians and caregivers to express their opinions. Similar events are held in communities by a variety of stakeholders to celebrate special days (i.e. Day of the African Child, International Youth Day, International Day of the Girl Child, National Day of Prayer and Convention on the Rights of the Child). These events are another important opportunity for parents, guardians and caregivers to have their voices heard by addressing teachers and local leaders and asking questions regarding the programme to ensure their concerns are heard.

ADVOCACY IDEAS FOR PARENTS, GUARDIANS AND CAREGIVERS

- Use the Media. Write letters to the editor and/or op-ed pieces on child mental health issues. Meet with local reporters covering healthcare topics. Suggest story ideas to local TV stations.
- Work with local professional organisations. Psychiatrists, psychologists, social workers, nurses, and mental health counselors are natural allies with a common advocacy agenda.
- Coordinate efforts on issues such as parity, funding for mental health services, managed care oversight, etc. Professional organisations may also have access to resources, including funds for lobbying and/or public education initiatives, from their national associations.
- Talk to other parents, guardians and caregivers. Seek out and join local parent support groups. If none exist, consider starting one. Develop an email 'list' to facilitate communication.
- Circulate articles, information and suggestions about local resources.
- Attend local, district, national events for parenting and advocacy meetings. Such meetings provide information, ideas, camaraderie and support. Sharing experiences with other parents, guardians and caregivers is both helpful and empowering.
- Aim for and celebrate incremental victories and accomplishments.
- Persevere! Remember, advocacy is an ongoing process!

To understand the relationship between parents, guardians and caregivers and their adolescent girls (and boys who are involved as peer support) there is need to document this relationship. Below are indicators to measure parenting skills through interviews of adolescent girls.

TABLE 17: INDICATORS TO MEASURE PARENTING SKILLS THROUGH ADOLESCENT INTERVIEWS²⁶

| BEHAVIOURS TO ENCOURAGE | BEHAVIOURS TO DISCOURAGE |
|--|--|
| <p>CONNECTION</p> <p>Father/Mother</p> <ol style="list-style-type: none"> 1. supports and encourages me 2. gives me attention 3. shows me affection 4. praises me 5. comforts me 6. respects my sense of freedom 7. understands me 8. trusts me 9. gives me advice and guidance 10. provides for my necessities 11. gives me money 12. buys me things 13. has open communication with me 14. spends time with me 15. supports me in my school work | <p>PSYCHOLOGICAL CONTROL</p> <p>Father/Mother</p> <ol style="list-style-type: none"> 1. ridicules me or puts me down (e.g. saying I am stupid, useless etc.) 2. embarrasses me in public (e.g. in front of my friends) 3. does not respect me as a person (e.g. not letting me talk, favouring others over me, etc.) 4. violates my privacy (e.g. entering my room, going through my things etc.) 5. tries to make me feel guilty for something I have done or something she/he thinks I should do 6. expects too much of me (e.g. to do better in school, to be a better person e.t.c.) 7. often unfairly compares me to someone else (e.g. to my brother or sister, to him/herself) 8. often ignores me (e.g. walking away from me, not paying attention to me) |
| <p>BEHAVIOURAL CONTROL</p> <p>Mother/Father tries to know/knows:</p> <ol style="list-style-type: none"> 1. who my friends are 2. where I go at night 3. how I spend my money 4. what I do with my free time 5. where I am, most of afternoons after school. | |

Source: *Helping parents in developing countries improve adolescent health*, WHO 2007, page 15

²⁶ WHO; *Helping parents in developing countries improve adolescent health*, page 15, 2007

COMMUNITY ENGAGEMENT – SOCIAL MOBILISATION



OBJECTIVE

By 2020 Communities (community/ religious cultural leaders) value alternative economic and social roles for AGs and promote girls' education, Sexual and Reproductive Health (SRH) and shun all forms of violence against girls.


Why community engagement?

Research shows that adolescents who live in safe, supportive communities are less likely to use drugs, exhibit aggressive behaviour, commit crimes and drop out of school. Several neighbourhood and community influences have been found to be important when considering adolescent outcomes. Neighbourhood characteristics, such as safety and levels of violence or crime have a direct effect on developmental outcomes for adolescents. For instance, greater exposure to community violence is associated with more symptoms of depression. Research has shown that the effectiveness of parenting practices varies by neighbourhood conditions and community contexts. Hence, community engagement to make communities safer and secure for adolescents is a well-documented priority. Moreover, community engagement is imperative for shifting many harmful social and gender norms prevalent in Uganda.

What is community engagement?

Community engagement is defined as, a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to active change.

TABLE 18: LEVEL OF IMPACT, TRUST AND COMMUNICATION FLOW WITHIN THE COMMUNITY

| Increasing Level of Community, Impact, Trust and Communication Flow  | | | | |
|---|---|--|--|---|
| OUTREACH | CONSULT | INVOLVE | COLLABORATE | SHARED LEADERSHIP |
| <ul style="list-style-type: none"> Some community involvement. Communication flows from one to the other, to inform. Provides community with information. Entities coexist. Outcomes: optimally, establishes communication channels and channels for outreach. | <ul style="list-style-type: none"> More community involvement. Communication flows to the community and then back answer seeking. Entities share information. Outcomes: develops connections. | <ul style="list-style-type: none"> Better community involvement. Communication flows both ways, participatory form of communication. Involves more participation with community on issues. Entities cooperate with each other. Outcomes: visibility of partnership established with increase cooperation. | <ul style="list-style-type: none"> Community involvement. Communication flow is bidirectional. Forms partnership with community on each aspect of project from development to solution. Entities form bidirectional communication channels. Outcomes: partnership building, trust building. | <ul style="list-style-type: none"> Strong bidirectional relationship. Final decision making is at community level. Entities have formed strong partnership structures. Outcomes: broader health outcomes affecting broader community. Strong bidirectional trust built. |

STRATEGIES

Key Strategies using different C4D approaches:

Social mobilisation will be the key C4D approach driving community engagement and will employ the following strategies to ensure key stakeholders and gatekeepers are mobilised in support to the AGs' development and participation programme.

TABLE 19: KEY STRATEGIES FOR COMMUNITY ENGAGEMENT USING DIFFERENT C4D APPROACHES

| STRATEGIES/INTERVENTIONS | C4D APPROACH |
|--|---|
| 1. Build community leaders knowledge and capacity to make communities safe and supportive for adolescent girls (communities that care) | Social mobilisation and capacity building |
| 2. Mobilisation of religious leaders to raise awareness on key practices | Social mobilisation |
| 3. Engage men and adolescent boys in the community to serve as change agents | Social mobilisation |

1 Strategy 1: Build community leaders' knowledge and capacity to make communities safe and supportive for AGs (communities that care)

The focus of this strategy will be on coalition building with community leaders. The process will provide an opportunity to build knowledge and capacity of leaders to positively alter the social, cultural and gender norms and physical environment (i.e., better lighting, cutting of bushes, chaperoning of younger adolescents, ensuring walking paths to school are safe etc.). This strategy also recognises that the concept of 'Safety' is a good entry point for discussion on more sensitive issues like VAC, physical and sexual abuse etc. The strategy aims to build on Uganda's existing social norms around '*shared responsibility for child rearing*' and engage community leadership in taking an active role in reducing risks posed to AGs' safety and security in their respective communities. This entails an *inter-generational dialogue* between communities and adolescents on many sensitive issues concerning their well-being and requires community-wide action and resolution of these issues. The roll out of this strategy will result in each community developing its own action plan for making communities safe and secure for adolescents with clearly defined roles and responsibilities for each duty bearer.

2 Strategy 2: Mobilisation of religious leaders to raise awareness on key practices

This strategy aims to engage religious leaders and FBOs to actively mobilise their congregations, using their vast infrastructure across Uganda in support of AGs' well-being and development. FBOs have a long history of supporting development projects to shift key societal norms and practices impeding the development of Ugandan men and women. Their contribution to HIV prevention, Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) including immunisation is well recognised.

It is in recognition of their critical role that the First Lady of Uganda has included the IRCU in the multi-sectoral task force on AGs. There is no doubt that religion plays an important part in peoples' lives and indeed 98 per cent of Ugandans belong to one religion or the other. This potential, however, has not yet been fully tapped as religious leaders themselves lack knowledge and capacity to promote key issues related to adolescent well-being and development. This is a huge lost opportunity since they interface and talk to huge audiences in their respective congregations and parishes.

3 Strategy 3: Engage men and adolescent boys in the community to serve as change agents

Men are critical players in decision-making regarding major adolescent development practices, e.g. in contraceptive use, Sexual and Gender Based Violence (SGBV) etc. However, despite recognition of the urgent need for male involvement, both globally and at the national level, there is still a gap in engagement of this critical target group.

The C4D strategy aims to use gender *transformative* (that confronts and transforms gender norms) and *gender sensitive* (that is aware of the gender norms in a specific context and how these impact gender relations and decision-making) approaches to engage both men and boys in AGs' well-being and development.

THE FIVE PHASES OF SOCIAL MOBILISATION FOR COMMUNITY ENGAGEMENT;

- **Building rapport and sharing knowledge:** Partners organise meetings and activities to understand one another, determine commonalities and share knowledge and perspectives with regard to the problem that will be addressed.
- **Problem analysis and action plan:** Partners conduct exercises to analyse the nature of the problem, identify and prioritise needs, develop a common problem statement, goals and objectives and draft an action plan.
- **Organisational building:** Partners develop a participatory, self-governing, self-managing and self-sustaining committee, coalition, or working group through which resources and actions are organised.
- **Capacity building:** Partners may identify weaknesses in their ability to take action and engage experts or experienced individuals or groups to build the capacity of the committee or coalition to help them achieve their goals and objectives.
- **Action and sustainability:** Partners must be involved consistently through all phases of the action plan. It is important that there is shared recognition for implementation and success, transparency, equity and joint decision-making.

Adolescence is a period when both girls and boys are more intensely socialised into their gender roles and also when gender norms become more established. Norms related to **masculinity** influence boys and young men to take sexual and health risks, perpetrate violence and perpetuate unequal decision-making in relation to girls and women. Likewise, norms related to femininity influence girls and young women into submissive roles and prevent them from asserting themselves in their sexual relationships. Special focus will also be made that boys understand the concept of **'Hegemonic masculinity'** or a dominant idea of what it means to be masculine. This dominant idea of masculinity gives men little room to express different ways of being a man.

Although norms on masculinity differ across cultures, the majority stress men's role as "community leaders, household heads and primary providers. **Transforming violent and socially constructed gender** norms which associate masculinity with power, violence and control can play an important role in improving gender relations and driving out conflict and insecurity in a community. This strategy aims to make allies of men by explaining the dangers of hegemonic and violent masculinity that poses a danger to both girls and boys; as male violence is also exerted over other less powerful men.

The response to toxic masculine behaviour until recently has been to empower women, in a sense putting up arms against a threat. However, the current strategy aims to resolve this threat from its root, by answering the following questions; ***what are the concerns of men and how can we make them allies by understanding masculinities?***

The following are some of the areas that will inform this strategy:

- Focus on making men allies.
- Working with men to get them to deliberately question their ideas about successful manhood and power dynamics between them and their partners.
- Mainstreaming a masculinities perspective in all interventions, examining how activities are influencing masculinities (M&E framework to include indicators that measure shifts).
- Examining gender perspectives during conflict analysis, looking at men and boys from a gender viewpoint – promoting a more feminine, non- violent style.
- Engaging boys at a young age is valuable because they are still shaping their identities – pre-primary school intervention.
- Building capacity of champions to challenge masculine gender and social norms.
- Parenting and community interventions to engage men and boys to promote gender equality and end violence against women.

HEGEMONIC MASCULINITY IS:

The unrealistic belief in one solid masculine type of behaviour and how manliness and masculinity are understood;

1. Dominant definitions of masculinity are embedded in social institutions such as the state, education and the family
2. Male power is not simply held by individual men but is institutionalised in social structures and ideologies that support the gender order in favour of men

The following section defines the major activities under each strategy.

ACTIVITIES

Key Activities in support of the above-mentioned strategies:

The following section defines the major activities under each strategy.

TABLE 20: KEY ACTIVITIES IN SUPPORT OF COMMUNITY ENGAGEMENT/SOCIAL MOBILISATION STRATEGIES

| STRATEGIES | ACTIVITIES |
|--|--|
| STRATEGY 1: Build community leaders knowledge and capacity to make communities safe and supportive for adolescent girls (communities that care) | <ol style="list-style-type: none"> 1. Coalition building with religious, cultural and community leaders through the District Local Government (DLG) 2. Orientation of community leaders on adolescent-related issues 3. Safety mapping and development of joint plans by leaders and DLGs to address issues |
| STRATEGY 2: Mobilisation of religious leaders to raise awareness on key practices | <ol style="list-style-type: none"> 1. Capacity building of religious leaders 2. Strengthening coordination mechanisms between FBOs and the DLG 3. Awareness raising of communities through places of worship and community groups |
| STRATEGY 3: Engage men and adolescent boys in the community to serve as change agents | <ol style="list-style-type: none"> 1. Development of IEC materials 2. Dialogue and capacity building on gender and social norms and ‘hegemonic masculinity’ 3. Identification and mobilisation of male champions |

STRATEGY 1: BUILD COMMUNITY LEADERS’ KNOWLEDGE AND CAPACITY TO MAKE COMMUNITIES SAFE AND SUPPORTIVE FOR ADOLESCENT GIRLS (COMMUNITIES THAT CARE)

ACTIVITIES UNDER STRATEGY 1

1. Coalition building with religious, cultural and community leaders through the District Local Government (DLG)

These activities will be implemented through district and community-based sessions through a multi-sectoral team of master trainers, i.e., Community Development Officers (CDOs), Probation Officers, District Education Officers (DEOs) and trained FBO representatives and other volunteers.

The social mobilisation approach aims at using community dialogue to get the ‘buy in’ of community opinion leaders to influence individual practices through igniting community-wide behaviour change and collective action through addressing underlying subjective and social norms. However, the community dialogue approach will not be prescriptive allowing communities to identify their own issues and course of actions.

This component will be implemented through a mix of formal orientation sessions and regular dialogue during community meetings. The dialogue will be well planned and the results of each session will be captured in a dialogue tool to be used to monitor results over time. The actions under this component will include; development of orientation materials (IECs, tools) training of a multi-sectoral task force, developing and rolling out the session plans, organising community meetings, sessions, events etc.

The DLG will reach out to district religious leadership to be part of the larger coalition on AGs. The District Community Development Officer (DCDO) will take a lead on this activity with support from the District Health Officer (DHO) and the District Education Officer (DEO). The coalition will develop annual plans with a few concrete targets and will report on a quarterly basis about the progress against the targets. Some of the actions required for the coalition are listed below:

- Creating an over-arching vision and mission to guide the coalition.
- Identifying locally relevant structural change objectives (e.g. implementing the policy on separate latrines for girls in school, involvement of AGs in decision-making in homes, schools councils etc).
- Specific action steps to accomplish the objectives (e.g. meeting with the School Management Committee and with parents, guardians and caregivers).
- Strategies to facilitate community mobilisation (e.g. advocacy, education and awareness, creating linkages) will be outlined, recorded on work-sheets and reviewed at regular coalition meetings.
- The ongoing development of new action plans based on emerging priorities.

2. Orientation of community leaders on adolescent-related issues

These activities will be implemented through district and community-based sessions through a multi-sectoral team of master trainers; these will include: CDOs, Probation Officers, DEOs and trained FBO representatives and other volunteers. This component will be implemented through a mix of formal orientation sessions and regular dialogue during community meetings. The dialogue will be well planned and the results will be captured in a dialogue tool to be used to monitor results over time. Please see below an example of a tool to guide dialogue. A full guideline on community dialogue has been included in annex 1. The actions under this component will include;

- Development of orientation materials, i.e. IEC tools etc.
- Training of a multi-sectoral task force.
- Developing and rolling out the session plans.
- Organising community meetings, sessions, events etc.

DIALOGUE GROUP REPORTING FORM

| | | | |
|--|--------------|--------------------|----------------------------|
| Mentor's name: | Sub location | Date | Type of group (circle one) |
| Total number of participants | | Fathers | Grandmothers |
| Topic | | | |
| Key issues discussed: | | | |
| Questions asked: | | | |
| Questions unanswered or more information needed: | | | |
| Challenges faced: | | Possible solutions | |
| 1. | | 1. | |
| 2. | | 2. | |
| Recommendations/suggestions | | | |

3. Safety mapping and development of joint plans by leaders and DLGs to address issues

One of the major interventions under the community engagement component of the C4D strategy is 'making communities safe' for AGs. This component prioritises **inter-generational dialogue** between the community and adolescent girls and boys. This intervention allows the adolescents to practice the leadership skills acquired in the 'skills development component', have their voices heard and be part of the decision-making process at the community level. This intervention also helps the community to appreciate the adolescents' perspective; identify where the safe and unsafe locations are in the community what determines safety and how those locations compare relative to one another. It also eases the way for a deeper discussion on adolescent-related issues especially SGBV which is often a highly sensitive issue.

One of the main interventions under this component is **safety mapping**, which is a highly participatory activity involving both the community and adolescent girls and boys. This participatory mapping will enable young people to gain new awareness about their surroundings and empower them to amplify their voices on critical issues. This map will be later digitised. Girls will take an active role in the mapping process, identifying safe and unsafe spaces and providing contextual information to raise awareness and offer advocacy opportunities through U-Report and social media platforms. .

The '**Girls safety mapping intervention**' will identify both unsafe places e.g. where drugs and alcohol are consumed and safe spaces such as girls' groups, community centres and well-lit areas; and resources such as clinics that support victims of GBV. The public nature of this type of intervention will help encourage community leaders, policy planners and grassroots advocates to be more accountable to AGs. It will provide a great opportunity for community leaders to show tangible results in target communities.

A safety tool will be used to measure;

- **Safety by time of day;** allows girls to identify where they are throughout the day and in which of those places they face potentially unsafe situations.
- **Safety in different places in the community;** allows girls to assess the safety of the different places in their community and their degree of safety.
- **Safety accessing services and opportunities;** identifies common situations that girls find themselves in and allows them to identify which are unsafe.
- **Safety nets;** assesses the strength of girls' social networks. It can help to identify gaps that you might want to fill through your programme (such as no one to turn to when they have a health problem).
- **Safety by situation;** allows girls to identify certain situations (such as being stopped by a policeman) that makes them feel safe or unsafe.

STRATEGY 2: MOBILISATION OF RELIGIOUS LEADERS TO RAISE AWARENESS ON KEY PRACTICES

ACTIVITIES UNDER STRATEGY 2

1. Capacity building of religious leaders

This activity will be carried out in close coordination with the IRCU as the umbrella organisation for seven major FBOs. IRCU will be supported by a multi-sectoral team of trainers drawn from MoGLSD, MoH and MoES.

In order to effectively carry out capacity building and to ensure that whatever is implemented is in line with the programme priorities, regular meetings will be held between IRCU and the government counterparts and other partners. Planning meetings will also be held with district officials; DCDO, DHOs and District Health Educators (DHE) and the heads of various religious institutions based at the districts. For the purpose of effective capacity building, districts will be clustered and at any one time, each session would have not more than 50 religious leaders being trained.

Training of religious leaders is sensitive therefore it will require careful communication due to the different religious ethos and values. It will therefore be key that the trainers appreciate these differences and integrate these sensitivities while delivering the training content. To this end, working with IRCU staff, the training materials will be reviewed and adapted (if needed) to suit the requirements of religious leaders and their parent institutions.

The following are some of the areas that will be finalised during regular consultations;

- Development of training materials/adaptation.
- Development of sermons and kutbas (Muslims).
- Holding of regional workshops.

2. Strengthening coordination mechanisms between FBOs and the DLG

In order to roll out these activities, emphasis will be made to strengthen the coordination mechanisms between the district and the DLG. Under this component, district opportunities will be explored to strengthen all coordination mechanisms including the District Interfaith Committee (DIC) that is a coordination body for all major seven faiths.

In each training, religious leaders and selected members from the DIC will be provided with training and templates for developing implementation plans around key practices. This committee, among other things, will follow and coordinate the roll out and promotion of an integrated package of practices around AGs' well-being and development in their district. These plans will be shared with the DLGs.

Some of the actions aimed at improving coordination between districts and religious leaders/FBOs are outlined below:

- Holding of joint planning and coordination meetings with districts (chairman of the DIC participating in district planning meetings).
- Strengthening community referral systems by sharing information/data on the availability of key services.

3. Awareness raising of communities through places of worship and community groups

The trained religious leaders, at the end of the capacity building, will draft a workplan to carry out mobilisation of their respective congregations.

Awareness raising activities will take place both at places of worship and in communities through mobilisation of community groups; mothers' groups, fathers' groups and youth groups. Schools will also be visited.

This intervention will entail some of the following activities:

- Development of mobilisation plans per district by the trained religious leaders.
- Mobilisation/revitalisation of District Inter-faith Committees.
- Mobilisation at places of worship through DICs.
- Sermons and kutbas at places of worship on Key Family Care Practices.
- Holding of sessions by religious leaders with congregations on Key Family Care Practices.
- Use of special events (marriage ceremonies, births, funerals) to Key Family Care Practices.
- Use of faith-based media for mobilisation and awareness raising.

STRATEGY 3: ENGAGE MEN AND ADOLESCENT BOYS IN THE COMMUNITY TO SERVE AS CHANGE AGENTS

ACTIVITIES UNDER STRATEGY 3

1. Development of IEC materials

The IEC materials developed will use the evidence and behaviour development model to come up with materials that appeal to both male and female perspectives. The messages and training tools developed will enable the communities to explore and understand how gender roles can impact AGs' well-being and development and how male involvement and transforming toxic masculinity is critical for positive outcomes for both boys and girls.

2. Dialogue and capacity building on gender, social norms and 'hegemonic masculinity'

Group education sessions will be the main approach used under this activity. It involves creating a dynamic discussion space where boys and men can reflect critically upon gender, social norms, roles, responsibilities, relationships and rehearse the skills and abilities necessary to reduce risky behaviour and act in more equitable ways.

a. Exploring gender roles, expectations and stereotypes

The group will jointly examine gender roles, expected gender behaviour 'Act like a man', 'Act like a woman' and gender relations in their community and how these impacts both male and female adolescents' development outcomes.

Gender roles and expectations

TABLE 21: GENDER ROLES AND EXPECTATIONS

| TRADITIONAL GENDER STEREOTYPES | |
|--------------------------------|-----------------------------------|
| FEMALE | MALE |
| Not aggressive | Aggressive |
| Dependant | Independent |
| Easily influenced | Not easily influenced |
| Submissive | Dominant |
| Passive | Active |
| Home-oriented | Worldly |
| Easily hurt emotionally | Not easily hurt emotionally |
| Indecisive | Decisive |
| Talkative | Not at all talkative |
| Gentle | Tough |
| Sensitive to others feelings | Less sensitive to other's feeling |
| Very desirous of security | Not very desirous of security |
| Cries a lot | Rarely cries |
| Emotional | Logical |
| Verbal | Analytical |
| Kind | Cruel |
| Tactful | Blunt |
| Nurturing | Not nurturing |

b. Masculinity and femininity are socially constructed categories that elaborate upon ‘natural’ sex differences. Masculinity is institutionalised in social structures such as the family, schooling, mass media and religion, where boys are socialised to become masculine. Specific emphasis will be laid on raising awareness on **‘Hegemonic masculinity’** - the unrealistic belief in a domineering idea of what it means to be masculine. A domineering masculine type of behaviour is still a large part of how manliness and masculinity are understood. This dominant idea of masculinity gives men little room to express different ways of being a man. Although norms on masculinity differ across cultures, the majority stress men’s role as “community leaders, household heads and primary providers.

c. Other concepts like gender equity, patriarchy, gender identities etc. will also be discussed. The focus will be on building awareness and capacities of young boys to understand how these are socially constructed and impact their development and well-being.

These group sessions will use participatory methodologies like role playing, case study, discussions and ‘what if activities’, (what will you do in a given situation). These participatory activities also provide men a fun way of discussing critical concepts, problems and scenarios they may not be comfortable discussing initially. Activities like role playing will also allow men and boys to practice critical skills like negotiation and decision-making.



Gender refers to the social attributes and opportunities with being male and female and the relationships between men and women and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed (in other words, learned through socialisation processes).

Gender identity refers to a person's innate, deeply felt psychological identification as man or woman which may or may not correspond to the person's physiology or designated sex at birth.

Gender roles refer to the attitudes and behaviour that society considers appropriate for men and women on the basis of their biological sex.

Gender equality refers to the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men are the same but that women's and men's rights, responsibilities and opportunities should not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration - recognising diversity of different groups of women and men. Gender equality is not a "women's issue" but should concern and fully engage men as well as women. Equality between women and men is a human rights issue and as a pre-condition for and indicator of, sustainable people-centred development.

Masculinities refer to the socially constructed perceptions of being a man and implies that there are many different and changing definitions of manhood and of how men are expected to behave.

Patriarchy refers to historical power imbalances and cultural practices and systems that confer power and offer men and boys more social and material benefits than women and girls (United Nations Division for the Advancement of Women, 2003).

3. Identification and mobilisation of male champions

The use of **male change agents** for promotion of programme activities has proven useful in different contexts in increasing male involvement. The male change agents will be chosen from ordinary fathers, religious cultural leaders, parliamentarians etc. Tools and materials will be developed for building their capacity on promoting and mobilising key target audiences in support of AGs' programme priorities. To sustain the motivation of the male change agents, their stories and achievements will be documented and shared through different media channels. Male change agents will also be engaged in advocacy at all levels; schools, communities, district and national.

TABLE 22: THE SOCIAL ECOLOGICAL MODEL: WORKING AT MULTIPLE LEVELS TO TRANSFORM GENDER AND SOCIAL NORMS

Table 22 below explains the different interventions required that would eventually lead to the transformation of gender norms.

| THE SOCIAL ECOLOGICAL MODEL: WORKING AT MULTIPLE LEVELS TO TRANSFORM GENDER AND SOCIAL NORMS. | |
|--|--|
| Strengthening individual knowledge and skills | Helping men and boys to understand how gender and social norms influence their partners and families, helping them develop skills necessary to carry out healthier and more equitable behaviour. |
| Creating supportive peer and family structures | Educating peers and family members about the benefits of more gender-equitable-behaviour and relationships and the ways they can support each other to promote gender equality and health among their families and peer groups. |
| Strengthening social institutions by educating health and social service providers and teachers | Educating health, education and other service providers about the importance of addressing gender and social norms with men and boys in clinics, schools and other health service settings. In the context of health services, providers should be trained to address men's own healthcare needs as well as to engage them in supporting their partners' access to health information and services. Likewise, teachers should be made aware of how schools can shape and reinforce gender and social norms and be offered access to gender-sensitive curricular materials. |
| Mobilising community members | Educating community members and groups about healthy and more equitable behaviour for men plus how to support individuals to take actions that promote health and safety. |
| Changing organisational practices | Adopting policies, procedure and organisational practices that support efforts to increase male engagement. |
| Influencing policy legislation at the societal level | Developing law and policies that provide sanctions for gender inequality and re-inforcement for positive male engagement. |

NATIONAL AND DISTRICT LEVEL LEADERSHIP



OBJECTIVE

By 2020 National and District Leaders have knowledge and motivation to advocate for resources, policies and actions in support of adolescent well-being and development in their respective constituencies and districts.

Advocacy

Engagement of national and district leadership in support of the AGs programme, will be a key area of intervention to be supported by the C4D strategy. The focus will be on creating a positive enabling environment for social and individual behaviour change.

Advocacy will be the main strategy employed to engage policy and decision-makers from the national to the sub-national levels. Advocacy is a core process for addressing inequity and disparities. Advocacy addresses inequity by bringing the issue of disparities to the forefront of the agenda for decision-makers, by building awareness, visibility and public momentum behind the issue and by improving access, cost and quality of programmes and services for disadvantaged communities. Central to its approach is obtaining disaggregated data on who are the most disadvantaged and excluded, gaining a deeper understanding of the root causes of the problem and creating an enabling environment so that it can be addressed. This involves strengthening the accountability of decision-makers to the most disadvantaged children, women and supporting the most disadvantaged children and adolescents in claiming their rights. Advocacy addresses underlying causes of problems to achieve equity and addresses issues of equity to solve underlying causes of problems.

STRATEGIES:

Advocacy will be the main strategy used to engage national and district level leadership to get their buy-in for enhanced policy support and prioritization of AGs' agenda. Below are the three strategic interventions under this component;

TABLE 23: KEY STRATEGIES FOR ADVOCACY

| STRATEGIES/INTERVENTIONS | C4D APPROACH |
|---|--------------|
| Influence policy/ legislation | Advocacy |
| Influence media environment in support of AGs' related issues | Advocacy |
| Build champions for AGs | Advocacy |

1 Strategy 1: Influence policy/legislation

This strategy is meant to ensure that the Government and Parliament of Uganda set up a strong enforcement, regulatory, monitoring and evaluation system for adolescent development and well-being. The focus of this work revolves around tabling and passing bills and policies at national level, after a series of district consultations on the key issues that require to be addressed; in this case the adolescent bottlenecks²⁷ that affect AGs' rights existence, enjoyment and enforcement.

The next stage, to improve the effectiveness of the policy and legislation is to roll out the policy through the popularisation of the key legal frameworks at both national and district levels. Active engagement will be facilitated with DLGs, elected officials and technical officers.

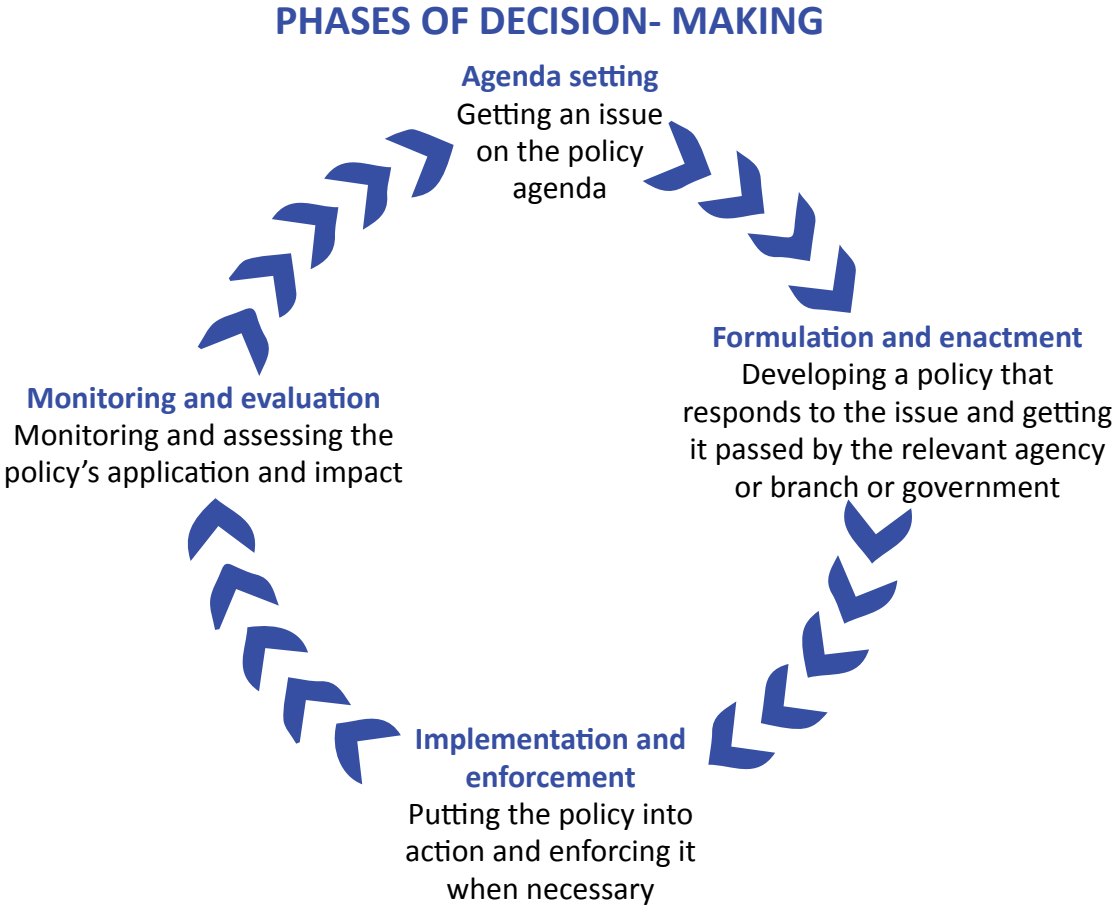
27 Ministry of Gender, Labour and Social Development-UNICEF, The national multi-sectoral framework for Adolescent Girls 2017/2018-2021/22 discussion paper number 4 with ESC A-HC, May 2007.

Policies and priorities will be further disseminated to local councilors at sub-county and parish level to ensure harmonised support and implementation. Particularly in policy spheres, decisions can be made according to a cycle or schedule. Knowing the schedule is important, as last-minute interventions rarely work and the earlier in the decision-making cycle the idea is accepted, the more effective the end result is likely to be.

The four phases of decision-making usually include:

- (a) Agenda setting
 - (b) formulation and enactment
 - (c) implementation and enforcement, and
 - (d) monitoring and evaluation.
- While each phase is distinct, they often interact with each other. The graphic below illustrates this cycle:

FIGURE 5: PHASES OF DECISION-MAKING²⁸



Adapted from: Veneklasen, Lisa and Valerie Miller, *A New Weave of Power, People and Politics: The action guide for advocacy and citizen participation*, Just Associates, Washington, DC, 2002.

28 Miller. V and Covey. J; *Advocacy sourcebook: framework for planning, action and reflection*, institute of development research, Boston, 1997.

2 Strategy 2: Influence media environment in support of AGs' related issues

Media advocacy is the strategic use of media to communicate with large numbers of people to advance a social or public policy objective or influence public attitudes on an important public matter. There are several tools that can be used to influence the media. The most popular include press releases, events, news conferences and letters to editors; TV or radio interviews, newsletters, briefs, conferences, seminars and workshops. In developing countries, websites, blogs and social media (e.g. Facebook and Twitter) are becoming increasingly dominant forms of communication.

There are many ways to deliver an advocacy message. A few of the most common ways include lobbying, negotiating and working with the media. While lobbying and negotiating usually involve working directly with decision-makers and those who influence them, working with the media is more often geared towards mobilising the general public behind the advocacy issue. Working with partners and CSOs also generates momentum behind issues, as well as channels the message to target audiences²⁹.

This strategy entails mobilising media houses to engage with national and district level policy makers to ensure implementation of policies favourable to AGs. It will target journalists and editors in all registered media houses nationwide. The purpose of the media engagement will be to increase positive coverage of adolescent issues on different media platforms. This will require both capacity building and motivation of media personnel, to prioritise AGs' issues in their reporting - increasing the frequency of positive media coverage of adolescents' issues.

In addition to publishing, reporting and covering key AGs' issues, the media will also serve as a 'watchdog', highlighting priority policy actions and holding duty bearers accountable at different levels (national, district etc.).

The next level of media advocacy revolves around the formation of media alliances and raising awareness through national outlets and partnering with public service campaigns. These campaigns facilitate district level advocacy through the dissemination of information to the public and relevant key stakeholders to enable them address the barriers that affect AGs' well-being and development.

3 Strategy 3: Build champions for AGs

This strategy aims at developing support for AGs across different spheres of influence in their lives (family, community, school, church/mosques etc.) by identifying champions at each level. The champions will help amplify the voices of AGs at national, district and community level. This strategy will provide an opportunity for members in a community to seek their own solutions to challenges by using specific personalities recognised and respected by communities. These personalities at community, district and national level will use their influence and power to work as champions for AGs, thus ensuring a positive enabling environment for behavioural and societal change.

²⁹ UNICEF advocacy tool kit; a guide to influencing decisions that improve children's lives, New York, 2007



ACTIVITIES

The following section defines the major activities under each strategy.

TABLE 24: ADVOCACY INTERVENTIONS AND ACTIVITIES

| STRATEGIES/INTERVENTIONS | ACTIVITIES |
|--|--|
| STRATEGY 1. Influence policy/legislation | <ol style="list-style-type: none"> 1. Stakeholder analysis and mapping influencers 2. Develop/adapt advocacy kit for political leaders, traditional and religious leaders at national and district levels 3. Capacity building of policy makers at national level and implementers at district level to develop supportive policy and implementation 4. Link adolescents to advocacy platforms 5. Conduct high level advocacy meetings to revive the support and commitment of political, religious and traditional leaders 6. Launch the multi-sectoral C4D for AGs by a key figure in government |
| STRATEGY 2. Influence media environment in support of AGs' related issues | <ol style="list-style-type: none"> 1. Awareness raising/capacity building sessions with media representatives at both national and district level |
| STRATEGY 3. Build champions for AGs | <ol style="list-style-type: none"> 1. Nominations of champions in a participatory manner 2. Orientation of champions on key AGs' concerns 3. Seek endorsement statements from credible authorities |

STRATEGY 1: INFLUENCE POLICY/ LEGISLATION

ACTIVITIES UNDER STRATEGY 1



1. Stakeholder analysis and mapping influencers

A stakeholder analysis will be conducted to get a sense of which institutions and individuals have a stake in issues related to the AG, as well as their interests, support or opposition, influence and importance. Finding where stakeholders stand on the issue can shield advocacy initiatives from surprises and false assumptions. A stakeholder analysis will also provide information necessary for later steps, including developing partnerships, and the identification of target audiences and those who influence them. To gather information for the stakeholder analysis, various methods will be employed, such as undertaking community mapping, surveys, and interviews with primary stakeholders and collaborating organisations such as NGOs. Organising stakeholder workshops and informal consultations of stakeholders through household visits are other possible methods. Please see below two mapping tools for stakeholder analysis.

TABLE 25: MAPPING STAKEHOLDER INTEREST, INFLUENCE AND IMPORTANCE

| | STAKEHOLDER 1 | STAKEHOLDER 2 | STAKEHOLDER 3 |
|---|---------------|---------------|---------------|
| "Stakeholder (stakeholder name)" | | | |
| "Stakeholders' interest in the issue (state stakeholder interests, as well as whether they are primary or secondary stakeholders, and duty bearer and/or rights holders)" | | | |
| "Stakeholders' level of opposition to or support for the issue (strong ally, medium ally, neutral, medium opponent, strong opponent)" | | | |
| Stakeholders' influence over the issue (unknown, no influence, some influence, moderate influence, significant influence, very influential) | | | |
| "Importance of stakeholder's engagement (unknown, no influence, some influence, moderate influence, very important, critical player)" | | | |

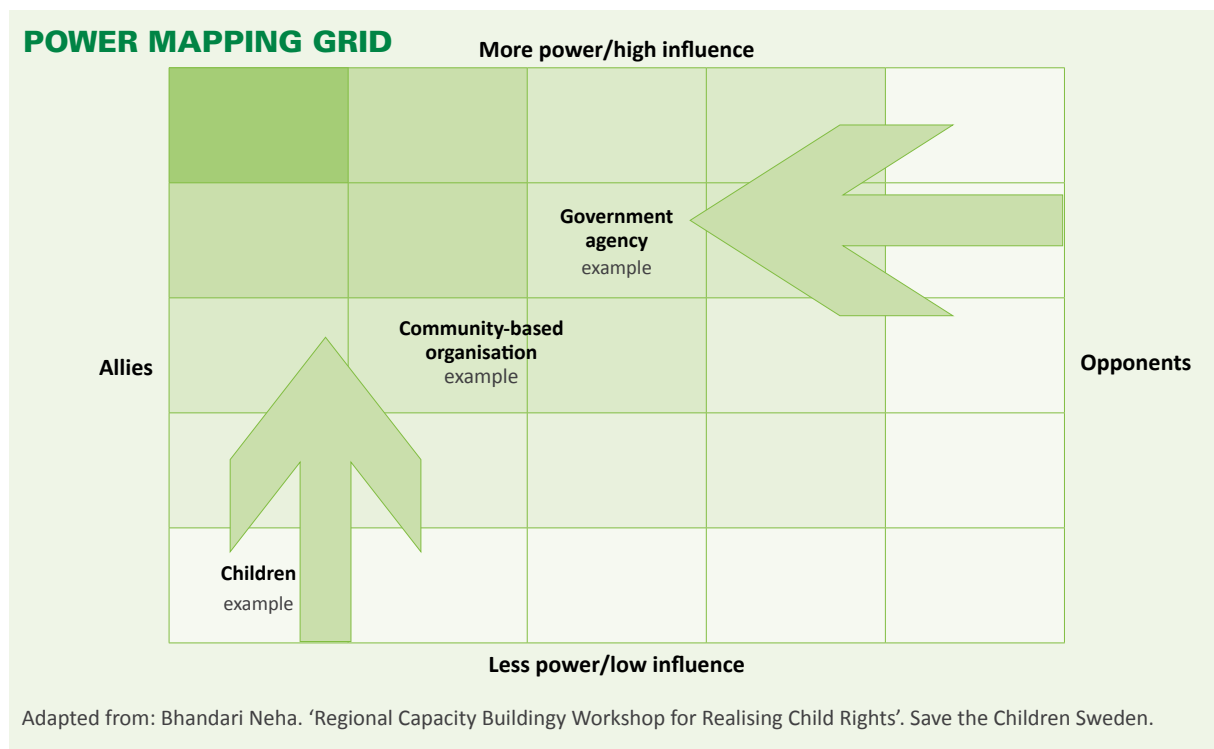
TOOL - MAPPING STAKEHOLDERS RELATIVE POWER:

In order to identify key targets, it is important to understand the relative power, support and opposition of stakeholders. Using information gathered from Table 25, map the stakeholders on the grid below according to their likely position (allies or opponents) on the change being desired and according to their level of influence (high or low). Stakeholders mapped near the left and right edges are strong allies or opponents, and those near the middle are categorised as neutral. A higher placement in the grid indicates greater power and lower placement indicates less power. Taking the example from the Power Mapping Grid in Figure 6, children may be UNICEF's greatest allies, but because they have less power they may be plotted closer to the bottom of the grid. Similarly, CBOs may hold some power and may be neutral. They are plotted closer to the centre. A particular government agency may hold a high degree of power but may be in opposition on the issue and so are plotted towards the top right.

Analyse the implications of how stakeholders are placed on the grid. Why are some stakeholders more powerful than others? Are there any patterns in terms of which stakeholders are opposed and which ones are allies? The arrows indicate the basic directions in which strategies should be developed and can help identify the key targets. When developing an advocacy strategy, it is important to:

- Examine the capacities and abilities to move the opponents and make them less opposed, passive opponents or even allies. Institutions and individuals that are neutral can also become allies through advocacy.
- Aim to increase the strength of allies without power.
- Persuade passive allies with power to provide levels of credible support and become active.
- Influence active opponents to become passive opponents.

FIGURE 6: POWER MAPPING GRID³⁰



2. Develop/adapt advocacy kit for political leaders, traditional and religious leaders at national and district levels

Develop an orientation package for the champions at all levels and across sectors with key information on AGs in Uganda. Ensure the package has clear roles and responsibilities, key actions needed and includes scientific research and data.

3. Capacity building of policy makers at national level and implementers at district level to develop supportive policy and implementation

Policy makers and parliamentarians at national level and implementers at district level require to have their capacities built in the area of adolescent programming. This would enable them to effectively implement the advocacy strategy in an organised process and realise results. Also, the advocacy abilities of NGOs, CBOs and the media will need to be strengthened to effectively publicise and promote AGs' empowerment. The end result is to ensure that all the advocacy that is done by both the NGOs and the media highlight the important roles and responsibilities for different stakeholders.

4. Link adolescents to advocacy platforms

Hold regular meetings between adolescents and parliamentarians, national and district leadership to ensure adolescent voices are heard and reflected in policy decisions. There are clear power and structural dynamics at work with the adult voice being the voice that is most often heard and valued. In order to develop engaged citizens and improve adolescent

³⁰ Source; Bhandari Neha, 'Regional capacity building workshop for realising child rights', Save the Children Sweden, 11 January 2005

development and well-being, the strategy will intentionally and in collaboration with adolescents, create opportunities for them to be authentically engaged in decision-making that impacts their well-being. Support will be provided to the Uganda Youth Parliament and other youth coalitions e.g. facilitating discussions on the National Youth Manifesto. The manifesto is a social contract between young people in Uganda and the national leaders. The manifesto highlights five (5) key priority areas which include: creation of jobs, provision of health care for all, education for opportunities, sports, creative arts and meaningful participation in decision-making processes.

5. Conduct high level advocacy meetings to revive the support and commitment of political, religious and traditional leaders

This will be led by the members of the multi-sectoral task force to ensure policies are implemented and budgetary allocations are made according to the AGs' multi-sectoral framework.

6. Launch the multi-sectoral C4D for AGs by a key figure in government

A high-profile launch will be organised with participation of all key sectors. This will build momentum for the roll out and re-affirm the support of all sectors to both prioritise and coordinate actions across sectors.

STRATEGY 2: MEDIA ADVOCACY: INCREASE IN FREQUENCY OF POSITIVE MEDIA COVERAGE OF ADOLESCENT'S ISSUES

ACTIVITIES UNDER STRATEGY 2

1. Awareness raising/capacity building sessions with media representatives at both national and district level

It is critical to raise awareness of AGs issues with media officials and affiliated partners by sharing information and facts related to adolescent development and well-being issues. The vital topics that need to be disseminated include AGs' risks and protective approaches to consequences of: (HIV/AIDS, teenage pregnancy, VAC, alcohol and substance abuse, unequal opportunities to education, enrollment, retention and transition in education, CM, engagement and participation and economic inclusion).

Evidence on key social and gender norms will also be shared to participants during the awareness raising sessions. Partners will also be given an orientation on key indicators and targets for adolescent development and well-being. To gain the highest, most effective media coverage, an advocate's message needs to have solid content, framed to draw media attention. Messages can also be framed around an anniversary, milestone or outstanding achievement. Translating an individual's story into the broader public issue is another useful strategy for framing messages to get attention.

Newspaper articles, seminars and workshops/meetings will be employed to make policy makers more aware of the magnitude of risks associated with poor adolescent development and well-being including low service utilisation of the immediate and long-term benefits of investment in AGs and potential actions to be taken by them such as supportive legislation and its enforcement. National commitments to international conventions like the Rights of the Child, the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) etc. will be used to legitimise demand for government support.

STRATEGY 3: LEADERS' CHAMPIONS' STRATEGY FOR AGs

ACTIVITIES UNDER STRATEGY 3

1. Nominations of champions in a participatory manner

Different sectors will be engaged to nominate champions for the AGs' programme. The AGs task force will develop simple criteria for nominations i.e. the criteria will include the level of influence, popularity, ability to communicate and convince, contributions already made and interest and passion of the concerned individual.

2. Orientation of champions on key AGs' concerns

Orientations will be held with the multi-sectoral champions to build their capacity related to AGs' issues and concerns. Each session will end with a clearly drawn action plan and commitment from each champion to undertake advocacy activities on a quarterly basis. The champions will also be supported with IEC materials and talking points to facilitate their engagement with different audiences especially media appearances such as talk shows etc.

3. Seek endorsement statements from credible authorities

Lobbying and negotiation will be used both through formal and informal channels to influence the champions (government officials, elected representatives, traditional, religious leaders, teachers, medical professionals, music and sports stars etc.) to actively engage in advocacy activities and offer public endorsements and statements in support of the AGs' programme. The C4D strategy will focus on mobilising power behind the demands, through petitions from constituents on AGs' issues through social media and other platforms with many (possibly thousands) of names of supporters, encouraging the leaders to also offer statements and endorsements in support of AGs' concerns. These focused efforts will be essential to building sources of power that bolster the **advocate-decision maker relationship**. These endorsements will be publicised through both classic and new media channels.

TABLE 26: SAMPLE ADVOCACY ACTIVITIES, INTERIM OUTCOMES, GOALS, IMPACT AND THEIR MEASUREMENT INDICATORS

| ACTIVITIES, INTERIM OUTCOMES, GOALS, IMPACTS | DEFINITION | INDICATORS |
|---|--|--|
| ACTIVITIES | | |
| Digital or internet based media/social media | Using technologies such as email, websites, blogs podcasts, text messages, facebook or twitter to reach a large audience and enable fast communication. | <ul style="list-style-type: none"> • A new website or web pages developed. • Number and frequency of electronic messages sent. • Number of list subscribers. |
| Earned media/free media³¹ | Coaching the print, broadcast or digital media to get visibility for an issue with specific audiences. | <ul style="list-style-type: none"> • Number of outreach attempts to reporters. • Number of press releases developed and distributed. • Number of editorial board meetings held. |
| Media partnerships | Getting a media company to agree to promote a cause through its communications channels and programming. | <ul style="list-style-type: none"> • Number and types of media partnerships developed. • Number and types of distribution outlets accessed through media partnerships. |
| Coalition and network building | Unifying advocacy voices by bringing together individuals, groups or organisations that agree on a particular issue or goal. | <ul style="list-style-type: none"> • Number of coalition members. • Types of constituences represented in the coalition. • Number of coalition meetings held and attendance. |
| Grass-roots organising and mobilisation | Creating or building on a community-based groundswell of support for an issue or position, often by helping people affected by policies to advocate on their own behalf. | <ul style="list-style-type: none"> • Number and geographical location of communities where organising efforts take place. • Number of community events or trainings held and attendance. |
| Rallies and marches | Gathering a large group of people for symbolic events that arouse enthusiasm and generate visibility, particularly in the media. | <ul style="list-style-type: none"> • Number of rallies or marches held and attendance. • Participation of high-profile speakers or participants. |
| Briefings/presentations | Making an advocacy case in person through one-on-one or group meetings. | <ul style="list-style-type: none"> • Number of briefings or presentations held. • Types of audiences reached through briefings or presentations. • Number of individuals attending briefings and presentations. |

31 This refers to publicity gained through promotional efforts other than paid media advertising, which refers to publicity gained through advertising, or owned media, which refers to branding. Word Spy. Paul McFedries and Logophilia Limited. Retrieved 2008-06-18.

| ACTIVITIES, INTERIM OUTCOMES, GOALS, IMPACTS | DEFINITION | INDICATORS |
|--|--|--|
| Public service announcements | Placing a non-commercial advertisement to promote social causes. | <ul style="list-style-type: none"> • Number of print, radio or online ads developed. • Number and types of distribution outlets for ads. |
| Polling | Surveying the public via phone or online to collect data for use in advocacy messages. | <ul style="list-style-type: none"> • Polls conducted with advocacy audience(s). |
| Demonstrations projects or pilots | Implementing a policy proposal on a small scale or in several sites to show how it can work. | <ul style="list-style-type: none"> • Number of demonstration project or pilot sites. • Funding secured for demonstration projects or pilots. |
| Issue/policy analysis and research | Systematically investigating an issue or problem to better define it or identify possible solutions. | <ul style="list-style-type: none"> • Number of research or policy analysis products developed, e.g, reports, briefs. • Number and types of distribution outlets for products. • Number of products distributed. |
| Policy proposal development | Developing a specific policy solution for the issue or problem being addressed. | <ul style="list-style-type: none"> • Policy guidelines or proposals developed. • Number of organisations signing onto policy guidelines or proposals. |
| Policy maker and candidate education | Telling policy makers and candidates about an issue or position, and about its broad or impassioned support. | <ul style="list-style-type: none"> • Number of meetings or briefings held with policy makers or candidates. • Number of policy makers or candidates reached. • Types of policy makers or candidates reached. |
| Relationship development with decision-makers | Interacting with policy makers or others who have authority to act on the issue. | <ul style="list-style-type: none"> • Number of meetings or briefings held with decision-makers. |
| Litigation or legal advocacy | Using the judicial system to move policy by filing lawsuits, civil actions and other advocacy tactics. | <ul style="list-style-type: none"> • Legal briefs written. • Testimony offered. |
| Lobbying | Attempting to influence law by communicating with a member or employee of a governing body or with a government official or individual who participates in law-making. | <ul style="list-style-type: none"> • Number of meetings with policy makers or candidates. • Number of policy makers or candidates reached. • Types of policy makers or candidates reached. |

TABLE 27: SAMPLE ADVOCACY ACTIVITIES, INTERIM OUTCOMES, GOALS, IMPACT AND THEIR MEASUREMENT CONTINUED

| ACTIVITIES, INTERIM OUTCOME, GOALS, IMPACTS | DEFINITION | INDICATORS |
|--|---|--|
| INTERIM OUTCOMES | | |
| Organisation advocacy capacity | The ability of an organisation or coalition to lead, adapt, manage and implement an advocacy strategy. | <ul style="list-style-type: none"> ■ Increased knowledge about advocacy, mobilising organising tactics ■ Improved media skills and contacts ■ Increased ability to get and use data |
| Partnerships or alliances | Mutually beneficial relationships with other organisations or individuals who support or participate in an advocacy strategy. | <ul style="list-style-type: none"> ■ New or stronger organisational relationships developed ■ New relationships with unlikely partners ■ New organisations signing on as collaborators ■ Policy agenda alignment between collaborators ■ Collaborative action taken between organisations |
| New advocates (including unlikely or non-traditional) | Previously unengaged individuals who take action in support of an issue or position. | <ul style="list-style-type: none"> ■ New advocates recruited ■ New constituencies represented among advocates ■ New advocate actions to support issue |
| New champions | High-profile individuals who adopt an issue and publicly advocate for it. | <ul style="list-style-type: none"> ■ New champions or stakeholders recruited ■ New constituencies represented among champions ■ Champion actions, e.g., speaking out or signing one to support the issue or position |
| Organisational/ issue visibility or recognition | Identification of an organisation or campaign as a credible source on an issue. | <ul style="list-style-type: none"> ■ Number of requests for advocate products or information, including downloads or page views of online material ■ Number and types of invitations for advocates to speak as experts |

| | | |
|--|---|--|
| Awareness | Audience recognition that a problem exists or familiarity with a policy proposal. | <ul style="list-style-type: none"> ■ Percentage of audience members with knowledge of an issue ■ Online activity for portions of website with advocacy-related information |
| Saliency | The importance a target audience assigns an issue or policy proposal. | <ul style="list-style-type: none"> ■ Percentage of audience members saying issue is important to them |
| Attitudes or beliefs | Target audiences' thoughts, feelings or judgements about an issue or policy proposal | <ul style="list-style-type: none"> ■ Percentage of audience members with favourable attitudes towards the issue or interest |
| Public will | Willingness of a (non-policy maker) target audience to act in support of an issue or policy proposal. | <ul style="list-style-type: none"> ■ Percentage of audience members willing to take action on behalf of a specific issue ■ Attendance at advocacy events, e.g., public forum marches, rallies |
| Political will | Willingness of a policy maker to act in support of an issue or policy proposal. | <ul style="list-style-type: none"> ■ Number of citations of advocate products or idea policy deliberations/policies ■ Number of government officials who publicly support the advocacy effort ■ Number of issue mentions in policy maker speeches and co-sponsors ■ Number of votes for or against specific policies |
| Constituency or support-base growth | Increase in the number of individuals who can be counted on for sustained advocacy or action on an issue. | <ul style="list-style-type: none"> ■ Website activity for portions of website with advocacy-related information ■ Number of fans, group members or followers on social media websites |
| Media coverage | Quantity and/or quality of coverage generated in print, broadcast or electronic media. | <ul style="list-style-type: none"> ■ Number of media citations of advocates research or products ■ Number of stories successfully placed in the media ■ Number of advocate or trained spokesperson citations in the media |
| Issue reframing | Change in how an issue is presented, discussed or perceived. | <ul style="list-style-type: none"> ■ Number of media articles reflecting preferred issue framing |

| GOALS | | |
|---------------------------------------|---|---|
| Policy development | Creating a new proposal or policy on the list of issues that policy-makers give serious attention | <ul style="list-style-type: none"> ■ New proposal or guiding principles developed |
| Placement on the policy agenda | Appearance of an issue or policy proposal on the list of issues that policy makers give serious attention | <ul style="list-style-type: none"> ■ Policies formally introduced |
| Policy adoption | Successful passing of a policy proposal through an ordinance, ballot measure, legislation or legal agreement. | <ul style="list-style-type: none"> ■ Policies formally established |
| Policy blocking | Successful opposition to a policy proposal | <ul style="list-style-type: none"> ■ Policies formally blocked |
| Policy implementation | Proper implementation of a policy, along with the funding, resources or quality assurance to ensure it. | <ul style="list-style-type: none"> ■ Policies implemented or administered in accordance with requirements. |
| Policy M&E | Tracking a policy to ensure it is implemented properly and achieves its intended impacts. | <ul style="list-style-type: none"> ■ Funding established to formally mentor or evaluate policies. |
| Policy Maintenance | Preventing cuts or other negative changes to a policy | <ul style="list-style-type: none"> ■ Funding levels sustained for policies or programmes ■ Eligibility levels maintained for policies or programmes |
| New donors | New public or private funders or individuals who contribute funds or other resources for a cause. | <ul style="list-style-type: none"> ■ Number of first time donors ■ New donors offering financial versus in-kind support ■ Average dollars given by new donors |
| More or diversified funding | Amount of dollars raised and variety of funding sources generated. | <ul style="list-style-type: none"> ■ Number of overall donors ■ Types of donors (individual, philanthropic, corporate) ■ Dollars donated to support advocacy efforts ■ Revenue earned to support advocacy efforts |

| IMPACTS (FOR CHILDREN AND WOMEN) | | |
|--|---|--|
| Improved services and systems | Programmes and services that are higher quality and more accessible, affordable, comprehensive or coordinated | Indicators depend on the specific policy goal and the following are examples: <ul style="list-style-type: none"> ■ More programmes offered ■ Easier access to programmes or services ■ Higher-quality services ■ More affordable services |
| Positive social and physical conditions | Better circumstances and surroundings for people, communities or society in general | Indicators depend on the specific policy goal. For example, indicators might focus on: <ul style="list-style-type: none"> ■ Decreased child mortality ■ Primary school attendance and enrollment ■ Access to safe drinking water and sanitation ■ Fewer children involved in child labour. |

PART III

CHAPTER 9: CAPACITY BUILDING AND
MOTIVATION

CHAPTER 10: MONITORING AND
EVALUATION



CAPACITY BUILDING AND MOTIVATION



OBJECTIVE

By 2020 teachers, VHTs, health workers, DCDOs, probation officers, legal officers and police have the knowledge, skills and motivation to work effectively with adolescents, parents, communities, schools and other institutions to promote and offer adolescent friendly services.

The multi-sectoral C4D strategy for AGs aims to enhance the capacity of the key personnel in relevant line ministries and partner agencies to plan, manage and implement effective communication interventions. It is expected that enhanced C4D capacity will translate into changes in key stakeholders' behaviour across the SEM.

However, this chapter will focus on developing capacities of *national and sub-national communication for development managers and service providers*. The component is expected to facilitate measurable reduction in service providers' negative attitudes and practices, facilitating increased demand for and use of services by AGs. The vision of the capacity building component is to have empowered service providers with *requisite skills and motivation* to deliver quality services.

To achieve these objectives, the C4D strategy will implement a multi-pronged capacity building strategy that prioritises motivation while strengthening individual organisational and institutional performance and capacity for sustainable results.

Why are service providers important under the Multi-sectoral C4D strategy for AGs?

Evidence from Uganda and other regions clearly shows that service providers' *knowledge, attitude and practices* have a key role to play in sustained demand for adolescent friendly services. Service providers are also a product of the larger society and may uphold certain prevailing gender and social norms that serve as a barrier to uptake of services by adolescents³².

Service providers are the backbone of any system (e.g. health, education and protection) and hence need the *necessary skills and motivation* to deliver quality services. While technical capacity building is extremely important, it is only part of the solution. Addressing service providers' specific attitudes and practices towards '*adolescent girls*' is the *primary focus* under the C4D strategy. Many service providers do not fully understand the psychosocial context in which adolescents live or the consequences of their certain attitudes on uptake of key services by adolescents.

What is capacity building?

Although there are a variety of definitions for capacity building, perhaps the most fundamental is, "*actions that improve an individual or organisation's effectiveness.*" Other discussions about capacity building refer to the concept as, "*actions that enhance an organisation's ability to work towards its goal.*"

Capacity Development as a concept or a field of intervention has seen quite some developments in the last decade. What has not changed, however, is that capacity development is firmly anchored in development paradigms and is linked to the development process of individuals, organisations, institutions and societies.

32 Ministry of Health, National Adolescent Health Policy for Uganda, August 2009.

Below are the three different levels of capacity building;

1 Human Resources Development (HRD)

Changes that occur in an individual or a group of individuals, such as improvements in knowledge, skills, or changes in motivation and attitude with respect to a particular issue.

2 Organisational Development (OD)

Changes that occur in the interactions among individuals and organisations and thus in the broader organisational or social environment which are embodied in improved processes or in new products and services.

3 Institutional Development (ID)

Changes in the total performance system in which the organisation functions including its mission, goals, strategies, culture and the perspectives of clients and communities.³³

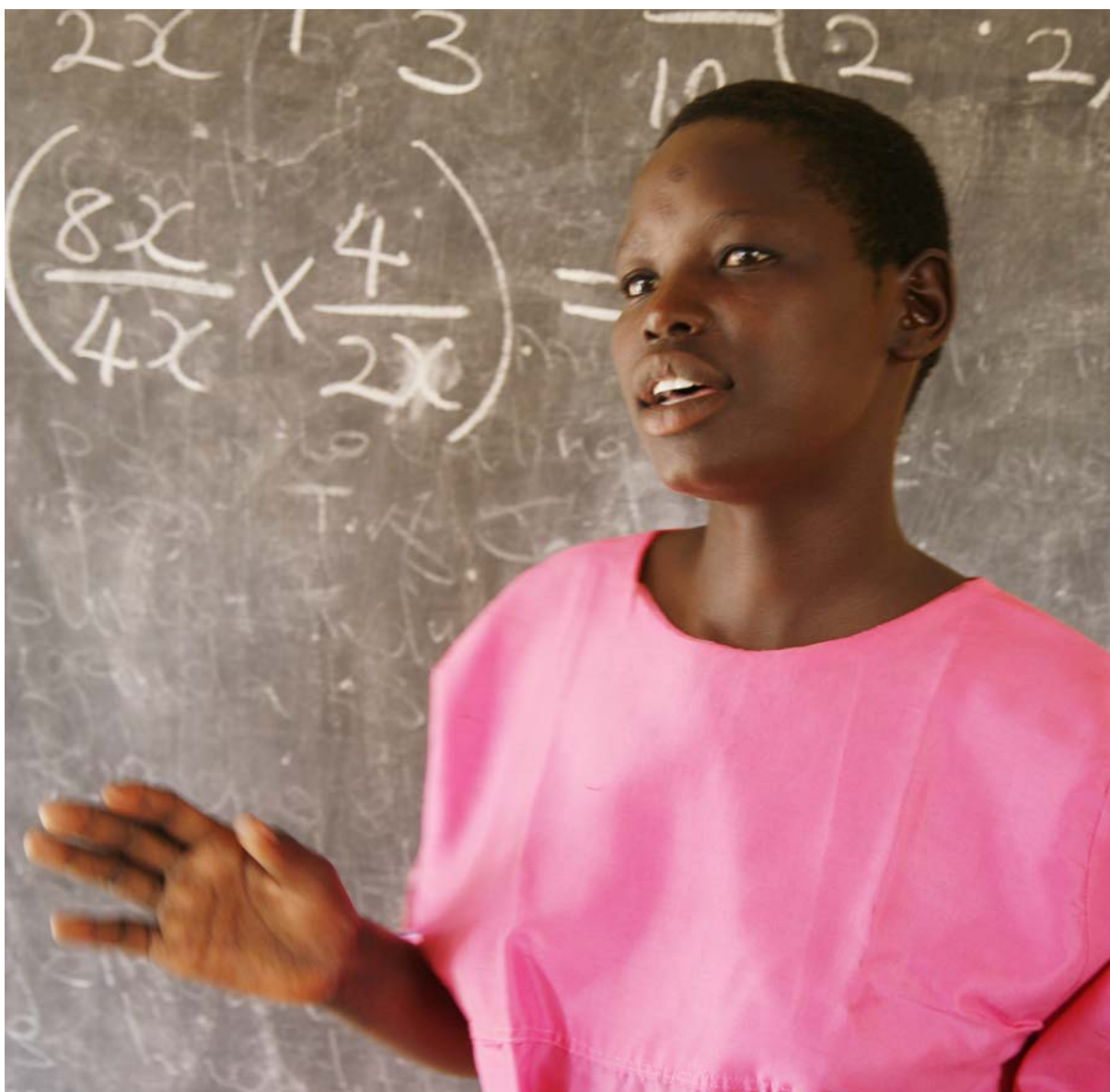
In the later part of the chapter we will discuss the different methodologies of capacity building. But it is important to point out here that the *pedagogy* of capacity building must take into account the importance of including motivational elements. Simply put, capacity building is a great opportunity for motivating service providers. Hence, it is extremely important that training institutions have the tools and trainers to roll out capacity building interventions with a high motivational component.

What is Motivation?

Motivation has been defined as, “the ability of people, institutions and societies to perform functions, solve problems, set and achieve objectives.” An individual who is motivated is, “energised or activated towards an end.” Motivation can also be defined as, “a process by which the behaviour of an individual is influenced towards a desired outcome.” Some people work harder than others, resulting in individuals of lesser ability sometimes outperforming their more gifted counterparts. For this reason, an individual’s performance at work depends not only on ability but also on motivation. Capacity building can be a good entry point for staff motivation and should be mainstreamed throughout this Multi-sectoral C4D strategy for AGs.

Motivation has two elements: intrinsic and extrinsic. Simply put **intrinsic motivation** refers to doing something that one enjoys, while **extrinsic motivation** refers to doing something in order to receive a particular outcome. **Incentives** are **motivational tools** used to encourage changes in behaviour. They are used to attract, retain qualified staff and motivate employees to perform better. Incentives can be classified as financial and non-financial. This ‘Multi-Sectoral C4D Strategy for Adolescent Girls’, will support the programme in developing, promoting and rolling out a **non - financial incentive scheme** for service providers.

33 USAID; Human and individual capacity development handbook, October 2010.



STRATEGIES:

The following two strategies will be rolled out under this component;

TABLE 28: STRATEGIES FOR CAPACITY BUILDING AND MOTIVATION

| STRATEGIES/INTERVENTIONS | C4D APPROACH |
|---|----------------------------------|
| 1. Capacity building of district technical leadership and service providers | Capacity building |
| 2. Service providers' motivation | Advocacy and social mobilisation |

1 Strategy 1: Capacity building of district technical leadership and service providers

The Multi-sectoral C4D Strategy for AGs will use short-, medium- and long-term capacity building interventions to address issues of sustainability beyond the programme's implementation period. The focus will be on both human resource and institutional capacity development.

TABLE 29: STRATEGIES FOR CAPACITY BUILDING OF NATIONAL, DISTRICT, SUB-COUNTY, INSTITUTIONAL LEADERSHIP AND SERVICE PROVIDERS

| SHORT TERM | MEDIUM TERM | LONG TERM |
|--|---|---|
| <p>Target Audience: National and district managers and service providers;</p> <p>National: MoH, MoGLSD, MoESTS³⁴, MoJCA, MoIA, MoLG and JLOS</p> <p>District: DHOs, DHE, DHI, DWO, DHEs, DEO, DloS, Associate Assessors³⁵ (AA), DSO, DCDOs, Justice Actors (Legal Officers)</p> <p>Sub County: CDOs, CDW, Probation Officers, VHTs, PDCs, Gender Officers, Sub country chiefs (LC III), Police, Para Social Workers, Child Protection Committees, Fit Persons³⁶ and Health Practitioners.</p> <p>Institutions: National Teachers' Colleges (secondary schools), Primary Teachers' Colleges (Primary), Health Promotion and Education Division, Department of Community Health etc.</p> | | |
| <ul style="list-style-type: none"> ■ Development of capacity building plans for C4D ■ Training needs assessment ■ Production and dissemination of training toolkits and manuals ■ Awareness workshops. | <ul style="list-style-type: none"> ■ Production/ harmonisation dissemination of national capacity building guidelines ■ Mentorship and learning-by-doing. | <ul style="list-style-type: none"> ■ Research and dissemination of findings (baselines, formative research) ■ Documentation of lessons and success stories ■ Refresher and retraining. |

2 Strategy 2: Service providers' motivation

Service providers' motivation is a critical factor impacting the quality of services. The service providers, like health workers and teachers are the foundation of any system yet they are under increasing pressure to perform higher quality of work with limited resources. Under the current circumstances, *a focus on knowledge and skill base* alone cannot remove many of the bottlenecks faced in the delivery of quality services. Simple low cost catalytic interventions focusing on putting in place incentive mechanisms for staff motivation need to be explored by partners under the AGs multi-sectoral taskforce as we prepare for the national scale up of the critical AGs services.

Inspired by the World Bank's 2004 World Development Report *Making Services Work for Poor People*, many other studies were conducted that showed that the key characteristics of provider behaviour are *knowledge, skills and effort*. While knowledge and skills are determined by levels of education and the ability to perform in the classroom and in health facilities, the amount of effort teachers and health workers make is highly discretionary. The ability to determine how much time to spend with a patient or student is a question of personal judgment and often motivation. Several studies conducted across different parts of the world highlight the importance of *well-crafted non-financial incentives* for service providers³⁷.

34 Gender Unit, Directorate of Education Standards, Basic and Secondary Education.

35 Retired teachers help learning achievements.

36 Non-formal personnel recognised by the district technical leadership that work on child protection interventions. Fit persons work as host families for children in conflict and with the law.

37 Dambisya Y; A review of non-financial incentives for health worker retention in east and southern Africa, Health Systems Research Group, Department of Pharmacy, School of Health Sciences, University of Limpopo, South Africa, May 2007.



ACTIVITIES

The following section defines the major activities under each strategy.

TABLE 30: CAPACITY BUILDING, MOTIVATION STRATEGIES AND ACTIVITIES

| STRATEGIES/INTERVENTIONS | ACTIVITIES |
|---|---|
| STRATEGY 1: Capacity building of district technical leadership and service providers | <ol style="list-style-type: none"> 1. Training Needs Assessment (TNA) 2. Development of IEC and other tools 3. Training and workshops |
| STRATEGY 2: Service providers' motivation | <ol style="list-style-type: none"> 1. Creating a positive image through a multi-media strategy using the positive deviance model 2. Advocacy with sectors to come up with sector guidelines for creating a non-monetary incentive mechanism |

STRATEGY 1: CAPACITY BUILDING OF DISTRICT TECHNICAL LEADERSHIP AND SERVICE PROVIDERS

ACTIVITIES UNDER STRATEGY 1

1. Training Needs Assessment (TNA)

The training needs assessment will start with a gap analysis to compare the performance of health workers against their job descriptions. In determining the capacity gaps, a distinction will be made between two types of competences for C4D, i.e., (i) management and roll out of integrated Multi-Sectoral C4D Strategy for AGs (e.g. strategic and micro planning, implementation, coordination, M&E), and (ii) core technical skills (e.g. understanding key concepts: advocacy, social mobilisation, BCC), iii developing and practicing interpersonal and counseling skills.

Table 31 below gives an example of a tool that can be used to identify the key focus areas during the training;

TABLE 31: TRAINING NEEDS ASSESSMENT WORKSHEET

| TYPE OF INFORMATION NEEDED | WHAT DO YOU KNOW ALREADY? | WHAT DO YOU STILL NEED TO FIND OUT? |
|--|---------------------------|-------------------------------------|
| Desired Performance: What do participants need to be able to do their jobs effectively? | | |
| Analysis of Participants: Who are these participants? | | |
| Learning Context: Where will the training occur? What constraints do you have or anticipate? | | |
| Content Expertise: What experts are available to develop the training content? | | |
| Training Expertise: What trained experts are available to deliver the training? | | |
| Logistical Requirements: What do you need to consider regarding developing and coordinating the training? | | |

2. Development of IEC and other tools

The existing IEC and training tools will be reviewed to make sure these address the priorities identified in the TNA. This component will support the programme to review sector specific packages and develop an *integrated training package* to support the roll out of the Multi-sectoral framework and the C4D strategy.

In addition to technical elements related to adolescent programming, the package will include a module on *communication*. This will include communication for development strategy design, management and developing IPC and counseling skills. In addition, attention will be given to design elements of all IECs and tools to ensure they are appealing to the target audience. When good content is matched with an appropriate design even the most complex documents become appealing, credible and easy to read. In fact, studies have shown that using the right design elements can have a positive impact on how well readers understand the material.

3. Training and workshops

The implementation of the Multi-sectoral C4D Strategy for AGs, requires strengthening communication planning, implementation and monitoring capacity at all levels, from the national to sub-national levels. It will entail actions in the short, medium and long term, with the view of system strengthening for communication, planning and implementation

- **Training of Trainers (TOT):** A pool of master trainers will be trained at the national level in social mobilisation/advocacy, design and implementation of this Multi-sectoral C4D strategy for AGs. Further cascade training will be conducted at the district level. The master trainers will be nominated by each stakeholder line ministry at the national level.
- **District managers (DHO, DHE, DHI, DEO, and DCDO, CDOs, Probation Officers and others):** Capacity building of the district health management teams in communication is crucial for the implementation of the Multi-sectoral C4D Strategy for AGs at the sub-national levels. The focus will be on strengthening, developing, implementing and monitoring district specific communication for development plans. This will not be a one-time activity but a series of participatory workshops will be conducted to equip them with the necessary communication and mobilisation skills for AGs.
- **Teachers, VHTs, LC1s, Chiefs, religious leaders, teachers and health assistants:** For sustained behaviour change at community, household levels, IPC and counseling skills of the service providers at community level such as VHTs and Parish District Committees (PDCs) are extremely important. They will be trained to enhance their IPC and counseling skills and in the use of IEC materials related to AGs' IEC packages. They will also receive basic training in community mobilisation to form local alliances/networks/ support groups.
- **National Teachers' Colleges (Secondary schools), Primary Teachers' Colleges (Primary schools) (MoES), Health Promotion and Education and Dept. of Community Health and Communication Department (MoH) etc:** Under this component, the focus will be on reviewing and building 'total performance capacity' of these institutions; their training methodologies, strategies, tools and human resources as well as ensuring they have capacity to train key components

of communication for development.

1. Creating a positive image through a multi-media strategy using the positive deviance model

An evidence-based *national multi-media campaign* will be rolled out addressing key behavioural bottlenecks to AGs' well-being and development across different stakeholders. In addition to raising awareness, the campaign will specifically focus on shifting gender and social norms by showcasing, 'positive role models' in Uganda. One of the major categories of role models will be service providers. Service providers from different sectors will be nominated by the adolescents and communities for their 'exceptional' contribution to the AGs programme. These champions will then appear on various traditional and non- traditional (social media) platforms using a positive deviance model.

Positive Deviance (PD) refers to a behavioural and social change approach which is premised on the observation that in any context, certain individuals confronting similar challenges, constraints and resource deprivations similar to what their peers are experiencing, will employ uncommon but successful behaviour or strategies which enable them to find better solutions.

The purpose of the PD approach is to build self-efficacy among the service providers and also a positive image both in their own eyes and in the eyes of the larger public.

2. Advocacy with sectors to come up with sector guidelines for creating a non-monetary incentive mechanism

The C4D strategy will support the AGs' multi-sectoral technical working group in advocacy and technical support to sectors to come up with guidelines for the development and roll out of 'non-financial reward mechanisms for service providers'. This working group will provide appropriate technical support for identifying motivational triggers based on theories of behaviour change.

Substantive research from many parts of the world, including Uganda, shows that non-financial rewards can have a significant impact on employee satisfaction and motivation³⁸.

38 Dambisya Y; A review of non-financial incentives for health worker retention in east and southern Africa, Health Systems research Group, Department of Pharmacy, School of Health Sciences, University of Limpopo, South Africa. Equinet discussion paper number 44 with ESC A-HC, May 2007

TYPES OF NON-FINANCIAL INCENTIVES

Most non-financial incentives fall into four categories: **recognition**, **reward**, **opportunity** and **flexibility**. Consider the following list of ideas for new ways to validate and engage in lieu of a pay increase or bonus.

TABLE 32: EXAMPLES OF DIFFERENT TYPES OF INCENTIVES

Table 32 below gives another example of doing an assessment for developing a non-financial incentive system as a part of a training needs assessment;

| RECOGNITION | REWARD | OPPORTUNITY | FLEXIBILITY |
|--|---------------------------------|-----------------------------------|---|
| 1. Award presentation and recognition among peers | 1. Vouchers | 1. Chance to lead teams and tasks | 1. Paid personal days |
| 2. Dinner with Minister/ Director General(DG) i.e., health, Police, etc. | 2. Prizes | 2. Paid training | 2. Flexible scheduling |
| 3. Enhanced decision making | 3. Gift cards | 3. Promotion | 3. Telecommuting options |
| 4. New office or upgraded work space | 4. Paid parking or transit pass | 4. Mentorship programme | 4. Ability to stop working on least favorite task |

The discussion below captures a more detailed discussion on the various forms of non- financial incentives listed in the table above:

Recognition:

Everyone wants to be recognised yet many employees are not given even a pat on the back or a handshake by their bosses. If employers and managers have the privilege to criticise, it is only right for them to extend praise where it is due. Recognition can come in different forms, e.g. through a simple e-mail or informal appreciation ceremony for all those who have excelled management expectations for a given month.

Rewards:

Fringe benefits include additional allowances, annual leaves, health insurance plans and other benefits that they can enjoy alone or with their loved ones.

Opportunity:

- **Training:** When you train your employees, it means there is plenty of room for them to grow. They do not have to feel stuck to a routine job. They can look forward to much bigger challenges. Trainings are good for inspiration as they motivate employees to push themselves higher. On an individual basis, it offers them a good sense of their own strengths and weaknesses. Trainings, however, should be in line with the career path options of the employees, in order to use their learning to its fullest potential. It is best to conduct skills assessment before creating training programmes.
- **Chance to contribute:** You can greatly motivate your employees if you can make them feel that the success of your organisation also depends on them. You can do this by allowing them to head projects as well as getting their consensus on major decisions that can affect your business and organisation.

Flexibility:

It is a mandate for employees to follow their bosses but if supervisors get all the say, employees will immediately feel constrained. Workers still require a room where they can voice out their opinion and ideas, as well as the liberty to be versatile on their approaches to conflicts and problems. You can also emphasise flexibility in terms of work hours. Most of the career people these days are mothers and fathers who have greater personal responsibilities. To be able to work at their own pace will permit them to take care of all their obligations (both at home and at the office).

Sense of Belonging:

Sickness is just one of the least causes of absenteeism. It is actually conflict and politics in the work place that makes workers hate coming to the office. Though most employees understand the employee-manager relationship, it is also important for them to be treated with a sense of friendship and belonging. Take time to come up with team-building activities. It does not have to be very long or tedious. Your team simply has to strengthen the trust, respect and accountability with each other.

Table 33 below gives another example of doing an assessment for developing a non- financial incentive system as part of a TNA.

TABLE 33: CHECKLIST TO ASSESS AN ORGANISATION'S ABILITY TO PROVIDE AN INCENTIVE SYSTEM.

| PERFORMANCE FACTOR | GUIDING QUESTIONS |
|--|--|
| <p>Information: <i>Job Expectations</i></p> | <ul style="list-style-type: none"> ■ Is there an overall mission known by all? ■ How well do service providers understand their organisational goals? ■ Are strategies developed and communicated to achieve those goals? ■ Do strategies actually lead to fulfillment of the goals? ■ Is there alignment between performance, goals, and strategies to achieve the goals? ■ How are goals set for work? ■ How are employees involved in the goal-setting process? ■ Do employees know what is expected of them? ■ If we asked people what is expected of them, would they be able to tell us? ■ How clear are roles defined? ■ Do employees have clearly written job descriptions that really describe what we want them to do? ■ What work needs to get done? Who does it? Is it clear who is supposed to do what? ■ Can employees tell doing it right from doing it wrong? ■ How are decisions made? Who makes them? How well does the decision-making process appear to work? ■ How much input do people closest to the work have in making decisions? ■ How decentralised is the decision making? Who can make decisions about spending money? ■ How does this affect outputs? |
| <p>Information: <i>Performance Feedback</i></p> | <ul style="list-style-type: none"> ■ How do employees know how their performance compares to the set standard? ■ Does anyone give the workers feedback on their performance? In writing or verbally? ■ If you asked one of the workers how they are doing compared to what the Organisation wants, would they know? ■ How would they know? ■ Is the feedback understandable to employees? ■ Is the feedback tied to something over which they have control? (i.e., their own performance?) ■ How is the accomplishment of goals measured and acknowledged? |

| | |
|--|--|
| <p>Resources: <i>Environment and Tools</i></p> | <ul style="list-style-type: none"> ■ Do employees have all the tools they need to do their job? ■ Are there better tools available? ■ Is the environment helping or hindering getting the desired performance? ■ Is there a specific link between the performance and the tools that comes to mind? ■ Either observe or ask questions to find out about: <ul style="list-style-type: none"> o IEC/Counseling cards o Supervision and Monitoring checklists o Transport, Vehicles etc. |
| <p>Resources: <i>Organisational Support</i></p> | <ul style="list-style-type: none"> ■ Are organisational systems conducive to good performance? ■ Does adherence to policies and procedures allow good performance? ■ Do all parts of the organisation work toward the same goals? ■ How is the organisation structured? How does the structure help people get work done? How does it get in their way? ■ How is quality determined and measured? ■ Who makes decisions about budget items? Do employees have adequate input into budget decisions that will help them get their work done? ■ Are there any organisational processes that hinder effective work (e.g., a complicated clearance process that delays key supplies, tools or decisions needlessly)? ■ What kinds of meetings are there? Who attends? How do the meeting results contribute to work agendas? ■ What do employees need from a supervisor? Are they getting it? ■ How are problems solved? (Ask for examples.) |
| <p>Incentives:</p> | <ul style="list-style-type: none"> ■ If people do a good job, what happens? Anything? Does their work life get better or worse somehow? ■ If people do not do the work the way it should be done, what happens? ■ How do people get recognition for their work? ■ How/when are incentives/rewards given? ■ What opportunities exist for career development or promotions? ■ What are the procedures/criteria applied to make decisions about rewards? ■ What are the different existing mechanisms to recognize good staff performance? |
| <p>Skills and Knowledge:</p> | <ul style="list-style-type: none"> ■ Do employees know how to do their job? ■ What kind of prior training have employees had that relates to how well they do their job? Was that training effective? ■ Were employees able to apply what they learnt in the training programme? Why or why not? ■ What could future trainings do to fill in skill and knowledge gaps? ■ What is the in-training service policy? Does it actually work as described? How well does it work in keeping employees up to date with the skills and knowledge they need to do their job? |

Table 34 below shows key indicators for capacity development. It provides parameters used to facilitate the development of a capacity development training plan. After conducting a training needs assessment (See Table 31), the organisations learning and development unit is required to develop a plan. The key indicators have specific means of verifying if employees have comprehended the six areas of strengthening their abilities to work effectively in C4D work.

TABLE 34: KEY INDICATORS FOR CAPACITY DEVELOPMENT.

| | |
|-------------------------------------|---|
| 1. Raised awareness | <ul style="list-style-type: none"> ■ Participant understanding of an issue or situation improved ■ Participant attitude improved ■ Participant confidence improved ■ Participant motivation improved. |
| 2. Enhanced skills | <ul style="list-style-type: none"> ■ New skills/knowledge acquired ■ New skills/knowledge applied. |
| 3. Improved consensus/ teamwork | <ul style="list-style-type: none"> ■ Discussion initiated/resumed/activated ■ Participatory process initiated/expanded ■ Consensus reached ■ Action steps/plan formulated/improved ■ Collaboration increased/improved. |
| 4. Fostered coalitions/ networks | <ul style="list-style-type: none"> ■ Discussion initiated/resumed/activated ■ Participatory process initiated/improved ■ Informal network(s) created/expanded ■ Formal partnerships or coalitions created/expanded. |
| 5. Formulated policy/ strategy | <ul style="list-style-type: none"> ■ Stakeholders involved in process ■ Policy/strategy needs assessment completed ■ Stakeholder agreement reached ■ Action steps/plan formulated ■ Monitoring and evaluation plan designed ■ Policy/reform/strategy/law proposed to decision-makers. |
| 6. Implemented strategy/plan | <ul style="list-style-type: none"> ■ Implementation steps formulated ■ Monitoring and evaluation initiated ■ Implementation steps initiated ■ Implementation know-how improved. |

MONITORING AND EVALUATION



Monitoring and Evaluating the C4D Strategy

This chapter gives an insight into the monitoring and evaluation framework for the C4D strategy. It provides programme managers with guidelines on how to collect reliable and timely information on changes in behaviour and ongoing C4D activities. It also suggests methods of data collection, both quantitative and qualitative, to obtain a more comprehensive perspective of C4D processes and activities. This chapter draws from a UNICEF resource titled, “A global communication for development strategy guide for maternal, newborn, child health and nutrition programmes.”

What is Monitoring and Evaluation?

Monitoring of a programme or intervention involves the collection of routine data that measures progress toward achieving programme objectives. It is used to track changes in programme outputs and performance over time. It provides regular feedback and early indications of progress (or lack of progress).

Evaluation is a systematic way of gathering evidence to show which programme activities produced the intended results and which did not achieve the expected results for the specified intended populations. The evaluation is designed specifically with the intention to attribute changes to the programme interventions.

Timely implementation and monitoring alerts to problems or deviations from the programme provide information for improved decision-making, ensures more efficient use of resources and strengthens accountability of the programme. Monitoring also helps measure any changes in behaviour among the intended populations as well as reactions to programme interventions. Monitoring and evaluation are synergetic in the sense that while monitoring information can be collected and used for ongoing management purposes; reliance on such information on its own can introduce distortions. This is because it typically covers only certain dimensions of a project or programme activities. In contrast, evaluation has the potential to provide a more in-depth interpretation of performance. But evaluation is a more detailed and time-consuming activity and because of its greater cost it needs to be conducted more sparingly. One approach is to rely on monitoring information to identify potential problem issues requiring more detailed investigation via an evaluation.

To summarize, M&E can be used for three reasons:

- **Steering:** Steering and adjusting current programmes and projects;
- **Learning:** Learning more about what works and what does not;
- **Monitoring:** Accounting for the resources used in light of objectives formulated in advance and results achieved.

Monitoring and Evaluation Model

The C4D strategy will use a four-component model for monitoring and evaluating the C4D results:

FIGURE 7: KEY COMPONENTS TO THE MONITORING AND EVALUATION MODEL



There are four key components to the above model;

- 1 Inputs:** The resources that go into the programme (e.g. staff, volunteers, time, money, equipment, materials).
- 2 Outputs:** The activities, services, events and products that reach the intended populations.
- 3 Outcomes:** The short and medium- term results or changes in the intended populations as a result of exposure to the programme activities.
- 4 Impact:** The long-term sustainable changes in health, education, protection, participation (etc.) status in individuals, organisations, communities or social systems that occur as a result of programme activities.

Steps for monitoring C4D programmes

The following are the key steps for monitoring C4D programmes:

- 1 Clarify the purpose and scope of the programme monitoring:** Decide on what information you need about the programme inputs, outputs and outcomes, i.e. the reactions to programme activities among your intended population (including short-term behaviour outcomes if appropriate) and how much data you will collect and at what points in time. Only collect information that is immediately useful for programme process oversight.
- 2 Prepare an operational plan:** Describe the information that will be collected, from which source(s), by whom, by what dates and at what cost. Be mindful of ethical practices of ensuring the privacy and security of information regarding programme participants.
- 3 Develop process monitoring indicators:** For example, you may want to know the number of training sessions conducted for community health workers compared to the number of overall training sessions that were planned. Every quantitative indicator should have a numerator and a denominator.
- 4 Develop monitoring data collection templates:** Create the tools that programme staff will use to conduct monitoring activities, for example, observation checklists, audit templates, brief survey questionnaires and tracking/activity logs. Be sure to allow for recording any unintended consequences of programme activities (*See Annex III*). *How to Measure Girl Engagement Pages 15 – 16. Partners and Allies. A Toolkit for Meaningful Adolescent Engagement. The Coalition for Adolescent Girls. Poverty Ends with Her. © December 2015*).

- 5 Develop a monitoring data analysis plan:** Describe what information will be analysed, how, by whom and by what dates.
- 6 Develop monitoring reporting templates:** Create easy-to-use reporting forms that are mindful of the time it will take to complete and read. The format should be concise so that the information can be readily interpreted and acted upon.
- 7 Develop a mechanism for using monitoring reports to support ongoing programme activities:** Create a process for reviewing monitoring reports; discussing them with staff, partners and stakeholders as necessary. Then delegate tasks to address any issue(s) that are detected through the monitoring activities.

TABLE 35: EXAMPLES OF WHAT TO MONITOR AND TYPE OF QUESTIONS TO ASK PARTICIPANTS

| WHAT TO MONITOR | TYPES OF QUESTIONS TO ASK |
|--|--|
| 1. Inputs (resources used to develop the programme) | <ul style="list-style-type: none"> ■ Are the resources sufficient for producing adequate quantities of quality materials, paying staff to conduct/attend trainings? ■ Is there enough time to develop all the necessary materials, meetings, trainings, monitoring and evaluation templates and processes? ■ Are the distribution channels in place to ensure that programme materials reach the intended locations? ■ Are all communication channels operating as intended? |
| 2. Outputs (programme activities/ implementation) | <ul style="list-style-type: none"> ■ Are the programme activities taking place on schedule and according to the planned frequency? ■ Are the messages and materials being delivered as intended in the programme plan? ■ Are intended population members reacting to programme activities as expected (i.e., shifting practices, up take of services)? |
| 3. Programme Coverage | <ul style="list-style-type: none"> ■ Are the planned numbers of intended population members being reached by the programme activities? ■ Do the characteristics of the population members you are reaching match the population members you intended to reach? ■ Who is not being reached? Why not? |
| 4. Process (partnerships, collaborations, reporting mechanisms) | <ul style="list-style-type: none"> ■ Are the relevant partners and stakeholders involved in/contributing to the C4D programme as outlined in the programme plan? ■ Are the data collection and reporting mechanisms sufficient, efficient and user-friendly? ■ Are there programme management issues that require attention? ■ Is programme staff capacity suited to the programme tasks? |

Monitoring and Evaluation indicators around the Social Ecological Model

As mentioned in the ToC, this C4D's design, implementation and monitoring and evaluation framework uses the Social Ecological Model (SEM)³⁹ to identify opportunities and entry points for interventions that promote individual behavioural and broader social changes. It links behavioural and social change strategies with efforts to strengthen environmental and community support and participation.

In this sense, the five levels of influence should be reflected in the M&E design. The recommendations on indicators are listed as the following:

- **Policy/Environmental:** Add indicators that measure people's perceptions about policy agenda, media agenda and public agenda along with perceived facilitating and constraining environmental factors.
- **Organisational/Institutional:** Add indicators that measure specific outcomes of institutional changes including service accessibility, perceived quality, trust in the system, unmet needs and future requirements.
- **Community:** Add indicators that measure the extent and mechanisms of community participation so that the effort (dialogue and action) is inclusive of all community members. Based on the model of Communication for Social Change (CFSC)⁴⁰, indicators include: leadership, degree and equity of participation, information equity, collective self-efficacy, sense of ownership, social cohesion, gender and social norms and so on.
- **Interpersonal:** Add indicators that measure an individual's social network and social support including characteristics of social network and types of social support⁴¹. Types of social support include: emotional, instrumental, informational and appraisal support.
- **Individual:** Add indicators that measure psychological characteristics related to specific social, health, education, protection, participation indicators and concerns including awareness, knowledge, perceived susceptibility, perceived severity, benefits and costs, attitude, perceived subjective norm, perceived control and self-efficacy, behavioural intention, skills. etc.

39 Sallis, J. F. et al, Ecological models of health behaviour in Glanz .K, Rimer .K, and Lewis F.M (Eds.), Health behaviour and health education: Theory, research, and practice (pp. 465-486). San Francisco: Jossey-Bass, 2008.

40 Figueroa, M.E; *Communication for social change, an integrated model for measuring the process and its outcomes*, Rockefeller Foundation, 2002

41 Note: Traditional social network indicators (i.e., reciprocity, intensity or strength, complexity, formality, density, homogeneity, and directionality) cannot be easily measured through MICS surveys on cross-sectional samples because such indicators require a large number of questions

The table below lists key indicators across the intervention areas in the Social Ecological Model for adolescent girls.

TABLE 36: KEY INDICATORS ACROSS INTERVENTION AREAS

| INTERVENTION AREA | INDICATORS |
|-------------------------------------|--|
| Individual and Family | <ul style="list-style-type: none"> ■ % of girls who have knowledge on key practices ■ % of adolescents who participate in recreational, social or leisure activities for a specific time during the day or week ■ % adolescents who indicate their views are taken seriously in decisions at school, home and community ■ % of parents who have knowledge on key adolescent risk and protective factors ■ % of parents who participate in parenting sessions and other programme activities ■ % of parental connection; percentage of parents who understood worries and concerns of adolescents all or most of the time ■ % of adolescents who indicate their views are taken seriously in decisions at home |
| Interpersonal | <ul style="list-style-type: none"> ■ % of adolescent girls who sought out key adolescent services (e.g. assistance of a skilled health provider, a trained mentor) at least once in the past 3 months because of advice they received through family members, friends, or neighbours. ■ % of adolescent girls who were encouraged by family members, friends, or neighbours in the past 3 months to participate in extracurricular activities, school clubs, mentoring programmes, scholarships (other programme activities or practices) ■ % adolescent girls who received information regarding key adolescent issues from family members, friends, or neighbours in the past 3 months. |
| Community | <ul style="list-style-type: none"> ■ % of community leaders who have knowledge on key adolescent risk and protective factors ■ % of community leaders who promote positive gender and social norms through programme activities ■ % of community leaders who believe in alternative economic and social roles for girls |
| Organisational | <ul style="list-style-type: none"> ■ % of adolescent girls who have knowledge of where to access adolescent specific services, facilities or outreach within 30 min or 5 km from their home. ■ % of adolescent girls who believe that they can obtain quality advice and guidance at all times regarding their concerns and needs on adolescent related issues (SRH, counseling, mentoring etc.) |
| Enabling/ Policy Environment | <ul style="list-style-type: none"> ■ % of policy/decision makers who are aware of the impact of poor AGs development ■ % of policy/ decision makers actively participating in AGs programme activities ■ % of policy decision makers prioritising budgeting for AGs related programmes ■ % increase in number of media stories covering AGs issues |

TABLE 37: MONITORING AND EVALUATION FRAMEWORK

The M&E Framework provides details objectives, strategy approaches, activities, indicators and means of verifications for five specific target audiences that have been analysed in the behavioural analysis in Part I: Chapter 3.

| COMPONENT | OBJECTIVE | STRATEGY | ACTIVITIES | INDICATOR | MEANS OF VERIFICATION |
|--------------------|--|--------------------------------|--|--|--|
| Empowerment | By 2020 <i>adolescent girls</i> are empowered motivated through knowledge, skills, and participation (in) and linkages with peer groups and network to; complete two cycles of education, resist and report acts of violence, (child marriage, defilement, FGM/C) protect themselves from teenage pregnancy and HIV/AIDS | BCC Social Mob. | <ol style="list-style-type: none"> 1. Multi-media campaign 2. Orientation sessions with adolescent girls to build their knowledge on key practices and services 3. Life skills development 4. Establishment of in-school and out-of-school clubs 5. Mentoring programmes to increasing adolescent and adult engagement 6. Participation in school based extracurricular activities – Music, dance and drama, sports, debates: 7. Engaging adolescents in the Go to School, Back to School, Stay in School Campaign (GBS) 8. Elevating Girls’ voices in local, district and national dialogue and debate 9. Engaging girls in research, monitoring and evaluation 10. Volunteering 11. Use of ICT, Internet, SMS | <p>Process indicator</p> <ul style="list-style-type: none"> ■ No of radio/TV messages/jingles/spots ■ Number of awareness raising sessions held ■ No. of girls enrolled in life skills programme ■ No. of radio listener groups formed ■ No. of school clubs ■ No. of girls participating in extra curricula activities ■ No. of girls participating in the mentoring programme ■ No. of adolescents engaged in GBS campaign ■ No. of girls participating in district and national policy dialogue ■ No. of girls engaged in research, M and E ■ No. of girls participating in the volunteer programme | <ul style="list-style-type: none"> ■ IPSOS reports ■ Training reports ■ Activity reports ■ Focus group discussions ■ KAP survey |
| | | | | <p>Output indicators</p> <ul style="list-style-type: none"> ■ % of girls who are aware of their key rights and privileges ■ % of girls who are aware of available services ■ % of girls who demonstrate key life skills ■ % of girls taking a leadership role (in the school, community, district, national level) | |

| COMPONENT | OBJECTIVE | STRATEGY | ACTIVITIES | INDICATOR | MEANS OF VERIFICATION |
|----------------------------|--|----------------------------------|---|---|---|
| Parental Engagement | By 2020 <i>parents, guardians and caregivers</i> demonstrate positive behaviour towards adolescent wellbeing and development by; engaging girls in decision making at home, prioritising girls' education, condemning and reporting all forms of violence against girls (child marriage, defilement, FGM/C) and facilitating access to adolescent friendly health and other services | BCC Social Mob. | 1. Orientation sessions with parents to build knowledge on key adolescent development issues and increase demand for services | Process indicator <ul style="list-style-type: none"> ■ Number of sessions held ■ Number of parenting sessions held ■ No. of radio listener groups formed with parents, guardians and care givers ■ No. of parental support networks revitalized/formed | <ul style="list-style-type: none"> ■ Attendance sheets ■ IPSOS ■ Partner reports ■ KAP survey |
| | | | 2. Parenting skills development sessions to increase key competencies | | |
| | | | 3. Radio listener groups for parents and caregivers | | |
| | | | 4. Build parental support networks for parents | | |
| | | | 5. Mobilise parents to increase parental and community participation in AGs programme activities | | |
| | | | 6. Home visits | | |
| | | | 7. Participation in community barazas | | |
| | | | 8. Participation in school and community events, special days | | |
| | | | | <ul style="list-style-type: none"> ■ % of parents, guardians and care givers who can access key parenting support in their community ■ % of parents, guardians and care givers advocating adolescent related issues (attendance of SMCs, Community Baraza's, etc) ■ % of adolescents who indicate their views are taken seriously in decision making at home | |

| COMPONENT | OBJECTIVE | STRATEGY | ACTIVITIES | INDICATOR | MEANS OF VERIFICATION |
|-----------------------------|--|--------------------|---|--|---|
| Community Engagement | By 2020 <i>religious/cultural leaders</i> value alternative economic and social roles for adolescent girls and promote girls education, SRH and shun all forms of violence against girls | Social Mob. | <ol style="list-style-type: none"> Coalition building with religious, cultural and community leaders through the district local government Orientation on adolescent issues Safety mapping and development of joint plans by leaders and DLGs to address issues Capacity building of religious leaders Strengthening coordination mechanisms between the FBOs and district local government Awareness raising of communities through places of worship and community groups Development of IEC materials/packages Dialogue and capacity building on gender norms and toxic masculinity Identification and mobilisation of male champions | <p>Process indicator</p> <ul style="list-style-type: none"> Number of coalitions formed Number of sessions held No. of districts that have completed the safety mapping exercise No. of religious/cultural leaders trained No. of districts with representative coordination platforms Number of places of worship delivery sermons related to AG Number of community groups being oriented by religious leaders Number of IEC materials/packages developed Number of dialogues held on gender and social norms and toxic masculinities Number of male champions mobilized <p>Output indicators</p> <ul style="list-style-type: none"> % of community leaders who have knowledge on key adolescent risk and protective factors % of community leaders who promote positive gender and social norms through programme activities % of religious/cultural leaders who develop and roll out advocacy plans through various platforms and coalitions % of districts with action plans to address the issues identified in the safety mapping exercise % of trained male champions advocating for the rights of AGs through various channels | <ul style="list-style-type: none"> Attendance sheets IPSOS Partner reports KAP survey |

| COMPONENT | OBJECTIVE | STRATEGY | ACTIVITIES | INDICATOR | MEANS OF VERIFICATION |
|---|--|-----------------|---|---|--|
| Advocacy with national and district leadership and the media | <p>By 2020 <i>National and district leaders and the Media</i> have knowledge and motivation to advocate for resources and policies in support of adolescent wellbeing and development in their constituencies and districts</p> <p>By 2020 <i>National and district media personnel</i> have the knowledge and motivation for coverage and reporting on adolescent wellbeing and development</p> | Advocacy | <ol style="list-style-type: none"> Capacity building of policy makers Conduct high level advocacy meetings to revive the support and commitment of political, religious and traditional leaders Develop/adapt advocacy kit Launch the Multi-sectoral C4D strategy for AGs by a key figure in government. Awareness raising/ capacity building sessions with media Meetings on key adolescent girls concerns with district leaders, heads of departments, religious and traditional leaders and key partners. Seek endorsement statements from credible authorities | <p>Process indicator</p> <ul style="list-style-type: none"> Number of policy makers who attend the sensitisation sessions Launch report Number of advocacy kits printed High level launch event held Number of awareness raising events held with the media Number of media members trained on positive reporting on AGs Number advocacy meetings held with district stakeholders Number of endorsements by key stakeholders <p>Output indicators</p> <ul style="list-style-type: none"> % of policy/ decision makers actively participating in AG programme activities % policy decision makers prioritising budgeting for AG related programmes % increase in number of media stories covering AG issues | <ul style="list-style-type: none"> Session report Launch report Capacity building workshop report Attendance sheet |
| | | | | | |

| COMPONENT | OBJECTIVE | STRATEGY | ACTIVITIES | INDICATOR | MEANS OF VERIFICATION |
|---|---|----------|--|--|---|
| Capacity building and motivation of service providers | By 2020 <i>Teachers VHTs, Health Workers, CDOs and Probation officers, police and legal officers</i> , have the knowledge, skills and motivation to work effectively with adolescents, parents, guardians and caregivers, communities, schools and other institutions to promote and offer adolescent friendly services | | <ol style="list-style-type: none"> 1. Training needs assessment for different cadres 2. Development of IECs/ materials/packages and other tool kits 3. Trainings and workshops conducted 4. Creating a positive image through a multimedia strategy using the positive deviance model 5. Advocacy for creating a non- monetary incentive mechanism. | <p>Process indicator</p> <ul style="list-style-type: none"> ■ Training needs assessment completed ■ Number of IECs and tools developed with a motivational component ■ Number of services providers trained ■ Number of multi- media spots, articles, talk shows (etc.) aired as positive images by service providers ■ Number of counseling sessions held by service providers <p>Output indicator</p> <ul style="list-style-type: none"> ■ Number of communities who report service providers as a major source of information regarding AG ■ % of adolescent girls who sought out key adolescent services (e.g. assistance of a skilled health provider, a trained mentor) at least once in the past 3 months because of advice they received through the service providers ■ % of adolescent girls who believe that they can obtain quality advice and guidance at all times regarding their concerns and needs on adolescent related issues (SRH, counseling, mentoring etc.) ■ Number of sectors with guidelines on service providers' motivation | <ul style="list-style-type: none"> ■ Training needs assessment report ■ Session report ■ IPSOS ■ Service providers monthly/quarterly plans ■ Attendance sheet ■ Survey and Interviews ■ Community Interviews |



ANNEX I

COMMUNITY DIALOGUE GUIDELINES

SECTION A:

3.0 Definition of community dialogue concepts

3.1 Definition

A community dialogue is a process of joint problem identification and analysis leading to modification and redirection of community and stakeholders' actions towards preferred future for all. A community dialogue is an interactive participatory communication process of sharing information between people or groups of people aimed at reaching a common understanding and workable solution. Unlike debate, dialogue emphasises listening to deepen understanding. It develops common perspectives and goals and allows participants to express their own views and interests.

3.2 Differences between debate and dialogue

| DEBATE | DIALOGUE |
|--|---|
| Denying opposing views. | Allows expression of different views. |
| Participants listen to refute views of other people. | Participants listen to understand and gain insight. |
| Questions are asked from a position of certainty. | Questions are asked from a position of curiosity. |
| Participants speak as representatives of groups. | Participants speak with free minds. |
| Statements are predictable and offer little new information. | New information surfaces. |

3.3 Concepts and principles of community dialogue

Community dialogue is based on two main principles:

■ Problem-based adult learning

- i. Individuals will go for things that are relevant to them.
- ii. Individuals have a lot of knowledge, skills and experience, which can be built on or improved upon.
- iii. People like to be respected and will eagerly participate in issues that affect their lives.

■ Negotiation (*dialogue is a process of bargaining, give and take*)

- i. Dialogue focuses on the problem to be solved together with all parties based on existing experience, capabilities and opportunities rather than pre-determined messages that must be communicated by one party and received by the other.
- ii. All partners involved, service providers and the community may experience behaviour change in the process of dialogue.

Other principles include the following:

- Sensitivity to local, family and community experiences: working by invitation and commitment and not imposition.
- Facilitation rather than intervention of experts.
- Use of participatory approaches with space for listening, inclusion, agreement and expressions of concerns.
- Respect for differences and mutual trust.
- Willingness of facilitators to engage in a process of self–development.
- Working in partnerships with NGOs and CBOs.
- Belief that communities have the capacity to identify needed changes, own these changes and transfer change to other communities.
- A grounding in universal human rights.
- Gender sensitivity, a focus on participation and inclusion of women and girls.
- Mutual learning (facilitators with community, community with facilitators, community with community among community members and organisation to organisation).

3.4 Objectives for conducting community dialogue

- The main objective of community dialogue is to generate response from communities and individuals that result into commitment to addressing the identified problems (issues)/gaps in a participatory manner. Community dialogue aims at:
 - Generating deeper understanding of the nature of the epidemic issue among individuals and communities in order to influence change.
 - Surfacing common issues and the resources to address them, (helps identify barriers to positive change and uncover innovative ideas).
 - Building a pool of resource persons with transformative leadership abilities and facilitation skills to scale up the community response to HIV/AIDS and other related development issues.
 - Providing a forum for the unheard to be heard.
 - Promoting social contacts among various groups in the community.
 - Promoting self-esteem, self-confidence, tolerance, trust, accountability, introspection and self-management.
 - Promoting ownership and accountability.

3.5 Characteristics and key components of a community dialogue

- It is firmly rooted in a common set of core values (inspiring, harmonising).
- It is directed towards a freely agreed common purpose.
- It is based on mutual respect, recognition and care.
- It is enabled by a safe environment and based on integrity.
- It entails genuine listening and acceptance of feedback even if it is different from what is expected.

3.6 Benefits of conducting community dialogue

- It helps to identify and enlist key individuals for sustainable partnerships.
- It helps solicit community participation, support and commitment in problem solving for sustainable behaviour change.
- It promotes sharing of information and ideas between individuals of different cadres and backgrounds.
- It facilitates joint community assessment to identify community problems and effective solutions.
- It promotes deeper understanding of communities, their situation, current practices, interests, existing opportunities and challenges for sustainable behaviour change.
- It promotes skills building of the facilitator in the development and maintenance of effective dialogue with the community in order to facilitate joint decision-making and problem solving for sustainable behaviour change.
- It helps to generate local media attention.
- It helps leaders of all sectors to recognise their roles in building sustainable healthy communities.
- It promotes accountability and ownership of agreed interventions.

A good dialogue offers those who participate the opportunity to:

- Listen and be listened to so that all speakers can be heard.
- Speak and be spoken to in a respectful manner.
- Develop or deepen understanding.
- Learn about the perspectives of others and reflect on their own views.

3.7 Challenges of community dialogue

- Dialoguing is time consuming; therefore, timing for dialogue should be appropriate.
- It requires good facilitating skills.
- It requires a good and suitable venue which is free from any disruption and where the participants are comfortable.
- Poor preparation and planning affects the quality of discussions during dialogue sessions.

3.8 Where can a dialogue occur?

A dialogue can take many forms. It can involve five people around a fireplace to a hundred or more-people attending a village meeting. A dialogue can occur:

- At a school
- At a market place
- In a boardroom
- In places of worship
- During club meetings
- In meetings of existing partnerships.

3.9 Who can host a dialogue session?

Anyone can convene and host a community conversation and anyone can participate in a dialogue. Community conversations may be initiated by:

- Organisation NGOs
- FBOs/faith leaders
- CBOs
- Community leaders/community organisers
- The youth
- Health workers
- Special interest groups like People Living with HIV (PLHIV)
- Extension workers
- Officials from the local assembly

NB: *Before conducting these dialogue sessions, organisations should go through the District Assembly (DA) in order to formalise the process and gain authority to work at both the district and community levels. This will enable the DA to become aware of what is happening in their district and they should be able to help out with the dialogue session or any projects resulting from it. At community level, CBOs intending to conduct dialogue sessions should also inform the DA of the activity and whether they require any support.*

3.10 Methodologies and tools

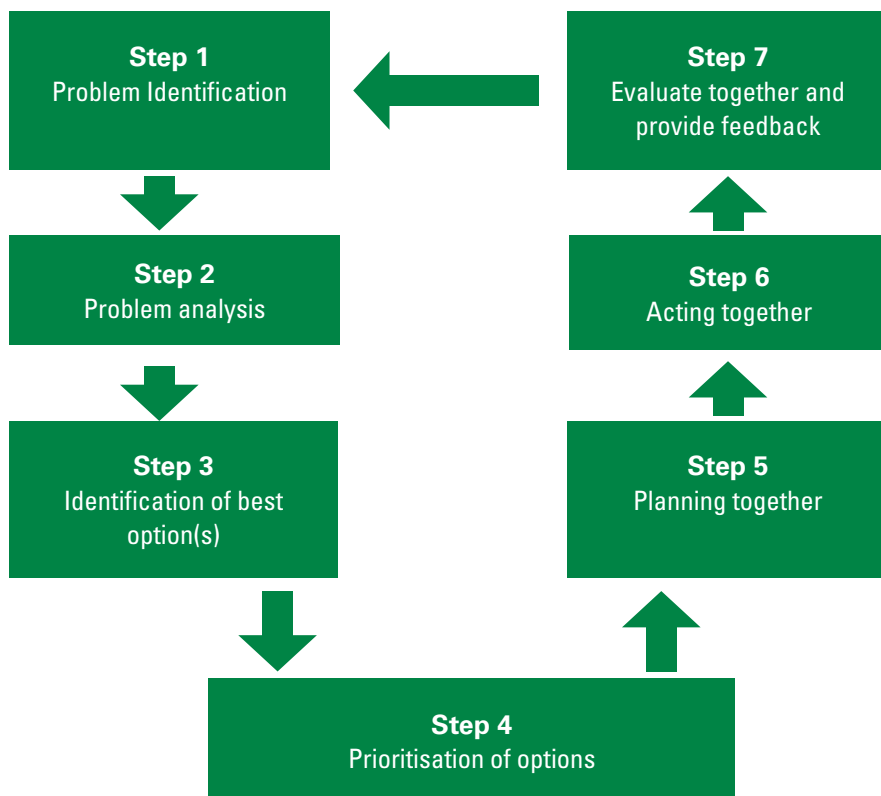
The community dialogue approach is adapted to suit the participants' level of knowledge and skills. The following methods may be used depending on the topic and assessment of participants' capabilities:

- Strategic questioning
- Story-telling
- Historical timelines
- Mapping and transect walks
- Traditional wisdom (proverbs, songs)
- Discussions.

SECTION B

4.0 The conceptual framework for community dialogue

FIGURE 8: THE CONCEPTUAL FRAMEWORK FOR COMMUNITY DIALOGUE



4.1 Steps for conducting community dialogue

i. Problem identification

The first step in conducting a community dialogue is to identify the problem or issue at hand. In this case the issue could be HIV/AIDS, focusing on HIV Testing and Counseling (HTC), human rights or gender. It could be poor hygiene and sanitation due to lack of clean water and sanitary facilities.

At this point the team will identify current problems/ issues. What the community is doing about these issues, whether the actions are giving the required outcomes and what are the constraints / challenges faced by the community.

The gaps between the preferred behaviour and current practices will determine what will be required to address the problem.

ii. Problem analysis

Problem analysis involves a thorough analysis of the issue /situation at hand. Questions that can be asked under this section include:

- What are the causes of the problem /issue at hand?
- Is the issue /problem a shared problem in this community or is it perceived as a problem for only a few?

- How is the community responding to the problem? What is the community's current knowledge? What are current attitudes, practices and beliefs about the issue at hand?
- Has the community previously dialogued on the issue?
- Have traditional, religious and political leaders been involved in trying to address the problem /issue at hand?

NB: *Community members also have a wealth of knowledge, especially about local conditions and practices and should be allowed to contribute to the dialogue.*

iii. **Identification of the best options**

This section shall assist the user to identify the best options. In doing this, emphasis is placed on actions to be taken to achieve the intended behaviour and how to sustain them.

Identified options are prioritised based on their effectiveness, feasibility, relevance and appropriateness within the community's context

iv. **Joint planning**

At this planning stage, participants will examine the priorities set during the previous step before designing an appropriate community or village action plan. The plan will include the following elements:

- What will be done?
- When it will be done?
- Who will do what?
- Resources required and potential challenges.
- Measures or indicators of success.
- Participatory tools for monitoring and evaluating actions.

NB: *The plan should be developed collectively amongst the interest groups in order to collectively define results to be achieved and the activities to be carried out to achieve such results. This will help promote ownership of the projects amongst the members*

v. **Acting together**

After collectively developing an action plan, implementation of the plan should be conducted in a participatory manner, with each member recognising his/her role in the project. It is therefore important to build commitment of the various community members and stakeholders in order to ensure the success of the project.

vi. **Monitoring, evaluation and feedback**

Participatory evaluation involves a collective reflection of achievements, identifying what went well and why particular actions did not go well. Participatory evaluation creates a learning process, for the programme recipients, which helps them in their efforts. After the evaluation process the necessary feedback should be provided. This promotes ownership of the process and the will to do better next time. Reinforcement is also important to motivate participants to do better or sustain the desired behaviour.

SECTION C

5.0 Conducting a community dialogue session

Before conducting community dialogue, a rapid assessment of the community's needs should be conducted. Rapid assessment is a quick way of collecting information with a view to analyse the current situation for effective decision-making (Key Family and Community Childcare Practices, WHO, UNICEF 2005).

A rapid assessment tool helps collect data from the community, which describes the community, outlines important issues and provides a deeper understanding of the community's organisation, history, social context and its ability to handle situations. The assessment helps:

- Capture unspoken, influential rules and norms that may have a direct or indirect impact on the issue at hand.
- The team to take stock of the strengths and weaknesses, threats and opportunities of the community in handling situations.
- To reveal the attitudes and opinions of the community before the team embarks on the community dialogue initiative.
- The team to develop a deeper understanding of the issue at hand.

NOTE *Data collected during the exercise will act as a basis for community dialogue and joint planning.*

5.1 Preparing for the dialogue

A team approach to convening a dialogue will help build ownership and share the tasks involved. Members of the planning team should be able to articulate shared core values and work towards a vision that defines what is to be done and for whom it is done. Members of the planning team should be those who are credible and perceived to be trust worthy by the community. The role of team members should be clearly spelt out.

The planning team should brainstorm on the following:

The specific goal of the discussion in terms of:

- **What is the desired behaviour or result**, for instance increased awareness and understanding of gender, HIV/AIDS? (A list of expected outcomes should be developed).
- **Will there be any follow up services** that shall reinforce behavioural change like victim support units or community action groups? These could be set up after increasing the community's understanding and willingness to take part in the project activities.
- The components of the discussion in terms of;
- **What topics should be addressed?** Will the discussion be an exploration of various topics identified during the rapid assessment or is it designed to provide a single explanation of a specific topic or issue?
- **Who will facilitate the discussion?** Good facilitation is critical to a successful dialogue. A good facilitator should be selected (*Refer to Annex IV, pg 150 Qualities of a good facilitator*).

- **Where will the discussions take place?** Dialogues may be conveniently held in public areas like schools, the traditional authorities' headquarters or at a community centre that is comfortable and accessible by all.
- **When will the discussions take place?** When planning a dialogue session, it is important to consider participants' schedules, for example, a dialogue session held in the morning when individuals are likely to go to work in their fields will not be well patronised. It is important to be flexible with the programme.
- **What resources will be required?** Resources in terms of organisations that may be able to assist with either the dialogue session or any projects resulting from it are critical to successful dialogue sessions.
- **How will the project be sustained?** In order to obtain lasting impact of the dialogue session, sustainability of the project should be considered from the start. These plans on sustainability also assist in winning donor confidence.
- **Who will participate in the dialogue session(s)?** It is ideal to bring together individuals with diverse experiences to share ideas and opinions. Individuals of different status, gender, special interest groups like PLHIV should be brought together. Participants may be parents, guardians and caregivers, elected officials, community leaders and members of religious groupings depending upon the complexity of the problem. Dialogue groups may be as small as five people or as large as two hundred depending on the initiators' goals and objectives.
- **What format will the dialogue follow?** The type of discussions to have, for example, small group meetings or a large meeting or a year-long commitment among a group of key community leaders to study, reflect and discuss the problem.
- **Is the environment conducive?** Seating arrangements are important to ensure strong interaction among participants. Participants should be seated in a circle or in a U formation.
- **How to document the dialogue.** An individual should be identified from the group who will be responsible for taking notes, summarise important points and document the dialogue session. It would be interesting to involve the media who will document the process and take a few photos and video clips. This could be used as reference material for any future or repeat dialogue sessions.

5.2 Welcome and orientation phase

This phase sets the tone and context of the dialogue, which could begin, with the sharing of personal experiences and stories in order to level the playing field among the participants.

During this phase the facilitator should:

- Greet participants as they come in to put them at ease and encourage them to speak up.
- Conduct introductions, state the purpose of the dialogue and ask the group for any opinions before establishing any ground rules (*Refer to Annex I section 3.9, page 124*).

NOTE *The brainstorming exercise will assist to determine the goal of the dialogue and the desired outcomes.*

POINTS TO CONSIDER

- Target decision makers /influential people and others at household and community level.
- Trust, credibility and ownership should be instilled.
- in the participants before the dialogue is initiated.

5.3 Problem Identification

The problem or issue identified during the rapid assessment can be presented in the form of visual media or other starters like role-play, pictures, posters etc. The presentation should be short, simple, stimulating, realistic, posing one problem at a time, but yet mindful of not prescribing the solution to the problem. This promotes thoughtful discussion.

Participants should then be encouraged to comment on what they observed from the presentations where the facilitator should guide them by asking:

- What did you see/ hear?
- What was the problem?
- Is the problem evident in the community?
- Is it affecting the lives of community members?
- Are there any efforts that have been carried out by the community, its leaders or any other external organisations to address the problem?
- Is there anything that the community could do to improve on the current situation?
- What can other organisations or the local assemblies do to make a difference?

During this phase the facilitator should summarise the problem as experienced by the participants. The current preferred and recommended practices should be recorded as below:

| CURRENT PRACTICE | PREFERRED AND RECOMMENDED ACTIVITIES |
|--|---|
| Men and boys in the communities not involved in HIV and AIDS care and support activities | Increased involvement and participation of men and boys in HIV and AIDS care and support activities |

5.4 Problem analysis

Problem analysis involves finding out more information about the current problem. The facilitator will take the participants through a process of understanding every aspect of the problem by answering the what, why, who, when and how questions. This will assist the group to work towards finding out:

- Reasons for the current behaviour
- The frequency of the practice
- Length of time the behaviour has been in practice.
- The impact the behaviour has on the lives of community members
- The perceptions of the community members
- Key players in solving the current problem.

TIPS

- The facilitator should be patient, respectful, open and not interrupting.
- The facilitator should have confidence that local people are capable of performing their own analysis.

5.5 Identification of the best options

Identification of the best options involves generating solutions to the problem/issue, appraising the options and finally coming up with a decision on what solutions to be tried first. This phase requires the group to be creative in coming up with a range of solutions and it is therefore important that the facilitator promotes open discussion and encourages group members to give in their opinions.

The facilitator may use the go around method so that everyone is provided with the opportunity to suggest ideas or group members may write down their ideas on a piece of paper. These ideas will be collected, discussed and summarised.

The facilitator may either use the brainstorming method, which is a tried-and-true way of coming up with ideas in a group. If the recommended practices have not come out of the group, the facilitator may provide such alternatives.

After appraisal of all options the facilitator will then take the group through a process where the solutions will be rated in order to make a decision on the best option. Each option should be analysed to find out whether:

- It is practical
- It is effective
- It is cost effective
- It is easy to put into practice or it requires external assistance
- It will be accepted or is consistent with the values and customs of the community
- It is sustainable.

Having weighed the solutions, the facilitator guides the group in coming up with a decision. The group by consensus discusses and negotiates until the best option is reached. The facilitator finally summarises the doable options.

TIPS

- Avoid arguing blindly for your own opinions.
- Do not let vocal individuals dominate the discussions.
- Do not change your mind just to reach an agreement.
- If you are making no progress take a break.
- The facilitator should encourage everyone to participate.

5.6 Planning together

In this phase, group members design appropriate plans of action based on the best possible options. The group will be guided through a brainstorming session to determine what needs to be done. The options will be broken into doable parts or action steps.

The following questions should be answered:

- What will be done /is to be done?
- To what extent will the actions occur? What will be the strategies?
- Who will do the work (is it the group members or some external assistance will be required)?
- When will the activities be done? (A deadline for action will help participants to focus)?
- What resources are required?
- Who will provide these resources and what resources are already available in the community?
- What are the potential challenges /constraints?
- How will these challenges be addressed?
- How will the activities be sequenced?

The action plan should be compiled as below:

| Issue: | | | | | |
|------------|-----------|-------------|----------|-----------|-------------|
| Objective: | | | | | |
| Activity | Indicator | Lead Agency | Partners | Resources | Time Framed |
| | | | | | |
| | | | | | |

5.7 Evaluating Together

An evaluation at the end of a dialogue session will allow:

- participants a chance to comment on the dialogue process where participants will be able to provide perceptions on how the dialogue was conducted.
- participants a chance to air their views.
- the dialogue leader to be provided with feedback on how the dialogue session had been facilitated.

Evaluations can be written and/ or expressed verbally. A short evaluation form may be distributed to get participants' feedback and to measure the impact of the dialogue.

NB: *If the response sheets are anonymous, participants are more likely to give their true opinions of what has happened.*

5.8 Concluding the dialogue and next steps

At the end of the dialogue the facilitator thanks the group for taking their time to share ideas and personal values and may give time to the group to air out any concerns or observations. The facilitator should let the group share the most important things gained from the discussion. The groups then collectively consider some possible steps in the action plan, for example:

- The group may decide on a particular idea that demands an immediate action.
- The group may decide to have more in-depth conversation and involve some individuals who were not present at the time of the dialogue.
- The group may decide to have additional dialogue sessions on other relevant issues. The group may share information about existing community initiatives that could benefit from volunteers, leadership or such dialogue.

POINTS TO CONSIDER

- Dialogue sessions should be recorded and documented. Such documentation could help to measure success of the dialogue and identify any needed improvements.
- Members of the group should be provided with a report on the dialogue session with action points clearly outlined.

SECTION D

6.0 Monitoring, evaluation and feedback

Monitoring is a continuous assessment of the functioning of the project activities in the context of implementation plans and schedules. On the other hand, evaluation is a technical activity that measures the impact and effectiveness of a project. Monitoring is a methodological arm of evaluation that tracks the prospects and incremental steps to its effects and forms the final evaluation report. Monitoring, evaluation and reporting should be part of the project design and not be added later when the project is near completion.

Monitoring, evaluation and reporting provide insight into what is working, what is not working and help to identify ways of reviewing strategies that are being utilised to implement interventions.

Monitoring community initiatives helps the facilitator and the participants to weigh actions against results. Monitoring helps to:

- Make decisions concerning the priorities of the initiative.
- Promote awareness of accomplishment.
- Solicit support.
- Secure funding for the initiative.
- Measure results.
- Identify strengths and challenges.

Sound measurement tools are critical for an effective design, good implementation and evaluation plan. A good monitoring tool will help answer the following questions:

- Are the planned activities being implemented?
- Are the activities being implemented correctly and according to schedule?
- Are messages and services reaching their intended audiences?
- Are project funds spent according to budgeted amounts or do resources need to be reallocated? *Refer to Annex III for the monitoring tool. Pages 143 - 149. A Toolkit For Monitoring And Evaluating Programs For Adolescent Girls. A Product of the Learning Community. Empower. Enriching Young Lives in Emerging Markets. © March 2014*

Progress towards achieving set objectives are tracked by monitoring changes in specific variables or indicators. Indicators provide insight into the progress of the programme and help to determine which components of the programme need to be changed in order to enhance progress. Indicators chosen for monitoring depend on the objectives, scale and type of project or programme. Good indicators should:

- Measure the phenomenon they are intended to measure.
- Produce the same results when used more than once to measure precisely the same phenomenon (reliable).
- Be specific (measure only the phenomenon they are intended to measure).

- Be sensitive (reflecting changes in the state of phenomenon under study).
- Be operational, measurable or quantifiable with developed and tested definitions and reference standards.

After the monitoring and evaluation process, the necessary feedback should be shared. This promotes ownership of the process; helps maintain the required standard and the will to do better next time.

NOTE

- Indicators should be well defined, feasible to collect, easy to interpret and able to track changes over time.
- Key monitoring points for outputs are quantity, quality, unit costs, access and coverage.
- It is not cost effective to have high quality services available if those services are unsuccessful in reaching significant numbers of people. Similarly it is not good to provide services to a large number of people if the services provided are of poor quality and result in low client satisfaction and usage rates over time.

ANNEX II

ADOLESCENT GIRLS' MESSAGES FOR PARTICIPANTS



ADOLESCENT GIRLS

1. Develop the interest to enroll, stay in school and complete two cycles of education and qualify.
2. Seek to increase your accessibility to adolescent sexual and reproductive health information and services to enable you to manage your growing bodies and demands of adolescence.
3. Develop and use life skills to prevent and protect you from all forms of GBV and harmful practices such as CM, FGM/C and sexual abuse. Ensure that when you experience any form of violence, you report immediately to parents, teachers, religious leaders, health workers and community leaders who can offer you protection and help to access services including justice.
4. Explore the behaviour of your friends and make friendship with those who have a positive influence on you and can help to offer support and guide you to access services.
5. Make friends with your parents and talk with them about your adolescent and sexual reproductive and health rights and concerns.
6. Seek to gain leadership and other life skills and participate in making decisions that affect your lives.
7. Be resilient and develop skills that enable you to be assertive, achieve self-esteem and confidence. Use the same life-skills to access economic opportunities and achieve socio-economic development.

PARENTS, GUARDIANS AND CAREGIVERS

1. Educate AGs: ensure AGs have access to quality education, remain in school, complete two cycles of education and qualify with primary and secondary school certificates.
2. Increase AGs' access to information and integrated health services, including HIV and AIDS prevention, care and treatment
3. Prevent and protect girls from all forms of GBV and harmful cultural practices including CM, FGM/C and sexual abuse. Ensure that girls who experience violence receive prompt protection, services and justice.
4. Talk to AGs about their reproductive health rights and concerns.
5. Ensure AGs gain leadership and other life skills and promote their participation in decisions that affect their lives by providing them with age appropriate opportunities.
6. It is important to understand that parents, guardians and caregivers' own behaviour has determining impact on adolescent children.
7. Appreciate the significance of the period of adolescence, its problems and challenges.

TEACHERS

1. Provide adolescent girls and boys with accurate sexual and reproductive health information to enable them manage their growing bodies and break down the taboo attached with it.
2. Facilitate the establishment of adolescent groups/clubs which offer spaces for girls and boys to talk about sensitive issues that affect their lives.
3. Build the capacities of AGs in life-skills to achieve self-esteem, self-defense and confidence so that they are able to resist negative social pressure.
4. Protect AGs from sexual exploitation or sexual abuse.
5. Provide appropriate counseling and guidance to pupils/students.
6. Create a supportive school environment that will attract AGs to stay in school and complete education.
7. Integrate a gender and rights perspective in the school system.
8. Promote and support programmes at school that attract pupils/students to the school e.g. concerts, sports days and science fairs.

HEALTH CARE WORKERS

1. Organise service delivery in line with locally acceptable standards for quality healthcare for adolescents.
2. Communicate with parents, guardians, family members, other members of the community and organisations about the value of providing respectful, confidential health services to adolescents.
3. Work effectively with schools and other community-based programmes and services caring for adolescents (e.g. involve school nurses in health promotion activities and develop a structured approach for follow-up and referral.
4. Regularly assess the quality of healthcare provision including assessments of adolescents' experience of care, and apply findings to improve quality of care .

RELIGIOUS AND CULTURAL LEADERS

1. Speak in churches, mosques and other places of worship and make the congregations aware of the key issues of adolescent health and development.
2. Ensure parents, guardians and caregivers and communities demonstrate positive behaviour by supporting AGs to enroll, remain in school and complete two cycles of education and qualify with certificates at primary and secondary levels.
3. Ensure parents, guardians and caregivers and communities value alternative economic and social roles for adolescent girls and shun child marriage
4. Make public declaration to shun CM and other forms of VAC.

DISTRICT LOCAL GOVERNMENT

1. Raise awareness on the consequences of traditional practices that are harmful for AGs' growth and development like dropping out of school, child marriage, FGM/C, defilement, child labour and corporal punishment in schools.
2. Support the implementation of holistic and integrated programmes for AGs' well-being and development at district and community levels.
3. Help in bringing and maintaining adolescent reproductive and sexual health at the centre-stage in all local government development agenda.
4. Awareness raising with district leaders and local councils for pro-adolescent/pro-youth approach in line with the global and national changing perceptions and demands by the young people.
5. Integrate a gender and rights perspective in all district programmes.

MEDIA

1. Mold people's attitudes and perceptions with regard to AGs' and their needs.
2. Provide a constructive role in breaking myths and prejudices that are prevalent in society around AGs.
3. Encourage positive and meaningful discussions on AGs' vulnerabilities and dedicate specific time/space for these issues.
4. Give extensive coverage to organisations and coalitions working for AGs.
5. Use media to influence different policies and practices that positively impact adolescents.
6. Partner in public service campaigns on AGs' education, health, prevention of violence and economic empowerment.
7. Provide space and opportunity for AGs to voice their concerns and portray strong 'adolescent girl' role models.

NON-GOVERNMENTAL ORGANISATIONS

1. Address negative gender social norms and practices relating to AGs' health and development.
2. Initiate positive dialogue on adolescent concerns and rights.
3. Provide space and opportunities for AGs to present their concerns to elders without fear and hesitation.
4. Provide protection to AGs from unlawful punishments.
5. Help government and civil societies to organise IEC camps and interactive sessions on AGs' well-being and condemn social evils like child marriage and FGM/C in the area.

PARLIAMENTARIANS

1. Continue efforts towards effective policy, programmes, dialogue and legislation for AGs.
2. Play a positive role in breaking social taboos in your constituencies.
3. Raise awareness on the consequences of traditional practices that are harmful for AGs' growth and development like dropping out of school, child marriage, FGM/C, defilement, child labour and corporal punishment in schools.
4. Incorporate gender and rights perspective into your speeches/addresses.
5. Raise AGs' health, education and protection issues in parliament and other public forums and encourage positive discussions and debate.
6. Take a proactive role in providing protection to adolescents from family/ community punishments.
7. Promote change in people's attitudes to empower AGs by providing equal opportunities for education and recreation irrespective of age, gender, sex and class.
8. Ensure AGs' concerns are incorporated into educational and health programmes and projects.
9. Advocate for better resources for AGs' programming across all sectors; health, education, protection and survival.

PRIVATE SECTOR

1. Economic empowerment: develop internships, training opportunities and lessons in financial literacy to ease girls' transitions from school to work
2. Work with government and development partners to develop and enforce policies against violence and discrimination towards girls.
3. Provide a platform for the youth to advocate on behalf of girls: educate leaders about their lives and issues, press for appropriate laws, policies then design services and outreaches.
4. Provide incentives to companies that implement AGs' programmes, develop codes of conduct that encourage training, employment and empowerment of young women in the work place.



UNDERSTANDING ADOLESCENCE

Adolescents are persons between the age group of 10-19 years. Growth phases can be demarcated as early adolescence (10-13 years), middle adolescence (14-16 years) and late adolescence (17-19 years)

Adolescence is marked by:

- Rapid physical, psychological and social maturation
- A need to extend relationships beyond the immediate family
- A sense of idealism, curiosity and adventure
- Willingness to take greater risks and experiment.

Concerns of adolescents

A: PSYCHOLOGICAL CONCERNS

1 Developing an identity

- Self – awareness helps adolescents understand themselves and establish their personal identity. Lack of information and skills prevent them from effectively exploring their potential and establishing a positive image.
- AGs are brought up with several stereotypical gender roles. Boys build their ‘egos’ to assume masculine roles. “Suffering in silence” is seen as a virtue among women and girls.

2 Managing emotions

- Adolescents have frequent mood changes reflecting feelings of anger, sadness, happiness, fear, shame, guilt and love. Very often, they are unable to understand the emotional turmoil.
- Sex hormones secreted during puberty affect changes in sexual and emotional behaviour.
- Lack of knowledge regarding bodily and emotional changes cause stress.
- They do not have a supportive environment in order to share their concerns with others. Counseling facilities are not available.

3 Building Relationships

- As a part of growing up, adolescents redefine their relationships with parents, guardians and caregivers, peers and members of the opposite sex. Adults have high expectations from them and do not understand their feelings.
- Adults do not respect their right to choose with dignity and participate in decision-making processes.
- Adolescents need social skills for building positive and healthy relationships with others including peers of the opposite sex. They need to understand the importance of mutual respect and socially defined boundaries of every relationship.

4 Resisting peer pressure.

- Adolescents find it difficult to resist peer pressure. Some of them may yield to these pressures and take on to experimentation at greater risk.
- Aggressive self- conduct; unsafe sexual behaviour and drug use involve greater risks with regard to physical and mental health. The experiment with smoking and milder drugs often leads to switching over to hard drugs and addiction in later stages.
- The risk of contracting HIV/AIDS and getting involved in anti-social behaviour are serious concerns during adolescence.

B: HEALTH CONCERNS

1 Understanding the process of growing up

- Body image and rate of growth in relation to peers is a major concern of young adolescents.
- Misconceptions about menstruation, touching of one's private parts for their sexual self-gratification and nocturnal emissions cause stress.
- Gender and social norms and inability to share their concerns with others make it even more stressful.

2 Acquiring information, education and services on reproductive and sexual health

- Exposure to media and mixed messages from the fast-changing world has left adolescents with many unanswered questions.
- The widening gap in communication between adolescents and parents especially on Adolescent Reproductive and Sexual Health (ARSH) is a matter of great concern.
- Teachers still feel inhibited to discuss issues frankly, sensitively and interestingly.
- Service providers are judgmental and do not ensure confidentiality.
- Adolescents seek information from their peer group who are also ill-informed and some fall prey to quacks.
- Fear and hesitation prevent them from seeking knowledge on preventive methods and medical help if suffering with Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs).

3 Communicating and negotiating safer sexual practices

- Sexually active adolescents face greater health risks.
- Their knowledge of contraceptive and use of condoms to prevent STIs is limited.
- They have poor access to contraceptives and condoms.
- They have poor skills to communicate, negotiate and assert themselves. These increase vulnerability to STIs / HIV infection.
- The power relation in a sexual relationship makes it difficult for female adolescents to negotiate for condom use.
- Adolescent females are more susceptible to such infections due to biological structure; lower status within gender relationship; lack of financial power.
- Girls may also face mental and emotional problems related to too early sexual initiation.
- For unmarried mothers, there is social stigma, leading to horrifying consequences.

4 Poor health

- Nutritional intake among adolescents, especially girls, is still a matter of concern. Several families do not yet recognise food intake needs of a girl. Girls are not served adequate/nutritious food in comparison to male members/ siblings in the family etc.

SOCIAL PRACTICES:

1 Avoiding child marriage and teenage pregnancy

- AGs are often forced into child marriage and have very little say in selecting their marriage partners.
- Child marriage has far reaching consequences in terms of their development, fertility rate and reproductive health.
- Child marriage curtails education and alters their choice of careers.
- Cultural, gender and social norms may encourage teenage child bearing, posing risks to both infants and mother. If girls who are not fully developed become pregnant, they can experience damage to their reproductive tracts, delayed or obstructed labour, ruptures in the birth canal and increased risks of maternal mortality.
- Teenage parents lack experience, skills and resources needed to raise their children.

HOW TO MEASURE GIRL ENGAGEMENT

Once you have established your institution, program, or project's plan for engaging girls, it is important to build an adolescent-girl-informed monitoring and evaluation (M&E) plan. A good M&E plan can make the difference between a meaningful girl engagement process that makes an impact upon the lives of girls and a process that is merely an expression of good intention. The process of girl engagement can be measured by developing indicators that help an institution, program, or project assess progress toward achieving safe and effective girl engagement. It is crucial that the indicators measure the process as well as the outcomes to maintain accountability. It is also essential to measure the effects of the intervention on girls' behaviors, perceptions, and experiences, rather than just measuring girls' presence or access. Successful girl engagement strategies will develop indicators that are SMART (specific, measurable, achievable, relevant, and time-bound). SMART indicators should measure:

- A full vision of girls' situations, including which girls are accessing programs, services, or opportunities, and which girls are not, and reasons why for both;
- Individuals lost to follow-up in order to understand why girls are dropping out of programs;
- Impact of efforts on girls at the individual level, including personal growth and skills development and on institutions, policies, and programs;
- Beyond the output level, including outcomes related to the process of girl engagement;
- Operational changes, including in a humanitarian response; and
- What girls are doing after the engagement process ends.

A list of sample indicators can be found below. These sample indicators are based on the desired outcomes of adolescent girl engagement identified by adolescent girls, youth, and adult allies who participated in the consultations and development of this document. Though based on the key outcomes of adolescent girl engagement (see textbox) this list is not comprehensive for all types of programs, but will serve as a starting point for a strong monitoring and evaluation plan. Each outcome is listed alongside sample indicators that can be used to measure progress toward achieving it. The sample indicators generated by adolescent girls, youth, and adult allies should be adapted as needed to reflect your institution, program, or project's focus and the context of the engagement.

KEY OUTCOMES OF MEANINGFUL ADOLESCENT GIRL ENGAGEMENT

1. Girls have opportunities, space, and power and are active citizens who shape the solutions that impact their lives.
2. Girls are actively involved in their communities.
3. Institutional, program, and project approaches and solutions are intentional and informed and led by girls.
4. Girls are respected, heard, and valued as active change agents by adults and other stakeholders.
5. Girls can access information, networks, power, skills, and services and exercise their rights.
6. Girls know their right to and play a critical role in advancing their communities and society.

INSTITUTIONAL, PROGRAM, OR PROJECT LEVEL

| OUTCOME | SAMPLE INDICATOR(S) |
|--|--|
| Approaches and solutions are intentional, informed, and led by girls. | <ol style="list-style-type: none"> 1. Number of interventions, programs, evaluations, or projects that are designed or initiated by girls 2. Project uses a multi-sectoral approach to address multiple aspects of girls' lives 3. Number of girls who participated throughout the program cycle, from design to implementation to evaluation |
| Girl engagement is not only seen as an "end," but also as a means to develop strategies for accountable programs, research, or policy development. | <ol style="list-style-type: none"> 1. Existence of board or steering committee with girls in leadership roles 2. Number of meetings or conference calls that include both adults and girls 3. Governing bodies actively include young women and girls in decision-making |
| Resources are allocated to support proven approaches. | <ol style="list-style-type: none"> 1. Existence of specified and sustainable budget line for girl engagement processes |
| Policies, programs, and research are gender transformative while being tailored to meet girls' and boys' unique needs. | <ol style="list-style-type: none"> 1. Number of laws, policies, or procedures drafted, proposed, or adopted to promote gender equality 2. Institutional, program, or project staff received gender sensitivity training 3. Institutional, program, or project team conducted a gender-based analysis |
| Girls are not just seen as beneficiaries, but also change-makers, leaders, and an integral part of development and humanitarian agendas. | <ol style="list-style-type: none"> 1. Percentage of girls participating in institutional, program, project, or community activities/bodies 2. Number of girls taking leadership and advisory roles within initiatives or institutions |

COMMUNITY LEVEL

| OUTCOME | SAMPLE INDICATOR(S) |
|--|--|
| A diverse group of advocates, including men and boys where appropriate, work on behalf of adolescent girls and the issues that impact them. | <ol style="list-style-type: none"> 1. Percentage of girls who feel they have strong female role models within the community 2. Percentage of men and boys in the community who support girls' equal rights and opportunities |
| Girls are active members of the community and treated as experts on their rights. | <ol style="list-style-type: none"> 1. Percentage of girls who know of platforms where they can inform community development 2. Number of girls involved in community organizations 3. Percentage of girls who know about clubs or groups, but are not members 4. Percentage of girls who report participation in community activities, events, or voting processes |
| Girls are recognized as unique persons beyond their reproductive capacities or economic benefit, with voices and ideas that should be heard and respected. | <ol style="list-style-type: none"> 1. Number of girls who report that they believe their input is valuable 2. Number of family and community members who report that they believe girls' input is valuable |
| Social norms regarding gender are supportive and inclusive of girls' rights. | <ol style="list-style-type: none"> 1. Percentage of girls who feel they can cope with community backlash or gender discrimination 2. Percentage of police reports filed by, on behalf of, girls that are resolved in their favor |

INDIVIDUAL LEVEL

| OUTCOME | SAMPLE INDICATOR(S) |
|--|---|
| Marginalized girls have the tools, resources, and support to stand up for themselves and their rights. | <ol style="list-style-type: none"> 1. Number of safe spaces or clubs that serve and recruit adolescent girls 2. Number of strong female role models and mentors in the community 3. Percentage of girls who know how to access legal, social, and psychological support services 4. Percentage of girls who report having a positive self-image |
| Girls, in all their diversity, have access to networks, power, skills, and services to receive information and exercise their rights, voice their opinions, and shape solutions that impact their lives. | <ol style="list-style-type: none"> 1. Percentage of girls accessing savings and/or financial services 2. Percentage of girls accessing economic skills training 3. Percentage of girls who report a high level of sexual and reproductive health knowledge 4. Percentage of girls who feel they can move about safely within their community 5. Percentage of girls who know their rights and entitlements (i.e. legal, health, and economic) 6. Number of girls who believe they have the skills to achieve their aspirations (when age appropriate) 7. Percentage of girls who share their knowledge and with whom (other girls or adults) |
| Girls' educational and economic opportunities increase and their vulnerability is reduced. | <ol style="list-style-type: none"> 1. Percentage of school-age girls who enroll and attend school regularly 2. Percentage of girls who participate in economic skills training initiatives 3. Percentage of girls who feel comfortable reporting incidences of sexual assault |

MONITORING TOOL.

Planning and Budget Sheet (Baseline and Endline) - Girls

Girl Leader Names:

Mentor Names:

Organization:

Date:

Activity Plan

Baseline

What is the change that you would like to see in your community?

| Activity 1 | Activity 2 | Activity 3 | Activity 4 |
|---|---|---|---|
| How will this activity help the community change? | How will this activity help the community change? | How will this activity help the community change? | How will this activity help the community change? |

| | | | | |
|--|--|--|--|--|
| | | | | |
| What steps are needed? | What steps are needed? | What steps are needed? | What steps are needed? | What steps are needed? |
| What things will you need to buy/pay for? (later estimate costs for these) | What things will you need to buy/pay for? (later estimate costs for these) | What things will you need to buy/pay for? (later estimate costs for these) | What things will you need to buy/pay for? (later estimate costs for these) | What things will you need to buy/pay for? (later estimate costs for these) |
| How many people would you reach? | How many people would you reach? | How many people would you reach? | How many people would you reach? | How many people would you reach? |

| | | | |
|--|--|--|--|
| How will you know whether this activity had the effect you hoped for? What information will you collect? | How will you know whether this activity had the effect you hoped for? What information will you collect? | How will you know whether this activity had the effect you hoped for? What information will you collect? | How will you know whether this activity had the effect you hoped for? What information will you collect? |
| What may be the challenges and how might you overcome them? | What may be the challenges and how might you overcome them? | What may be the challenges and how might you overcome them? | What may be the challenges and how might you overcome them? |
| ENDLINE: Did you achieve all your aims for this activity? | ENDLINE: Did you achieve all your aims for this activity? | ENDLINE: Did you achieve all your aims for this activity? | ENDLINE: Did you achieve all your aims for this activity? |
| ENDLINE: What was your biggest achievement? | ENDLINE: What was your biggest achievement? | ENDLINE: What was your biggest achievement? | ENDLINE: What was your biggest achievement? |

| | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| ENDLINE: What did you not achieve? | ENDLINE: What did you not achieve? | ENDLINE: What did you not achieve? | ENDLINE: What did you not achieve? |
| ENDLINE: Why do you think that is? | ENDLINE: Why do you think that is? | ENDLINE: Why do you think that is? | ENDLINE: Why do you think that is? |

DUUGELI OI GIIRI LEADER ACTIVITIES - GIIRIS

| | Activity 1 | Activity 2 | Activity 3 | Activity 4 |
|---|---|------------|------------|------------|
| How much will this activity cost you? Think about all the things that you will need to buy or pay for and then list them, along with their cost for each activity | Example 250 copies of survey = 2 x 250 = 500/- Lunch for 15 trainees = 50 x 15 = 750 20 pens = 150/- 20 posters about survey = 1500/- | | | |
| Total cost for each activity | 500+750+150+1500 = 2900/- | | | |
| Total budget amount requested (add up all the costs for each activity) | Activity 1 = 2900/- Activity 2= 5000/- Total= 7900/- | | | |
| Mentor sign off | | | | |
| Executive Director at your organization | | | | |
| ENDLINE: What was your biggest achievement? | | | | |

ANNEX IV

QUALITIES OF A GOOD FACILITATOR

The following tips are offered to support you in your role of facilitator:

- Be flexible. Plan your process in advance, but be ready to change or adapt it to meet the needs of the group.
- Do not make the process too complex. You do not want the process to get in the way of learning and discussion. The larger the group, the simpler the process should be and the tools used.
- Do not try to cram too much activity into the time you have. Allow time for meaningful discussion. Often, the sharing of ideas and discussion has the most value for participants.
- Gain as much understanding as possible about the group and their objectives in advance of the session (numbers, work done to date, issues and concerns).
- There is a balance to strike between giving people time to express themselves and keeping the process on track.
- Think through the issues or problems that may arise in the facilitated session and know how you will respond.
- Ensure that all participants have a common understanding of the purpose and intended results of the session.
- An introductory exercise is always advisable as it breaks the ice and allows you to develop rapport with the group.
- Effective group facilitation requires trust. Trust is developed when you are genuine in your interest and desire to make the facilitated session beneficial for participants.
- Humour is important. It is a non-threatening way for participants in a group to see issues or acknowledge problems.
- Remember that your job is to keep the process on track, and not to dominate discussion or make decisions for the group.
- Ask questions. As a neutral party, you can help a group think through issues by simply asking questions.
- You must trust that the group will take responsibility for its own learning and problem-solving. Your role is to provide a structure or support for doing this.
- The key skills for facilitation are listening, synthesising discussion and identifying ways to move the discussion or learning forward.
- If conflict is occurring and/or discussion is getting bogged down or unproductive, acknowledge it, take a time out, then resolve it.
- Ask for evaluative feedback. Learn from your experience.

REFERENCES

1. Adolescent Health Risk Behaviour in Uganda: A Cross Sectional Study, June 2017.
2. Amin, S, et, al., *Adolescent Girls Vulnerability Index: Guiding Strategic Investment in Uganda*, Population Council, New York, 2013.
3. Bhandari Neha, 'Regional capacity building workshop for realising child rights', Save the Children Sweden, 2005<www.unicef.org/adolescence/cypguide/files/Advocacy_report_final.pdf> accessed 23March, 2018
4. Centres for Disease Control and Prevention (CDC), 'The Social Ecological Model: A framework for prevention'; CDC; <www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html > accessed 21 April, 2014.
5. Chilinda, I, et, al, 'Attitude of Health Care Providers Towards Adolescent Sexual and Reproductive Health Services in Developing Countries: A Systematic Review', Health, no.6, 9th July, 2014, pp. 1706-1713.
6. Daly, Mary, et al, Family and Parenting Support: Policy and Provision in a Global Context, Office of Research-Innocenti, United Nations Children's Fund, 2015, <www.unicef.irc.org/publications/770-family-and-parenting-support-policy-and-provision-in-a-global-context-html> accessed 23March, 2018.
7. Dambisya, Y. M, 'A review of non-financial incentives for health worker retention in east and southern Africa', Health Systems Research Group, Department of Pharmacy, School of Health Sciences, University of Limpopo, South Africa. Equinet Discussion Paper No. 44 with ESC A-HC, May 2007.
8. Figueroa, M. E.; Kincaid D, L; Lewis, G, 'Communication for social change: An integrated model for measuring the process and its outcomes'. Rockefeller Foundation, New York, *Communication for Social Change Working Paper Series No.1*, 2002.
9. Girls not brides, *A Theory of Change on Child Marriage: Girls Not Brides*, <www.girlsnotbrides.org/resource-centre/theory-change-child-marriage>, accessed March 19th, 2018.
10. Greene, M.E, 'Ending Child Marriage in a Generation: What Research is Needed?' <www.fordfoundation.org/media/1890/endingchildmarriage.pdf>, accessed March 19th, 2018, Ford Foundation, 2014, pp. 1-30.
11. Institute of Medicine, et al, 'Growing Up Global: The Changing Transitions to Adulthood in Developing Countries,' Lloyd, C.B(Eds), 2005.
12. Jain, Saranga and Kurz, Kathleen, *New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs*, United States Agency for International Development and ICRW, April 2007, pp. 1-60.
13. Jenson, J, 'Diffusing ideas for after Neoliberalism: The Social Investment Perspective in Europe and Latin America,' *Global Social Policy*, 2010, Vol 10, No.1. pp. 59-84.

14. Joy for Children, Uganda, *Child, Early and Forced Marriage in Uganda. A formative research report*, 2013
15. Kaggwa, Esther, *Child Marriage: Determinants, Consequences and the Way Forward in East and Southern Africa*, United Nations Children's Fund (UNICEF) and Eastern and Southern Africa Regional Office (ESARO), Kampala, June, 2015.
16. Kim, Jonas, et al, 'Healthcare Worker's Behaviour and Personal Determinants Associated with Providing Adequate Sexual and Reproductive Healthcare Services in Sub-Saharan, Africa: A Systematic Review.' *BMC Pregnancy and Childbirth*, Vol 17, no.86, 5th, March, 2017, pp. 1706-1713.
17. Klugman, J et al, *Voice and Agency: Empowering Women and Girls for Shared Prosperity*, World Bank Group, October 10, Washington, 2014, p. 151, <<http://openknowledge.worldbank.org/handle/10986/19036>> accessed 27 March, 2018.
18. Lopreite, D and Macdonald, L, 'Gender and Latin American Welfare Regimes: Early childhood education and care policies in Argentina and Mexico,' *Social Politics*, 2014, Vol. 21, No.1, pp.80-102.
19. Malhotra, A, et al *Solutions to End Child Marriage: What the evidence shows*, International Centre for Research on Women (ICRW), Washington DC, 2011, p. 1-34:
20. Malhotra, A, 'The Causes, Consequences and Solutions to End Forced Child Marriage in the Developing World', International Centre for Research on Women, Testimony submitted to U.S House of Representatives Human Rights Commission, July 15th, 2010, pp. 1-12.
21. Martin, Claude, 'The Invention of a Parenting Policy in the French Context: Elements for a policy tracing,' paper presented to ESPAnet Conference, Edinburgh, 2012, 6-8 September.
22. Miller. V and Covey. J; *Advocacy Sourcebook: Framework for Planning, Action and Reflection*, Institute of Development Research, Boston, 1997.
23. Ministry of Education, Science and Technology and Sports, *National Strategic Plan on Violence against Children in Schools (2015-2020)*, MoESTS and United Nations Children's Fund, July, 2015, <www.education.go.ug/files/downloads/National_Strategy_and_Action_Plan_onVACiS.pdf> accessed 20March, 2018.
24. Ministry of Gender, Labour and Social Development, *The National Strategy to End Child Marriage 2014/2015-2019/2020: A society free from child marriage*, MoGLSD and United Nations Children's Fund, June 2015, pp. 1-68.< www.uganda/NATIONAL_STRATEGY_ON_CHILD_MARRIAGE_PRINT.pdf> accessed 19March, 2018.
25. Ministry of Gender, Labour and Social Development and United Nations Children's Fund, *The national multi-sectoral framework for adolescent girls, 2017/2018-2021/22* Discussion paper number 44 with ESC A-HC, May 2007.

26. Ministry of Health, *National Adolescent Health Policy for Uganda, MOH, 2009*, p.10, <<http://library.health.go.ug/publications/service-delivery/sexual-and-reproductive-health/national-adolescent-health-policy> > accessed 27 March, 2018
27. Moylneux, M, 'Conditional Cash Transfers: A Pathway to Women's Empowerment? Pathways to Women's Empowerment', Working Paper 5, Institute of Development Studies, Brighton, 2008.
28. National Planning Authority (NPA), *Second National Development Plan (NDP II), 2015/16-2019/20, NPA, June, 2015, pp. 188-208*, <<http://library.health.go.ug/publications/leadership-and-governance/second-national-development-plan-ii-201516-201920>> accessed 23March, 2018.
29. Nzeyimana Henri, *Girls Not Brides: Addressing Child Marriage in Chad*, July 13th, 2012, pp. 1-12., <<http://studylib.net/doc/10022533/girls-not-brides--addressing-child-marriage-in-chad>> accessed 20March, 2018.
30. Pioli, David, 'Supporting Parenthood: Between Emancipation and Control,' *Societies and Youth in Difficulty*, 2006, No.1, <<http://sejed.revues.org/index106.html>> accessed 28October, 2014.
31. Richter, L and Naicker, S, 'A review of published literature on supporting and strengthening child-caregiver relationships (Parenting)', AIDSTAR-One and Human Sciences Research Council, Arlington, V.A, 2013.
32. Sallis, F.James, Owen, Neville., and Fisher, B. Edwin, 'Ecological models of health behaviour'. In K. Glanz, B. K. Rimer and F. M. Lewis (Eds.), *Health behaviour and health education: Theory, research, and practice*, Jossey-Bass, San Francisco, 2008, pp. 465-486.
33. Terzian, Mary, et al., *Preventing Multiple Risky Behaviours Among Adolescents: Seven Strategies*, September 2011.
34. Uganda Bureau of Statistics, *Uganda Demographic and Health Survey*, UBOS, Kampala, Uganda, 2016.
35. The Global Partnership to End Child Marriage (2015): *Child Marriage in Africa. A Brief by Girls–Not Brides*
36. Uganda Bureau of Statistics, *Uganda Demographic and Health Survey*, UBOS, Kampala, Uganda, 2011.
37. United Nations Children's Fund, *National Child Participation Strategy 2017/18-2021/22*, 2017, UNICEF<www.unicef.org/uganda/resources_20797.html> accessed 23 March, 2018.
38. United Nations Children's Fund, *A Formative Research on Ending Child Marriage and Teenage Pregnancy in Uganda*, UNICEF, 2015a.
39. United Nations Children's Fund, *Situational Analysis of Children in Uganda*, UNICEF, 2015b, <www.unicef.org/uganda/UNICEF_SitAn_7_2015> accessed 20March, 2018.

40. United Nations Children's Fund, 'Ending Child Marriage and Teenage Pregnancy in Uganda; A Formative Research to Guide the Implementation of the National Strategy on Ending Child Marriage and Teenage Pregnancy', UNICEF, 2015c.
41. United Nations Children's Fund, 'Uganda Annual Report', 2014<www.unicef.org/uganda/resources_19953.html> accessed 20March, 2018.
42. United Nations Children's Fund and Population Council, 'The Adolescent Girls Vulnerabilities Index: Guiding Strategic Investment in Uganda', UNICEF and Population Council, New York, 2013, <www.unicef.org/uganda/resources_17239.html> accessed 20March, 2018
43. United Nations Children's Fund, 'Ending Violence Against Children: Six Strategies for Action', September 2014, pp. 1-64, <www.unicef.org/publications/index_74866.html> accessed 20March, 2018 .
44. United Nations Children's Fund, Communication for Development (C4D) Strategic Framework and Plan of Action 2008-2011, Draft, September 2008, p.1.
45. United Nations Children's Fund, The State of the World's Children 2007: Women and Children-The double dividend of gender equality, 2007, <www.unicef.org/publications/index_36587.html> accessed 20March, 2018
46. United Nations Children's Fund and World Health Organisation, *Communication Handbook for Polio Eradication and Routine EPI*, UNICEF and WHO, New York, November 2000, pp. 1-156, <www.unicef.org/cbsc/files/polio.pdf> accessed 20March, 2018.
47. United Nations Children's Fund, Advocacy Tool Kit, <www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf> accessed 23March, 2018.
48. United States Agency for International Development(USAID), The USAID Office of Population and Reproductive Health's Technical Approach to Child Marriage, available at <www.usaid.gov/sites/default/files/documents/1865/child_marriage_brief.pdf> accessed 20March, 2018
49. VeneKlasen, L and Miller, V, *A New Weave of Power, People and Politics: The Action guide for advocacy and citizen participation*, Practical Action, Washington, DC, 2002.
50. Walker, D., et al, 'Sexual Exploitation of Adolescent Girls in Uganda: The Drivers, Consequences and Responses to the 'Sugar Daddy' Phenomenon', November 2014, pp. 1-7 <www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9274.pdf> accessed 20March, 2018.
51. World Health Organisation; Helping Parents in Developing Countries Improve Adolescent Health, page 15, 2007, <www.who.int/maternal_child_adolescent/documents/9789241595841/eni> accessed 23March, 2018.
52. World Health Organisation; *Health for the World's Adolescents: A second chance in the second decade*, WHO, 2014.

